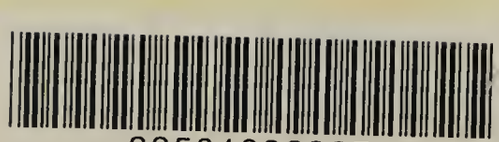
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ORIGINAL LECTURES.

A DISCOURSE ON THE LIFE AND WORKS OF THE LATE ROBERT JAMES GRAVES, M.D., F.R.S.

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[Read before the Association of the King and Queen's College of Physicians in Ireland.]

In reviewing the progress of human knowledge as seen in the onward march of science and of literature, and that of a nation's social state and power, we recognise two sources of advancement, which though distinctly separate, are nevertheless mutually reactive. One is a general influence, affecting, it may be, simultaneously, or nearly simultaneously, many men in a community. Its beginnings are obscure, often, indeed, hidden,—its progress slow,—its action unperceived, even by those who unconsciously bend to its influence,—but its operation extensive. It produces great, but not the highest results, and seems rather to prepare the way for what is to come, than to be its immediate cause.

The birth of the other is widely different, though in one sense it is consequent on the first. It is recognisable, distinct, sudden, solitary. It lightens the past, and betokens the future, and stands forth as the embodiment of a powerful, long-existing, but diffused influence.

The waters were gathered together, and the dry land appeared. The earth was covered with beauty, and no longer void; it teemed with living, though inferior forms, and was ready for that higher birth by which the work of creation was completed and crowned. So is it in human progress, as testified by the histories of nations and communities of men. The chronicles of arms, of art, of literature, and of science, all tell of the silent, but broadcast sowing of the seed, which at last, in some favoured instance, and at its appointed time, bursts into manifest and majestic life, and the tree overshadows the plain, and the fowls of the air come to rest in its branches.

You will not, I hope, imagine, that in these observations I seek by any overwrought imagery to raise the memory of Graves beyond that point which his humbleness and truthfulness of mind have indicated. Such a course would only lead to its depreciation. But I want to convey to you what I believe to be true, that his labours, his life, mark, if not a culminating point, at least an era in the history of Irish, and, I may say, of British medicine. The symptomatological school may well boast of its Sydenhams, Fothergills, Haygarths, of Huxham, of Cullen, and of Gregory; but, in the advance of medicine, after the introduction of the physiological and anatomical modes of studying disease, we must admit to the highest place the labours of Graves, as combining in a philosophical eclecticism the lights of the past with those of the present. For his mind, while it mastered the discoveries of modern investigation remained embued with the old strength and breadth of view, so characteristic of those fathers of British medicine whose names I have just now recalled. And thus he had the rare privilege of leading the advance of the present school of medicine, while he never ceased to venerate and to be guided by the wisdom, the mode of thinking, and the labours of the past. Yet, though we must admit that his name has marked an era in the medical literature of our country, we are not to believe that the progress of that literature will be arrested with his death. The same soil from which he sprang has produced other energetic and truth-finding men, many of whom are among us, and long may they be spared to us. And we must have faith in our countrymen, and a stedfast hope that the growing conviction of the insufficiency of genius, however brilliant, to accomplish great ends, without its complement and implement of talent, which embraces energy, industry, perseverance, all tending to power, will assist at length in raising the schools of Ireland to a still higher position.

Robert James Graves, the second son of the Rev. Richard Graves, Senior Fellow of Trinity College, Dublin, and subsequently Dean of Ardagh, and Professor of Divinity in the University, was born in Dublin on the 27th of March, 1797. From an early period, he showed indications of that energy and activity of mind which so distinguished him in after life. I have learned, since his death, that, while still a schoolboy, he established a weekly journal, with leading articles, for the amusement and instruction of the school public. The talent displayed in this juvenile periodical called forth the marked admiration of Dr. Magee, afterwards Archbishop of Dublin. Many years afterwards, we find him, if not founding, at least assisting in the establishment of another periodical, the *Dublin Journal of Medical Science*, first set on foot by Sir Robert Kane; and to this Journal he was for many years the most fruitful and valuable contributor. Of the influence and the true mission of the public Press, Dr. Graves always entertained a just opinion. Himself a true monarchist in principle, he was yet an ardent lover and a champion of civil and religious liberty in every country; and many of the most striking of the leading articles in the journals of the day were from his pen, or were compiled from facts furnished by him. He was one of the Editors of the fourth and fifth volumes of the "Dublin Hospital Reports," and contributed papers to the "Transactions of the Royal Irish Academy," and to the *Edinburgh Philosophical Journal*. The last of his communications was a paper on the Similarity of Geological character between the Dead Sea of Palestine and the Great Salt Lake of North-western America. To this paper, if time permit, I shall hereafter allude.

His undergraduate course in College was marked by great diligence and corresponding success. He received many honours in science and classics, and finally obtained the gold medal. His two brothers were, at the same time, students in the University, and this highest prize for undergraduate study was awarded to each of the three brothers on the completion of their respective courses. Having obtained his medical degree, he did not content himself with commencing the life—to use his own words—"of a practitioner without practice;" but he proceeded to the Continent, and spent several years in visiting the great capitals of Europe, closely and anxiously studying at their Medical Schools; not only making himself intimate with the actual state of medical knowledge on the Continent, but in forming friendships with the leading physicians and physiologists of France, Germany, Italy, and the North of Europe.

Here I shall detail an anecdote of value, as furnishing an insight into the character of the man, and as it prepares us for understanding that feature in his after-life for which he was justly distinguished—namely, his collectedness of mind and vigour of action in cases of difficulty and danger. He had embarked at Genoa, in a brig bound for Sicily. The captain and crew were Sicilians, and there were no passengers on board but himself and a poor Spaniard, who became his companion and messmate. Soon after quitting the land, they encountered a terrific gale from the north-east, with which the ill-found, ill-manned, and badly-commanded vessel soon showed herself unable to contend. The sails were blown out of the bolt-ropes, the vessel was leaking, the pumps choked, and the crew, in despair, gave up the attempt to work the ship. At this juncture, Graves was lying on a couch in the cabin, suffering under a painful malady, when his fellow-passenger entered, and, in terror, announced to him, that the crew were about to forsake the vessel; that they were then in the very act of getting out the boat; and that he had heard them say, that the two passengers were to be left to their fate. Springing from his couch, Graves flung on his cloak, and, looking through the cabin, found a heavy axe lying on the floor. This he seized, and, concealing it under his cloak, he gained the deck, and found that the captain and crew had nearly succeeded in getting the boat free from its lashings. He addressed the captain, declaring his opinion, that no boat could live in such a sea, and that the attempt to launch it was madness. He was answered by an execration, and told, that it was a matter with which he had nothing to do, for that he and his companion should remain behind. "Then," exclaimed he, "if that be the case, let us all be drowned together. It is a pity to part good company." As he spoke, he struck the sides of the boat with his axe, and

destroyed it irreparably. The captain drew his dagger, and would have rushed upon him, but quailed before the cool, erect, and armed man. He then virtnally took command of the ship. He had the suckers of the pnmps withdrawn, and furnished by cutting from his own boots the leather necessary to repair the valves. The crew retnrned to their duties, the leak was gained on, and the vessel was saved.

On his retnrn to Dnblin, he was appointed Physician to the Meath Hospital, an Institution already adorned with the names of the Deases, of Richards, of Barker, Cheyne, and Crampton. This was in 1824, and from that period the history of Graves becomes inseparably combined with that of the Irish School of Medicine.

On a former occasion, and in the hall of the College of Physicians, I have shown, that the period which followed the union of this conntry with England was one, if not of mental collapse, at least of mental inactivity in Ireland. For twenty years little vitality was shown in the Irish mind. Her great men one by one disappeared. Her orators, her advocates were no longer heard, unless feebly and in another place, and her young men were apathetic. Snch a result appears to have been inevitable, when we consider the altered political condition of the country; and a period of at least one generation was necessary to develope those energies which wonld work ont for Ireland her proper place, no longer as a detached or a loosely-connected portion of the British Empire, but as an integral part of that centre of power. Taking the period between 1820 or 1825 to 1840, we find it the most remarkable, and, in my opinion, not the least glorious, epoch in our history; for it was then that that general movement in every department of mental cnlture commenced among us, which has given to this country, in her scientific and literary relations, a lnstre and a character, which, let us trnst, are bnt the heralds of her fntnre advancement and her peaceful trinmphs.

Among thc leaders in this movement, we must give to Dr. Graves a most honourable place. Schools of medicine and of surgery had, it is trne, existed before his time; and dnring the war, and immediately after it, they were the resort of many stndents; but their chief attraction was less the character of their professors, or the number of the original works which issued from them, than the circumstance, that of all the cities in the British Empire, Dublin was that in which the greatest supply of dead bodies for dissection could be obtained. Trne, we had a few eminent teachers among us, and the system of clinical lectnres, improperly so called, had been commenced. But clinical teaching, in its true sense, was nnknown. Whatever instrnction might have been given to the class, there was littlc, if any anxiety to teach the individnal pupil, to enconrage him to learn, to show him how to teach himself, to bring him into the true relation in which he ought to stand with his instructor, to make him familiar with bedsidc medicine, to show him the value which attends on every new fact and observation of medicine, and to make him learn the dnty as well as taste the pleasnre of original investigations. Then was exhibited to the student the example of a mind trained and strengthened by University education, in the study of the exact sciences, and literature, and in medicine so richly stored, that it might be taken as the exponent of the existing state of thc science; ardent in research, fruitful in discovery, no miser of its wealth, but pouring forth its richness to all that would receive it. Those who remember the impetus which his introdnction of the Practical method gave to clinical study,—those who had the happiness of hearing his lectures on physiology, delivered in the very room in which we are assembled, will bear me out in what I have now said.

Power of oratory, extent of knowledge, and clear exposition of the views of other men are, in the opinion of the world, the great sources of success in a teacher. But I believe that this is taking a too limited view of the matter. All these, indeed, he had, and in a singular degree. The style of his speaking was a massive, nervous, forcible style, unwcakened by scntimentality, undisfigured by bathos. So seldom, indeed, did he avail himself of the usual ornaments of oratory, that when he did indnlge in any figure, it was to his hcarers as to travellers over some mountain range, magnificent from the height of its peaks and the grandeur of its mass, in which, as they journey on, some solitary wild flower bursts upon their view, the more prized, the more loved, because contrasting with the manifestations of force and vastness which stretch around it. As a specimen of his rarely exhibited poetic power, let me read you an extract from his "Essay on Latent Life," published in 1836:—

"These facts are sufficient to warrant the conclusion, that thc period during which the seeds of plants are capable of preserving the power of germination, might be indefinitely prolonged, provided that the physical influences to which they are exposed be favourable; and we are consequently led to reflect on a singular and marked difference betwcen latent and manifest life; the former may exist on,—I had almost said forever; the latter, once commenced, has its appointed end and termination. Thus the curious fact has been observed of a bulbous root, taken from the hand of an Egyptian mnmmy, having germinated when placed in the soil; how it happened that this bulb remained for several thonsand years in contact with the fingers of death, without its own vital principle being either extinguished or called into active operation? What power at once preserved that principle and held it in abeyance? And yet so it was, and age after age passed away without summoning into action that wondrous spell which can thus convert this long-enduring tenant of the tomb *into the lily of the field*, the Scriptural emblem of beanty, and the honoured type of the glories of vegetable life, beside the purity and brightness of whose hues even the raimcnt of Solomon appeared dull and faded. If the latent principle may thus co-exist combined with matter, during so many centnries, there can be no reason why this association of that which is and that which is to be, should not continue forever, provided the physical medium in which this organised mass happened to be placed, was calculated, like the cool, dry, dark air of the Egyptian sarcophagus to preserve its mystcrious inhabitant unawakened, uninjured. In this point of view, we may almost award to life the attribnte of eternity. How wonderful the arrangement of matter which can thus hold, incarcerated in its organised recesses, a principle that waits but the genial influence of heat and moisture to burst its prison. How fleeting the existence of life, once actually commenced, compared with the durability of life thns dormant, bnt ever ready to begin its mortal race!"

I have said, that in considering the sources of snccess in a teacher, we mnst look beyond oratory, and beyond erudition. The greatest quality in a teacher is, that he be *in earnest;* for this gives to every word he utters a power of forcing its way that cannot be resisted. In the next place, to use the words of a great and thinking man, he mnst not snpply his hcarers from a cistern, but mnst give them living water. He must not, we may add, expect attention or interest when he only gives, no matter how valuable, the same facts, views, and arguments, year after year. For even to those who hear him for the first time his discourse will fail in vitality, and in producing that electric sympathy between the speaker and the hearer, which makes the latter not only receive gladly what has been said, but almost to anticipate what is to follow. This power is only attainable when the teacher is an original investigator, when he has himself been permitted to strike the rock, and to pour forth the fresh and sparkling stream. Genius, the creative power, so far as such a power is given to man, will, while it produces, by an inevitable necessity, find a langnage of its own, which he who merely deals with the thoughts of other men, or even *with his own* if they have grown old, can never speak.

And this element of original investigation in a teacher acts in other directions. It leads to the analogic method; giving even to the past a new freshness. In this Dr. Graves was pre-eminent; indeed his active mind was ever seeking for, and finding, analogies; and this led him to the discrimination of things similar, and to the assimilation of things dissimilar, in a degree seldom surpassed by any Medical teacher.

Finally, what can more excite the student than the feeling that his instrnctor remains himself a fellow-student, not only in community of pnrsuits, but in similarity of mind, we might almost say, of years. The yonthful energy of such a teacher remains long unquenched, for I know of no barrier that the individual man can erect against the advance of time, if it be not the continued acquisition of knowledge.

In reviewing the medical doctrine of Graves we find it to be essentially eclectic. The legitimate object of physiology, according to him, was not the study of vital actions, but rather the investigation and arrangement of their effects. This doctrine is well illnstrated by showing how medicine retrogrades whenever we pursue a different conrse, and the endless mazes of speculation which followed on the doctrines of Brown, and the school of the Vitalists. The errors in practice and in pathology, and the necessary twisting of the truth to fit the theory, in the system of Broussais, are strong examples of the evil consequences of beginning at the wrong end, and of puzzling onrselves with systems based on the still unknown nature of vital actions rather than effects. So long as we confine ourselves to these latter we advance in two directions; in the one, absolutely, in extending our knowledge of the mechanism of organs, and of course in applying that knowledge to the treatment of their diseases; in the other, approximately, if I may nse the expression, for we

are laying up data for the ultimate solution of the higher problem of the nature of life. This is well exemplified by reference to the structure of the eye, an organ which gives light to the body in more senses than one.

In his general pathology, great importance was attached to the action of the capillary system, and the *vis à tergo* theory of the circulation in health and disease was on every occasion combated by him; for this question bore strongly on that great revolution in practice, by which the lancet has become nearly discarded in the treatment of disease in this country. His arguments in favour of the independence and importance of the capillary circulation are beautifully illustrated by reference to the phenomena of the gravid uterus. Here we see not only vessels innumerable, but nerves developed without any increased *vis à tergo;* and the nerves, like the vessels, developed from the circumference to the centre. This subject of a temporary nervous development is one full of interest; and he declares his conviction, that, did our means of investigating the nerves equal those we enjoy in the examination of the vessels, we should find, that in inflamed parts the nervous matter increases, in many cases, as rapidly and as considerably in extent as the vascular.

The connexion of morbid anatomy with practical medicine has been looked at by physicians in opposite points of view; and it becomes difficult to say which of them is the most injurious to the cause of practical medicine. The local change is not the disease; for, to produce it, a change in the vital action of the part must go before. It is, then, but a symptom; but yet not the less important, for the physical alteration becomes the most useful of symptoms, enabling us to discover the seat, the progress, and sometimes the intensity of diseased action. There is no physical sign of the first stage of any disease; and the period between the truly first stage, and that in which mechanical change sufficient to give a physical indication occurs, varies infinitely, not only in different diseases, but in different cases of the same disease. But it happens, fortunately, that this period is generally so short, that the discerning of the mechanical change can be made sufficiently early to enable us, as it were, to overtake the disease. Exactly in proportion to the facility and the accuracy with which we can discover the nature and extent of the alteration, will be the progress of practical medicine. But it was no part of this doctrine that we were to follow an anatomical theory of disease; for, in truth, the local or detectible change is often not merely the second, but the third link in the chain of phenomena which constitute a disease. Thus, in essential affections, we have, as the first condition, a change affecting the entire organism, in which it acts apparently under a new system of vital laws. Secondly, a special, local, but still vital or non-mechanical alteration; and, thirdly, the anatomical change. Thus, so far, at least in a large proportion of cases, is the follicular disease of the intestine from being the first change, and the local cause of fever, that it is actually the third in the series of phenomena. But the great fact is insisted on, that even in the non-essential diseases, lesion of structure does not necessarily attend even the most striking symptoms of disease. This is shown most remarkably in the class of the neuroses. On the other hand, the attempt to classify disease, ignoring their possible anatomical alteration, and of founding a system of treatment based on the existence of this or that group of symptoms, is justly condemned.

"Tell me the name of the disease," was the motto of the nosologists, "and I will tell you the remedy." But the names of a hundred diseases may be told, and accurately told, without our being able to name the proper mode of treatment. A picture is drawn of a case of dropsy, and hydrogogues and diuretics are successively administered on the nosological indication, until the scene so distressing to humanity is closed. We are to found medicine, then, on no narrow basis. The accurate study of symptoms must be accompanied, on the one hand, by an extended knowledge of physiology, — that is, the science of the effects of vital action; and, on the other, by an equally comprehensive view of pathological anotomy; and to all these we must add the effects of therapeutic agents. Looking at the results of the full adoption of these principles carried out by the collective energies of the world, Dr. Graves observes, that "the reason of man is now more fully employed than at any former period; a vast store of mental power, a vast mass of mind is everywhere at work; what formerly was vainly attempted by the labour of a few, is now easily accomplished by the exertions of the many. The empire of reason, extending from the old to the new world, from Europe to our Antipodes, has encircled the earth; the sun never sets upon her dominions; individuals must rest, but the collective intelligence of the species never sleeps. At the moment one nation, wearied by the toils of the day, welcomes the shades of night and lies down to seek repose, another rises to hail the light of morning, and, refreshed, speeds the noble work of science."

In an earlier writing, the same idea is eloquently given. Speaking of the progress of the human mind, he observes, "that since the invention of the art of printing, it has become steady and uniform. The stream of knowledge which, not many centuries ago, shallow and narrow, toiled painfully to wear away or avoid the obstacles that impeded its course, now fed by a thousand new sources, flows along deep and rapid, sweeping away every obstruction, *and defying all human opposition.* Mankind having thus arrived at the maturity of collective intellect, we are every day surprised at the results obtained by the vast mass of mind now diligently employed in the acquisition of knowledge. What was formerly the termination of a science, is now but its commencement; what was formerly deemed unattainable, is now elementary; so that it is impossible to foresee how far improvement may be carried. A short and transitory existence has been allotted to our bodies; individuals die, and generations pass away, but the common intellect of mankind fears not the same fate, nor shares the same brief mortality."

By a natural transition, we pass from his general pathological doctrine to his labours and opinions on the subject of fever. To this part of medicine he for many years paid great, though not exclusive attention, and nearly a fourth part of the "Clinical Medicine" is devoted to its consideration; and he had great opportunities of observing the character of the typhus fever in this country. In 1819, he was sent by the Government, in company with Dr. Cumming, now of Armagh, and an Honorary Fellow of the College of Physicians, to take charge of an extensive district in the west of Ireland, where fever was then raging with extreme virulence. Subsequently, in the great epidemic of 1827 and 1828, he was Physician to the Meath Hospital, which then accommodated 300 fever patients. He witnessed the fever of 1847 and 1848; and besides all this experience, he was extensively consulted in cases of this disease when arising in the better classes of society.

In reviewing the portions of the "Clinical Medicine" which are devoted to fever, we are at once struck with the absence of that tendency to dilate upon fine or doubtful distinctions which so strongly characterises a smallness of mind. We have no long disquisition on the differences between typhus and typhoid fever, with which so many of our brethren have been, I think, vainly occupied; nor, again, have we arguments to show that dothinenteritis is a mark of a high degree of civilization and social comfort, while its absence in fever is characteristic of the want, the ignorance, and the degradation, of the Irish branch of the Celtic race. He did not form any theory of fever; but he did much better, in diligently studying its symptoms, watching how they were grouped, and in what order they followed each other, and lastly, in observing the effects of treatment in their progress. For, he well remarks, that the knowledge we possess of the nature of fever is of a negative character, telling us what it is *not*, rather than what *it is*. I am most anxious to insist on this point, perhaps, indeed, because it so completely coincides with my own convictions, that, after the experience of a life, and in circumstances the best adapted for observation, Dr. Graves arrived at this conclusion,—that the various forms of continued fever in this country are varieties, not distinct species, differing by any anatomical character. I believe that, in this country at least, there is no essential difference between typhus and what is called typhoid fever. I know that the same contagion will produce both forms; and, again, that these forms are mutually convertible. Before physicians indulge in theories, as to any particular disease, it is necessary that they should study it in different countries. Had Broussais studied fever in Ireland, the so-called physiological doctrine, so far at least as fever was concerned, would never have been announced, nor the error committed of taking the anatomical consequence for the cause. Had Clutterbuck followed a similar course, we should never have had the cerebral theory. Had Rasori been a physician to an Irish fever hospital, would the contra-stimulant doctrine have ever existed? And, to come to more recent times, we may safely affirm that the distinctions of Dr. Jenner would have been at least less strongly drawn, had he studied the disease in our hospitals.

Let us briefly enumerate the leading points of the doctrine of fever, as given in the Clinical Medicine.

1st. Its existence as an endemic disease in Ireland, but occasionally taking an epidemic character.

2nd. The existence of a general and peculiar character in each epidemic, subject, however, to modifications at different periods of the epidemic, and in different places, even at the same period of

the disease. This had been already established by Cheyne and Barker.

3rd. The contagious quality of all the forms of continued fever in this country; but especially the maculated form, the occurrence of which, however, seems to establish a greater immunity from subsequent attacks than that of other varieties.

4th. The necessity of avoiding any routine treatment, and the importance of the early administration of *nutriment*.

5th. The doctrine, that fever in Ireland was to be attributed neither to miasma nor to deficient food.

If we pause for a moment to consider some of these points of doctrine, our time will be usefully employed. It was plain to Graves, as it must be to all unprejudiced men, that in this country fever is both epidemic and contagious, and that, fever having commenced in any district or number of districts, may extend itself under either of these agencies. The arguments, then, of epidemists who deny contagion, or of contagionists who deny the epidemic origin of fever, may be put aside, for the great facts of the simultaneous outbreaks and disappearances of fever over so large an extent of country, are sufficient to prove its epidemic character; and, on the other hand, its transmissibility from individual to individual is a truth which it is idle to gainsay. Those who deny contagion have a seeming advantage in the argument, as, during the prevalence of an epidemic, the sickening of A or B may be plausibly attributed to the general effect. There are but two modes of dealing with this question with which I am acquainted. The one is that of supposing a certain possible occurrence or set of occurrences to happen during an epidemic, and then to calculate the chances against such occurrences, supposing that the disease was not contagious. This mode was adopted by my honoured father. He did not trust himself to make the calculations, but submitted the problems to Bishop Brinkley, who was not only a first-rate mathematician, but especially skilled in that portion of mathematical science which relates to the doctrine of chances.

"I proposed," says he, in his observations on contagion, "the following problems to a friend particularly acquainted with this species of computation:—

"Problem the first: An epidemic prevails so severe that one out of every seven sickens. A family of twelve is selected in a particular district before the epidemic has visited it. What is the chance that eleven out of that family shall take the disease, supposing the sickness of one of the family does not promote the sickness of another, and supposing the family not unusually liable to disease?

"Answer: The probability against the event is 189,600,000 to 1, if the population amount even to 7000.

"Problem the second: The same general conditions being assumed, and also that the number of the inhabitants in the district in question is 7000, what is the chance that, in any family of 12 within the district, 11 will sicken?

"Answer: It is above 300,000 to 1 that no family of 12 persons, in a population of 7000, will have 11 sick. All this according to the condition, that the sickening of one does not promote the sickening of another."

The second kind of evidence is that deduced from the great proportion of cases of the disease observed among those who attend on the sick. The events of 1847 and 1848 are still fresh in our memory, and if the deaths of so many of the physicians and surgeons in Ireland during that season of calamity, confusion, and error, be not an answer to the non-contagionist, I know not anything that could convince him, nor do I believe that his mind would be capable of being convinced, or of receiving the truth at all.

Another part of these doctrines claims our attention. It was Dr. Graves's strong opinion, not only that the former epidemics in Ireland could not be attributed to deficient food, but that even the desolating epidemic of 1847 and 1848 which followed or attended the famine was attributable to other causes; and there is some reason for the belief, that it was the crowding together of the famished people into workhouses, then so recently established, and again into the towns and other places where sustenance could be expected, that was the great cause of the outbreak and the virulence of the epidemic. Whether simple want affecting a population is by itself sufficient to cause an epidemic of fever, is a question which, fortunately, we are not in a position to solve satisfactorily, nor can we yet say whether simple inanition can develope a typhus fever in an individual. That it may cause a condition similar to fever, we know from the effects of inanition on the sufferers of the Alceste and the Medusa; but whether this condition of raging thirst, dissolution of the blood, and cerebral excitement, is truly one of typhus, of a diseased condition capable of reproducing itself by a special contagion, is a question still unanswered. During the famine, many cases of protracted starvation were admitted into our wards at the Meath Hospital. They had all a dreadful similarity. The history, symptoms, and even the physiognomy of these unhappy patients seemed to be the same. Weak, cold, and shrivelled, they lay uncomplaining, more like cadavers than living beings. They seldom asked for food or even drink. The pulse was quick and feeble; the skin earthy, and of the colour of parchment; and the tongue pale. It is, however, true, that in several cases in which, by the most cautious and graduated exhibition of nourishment, this state of collapse was at last got over, the patient suddenly showed the symptoms of the worst form of putrid fever.

The evil consequences, however,—the demonstrable effects of over-crowding, in producing an outbreak of fever,—were never more strongly shown than by Dr. Graves. And it really seems probable, that, injurious as such a proceeding must be with people, natives of any country, it will be so to a greater degree when we deal with the inhabitants of this country. Is this owing to any speciality belonging to the race? Is there a pathological, as well as a physiological stamp, on the races of men? Or is it that soil, climate, and other circumstances, make the Irish more subject to typhus? This much is certain,—and it is insisted on in the Clinical Medicine,—that other diseases, even local diseases, which in another country would run their usual course, in Ireland exhibit a marked tendency to take on the typhoid type.

After speaking of the spread of Irish fever in Liverpool, and the other large towns of Great Britain, where this compression of the poorer population was so great, he makes the appalling statement which I shall now read to you:—

"The number of emigrants who left this country in the year 1847 for America is calculated to have been more than double that of the previous year, and, as a necessary consequence, the ships were all, not only crowded, but packed with passengers. There was scarcely a single ship in which typhus fever did not break out on the passage; and the mortality, as we might expect, was still greater than on land. From authentic documents now before me, it would appear, that the number of Irish who emigrated to British North America in 1847 was, at the lowest computation, 74,539: of these, 5,293 are reported to have died on the passage; 8,563 were admitted into the Quarantine Hospital at Grosse Island, of whom 3,452 are said to have died,—an average of 40 per cent.; and of those who were taken into the Marine and Emigrant Hospital at Quebec, or who had procured lodgings in that city up to the 9th of October, there died 1,041, an aggregate of 9,786 deaths, up to the period of the survivors leaving, for Montreal,—an average of over 12 per cent. From the account which we have had of the losses of individual ships, I am quite sure that this statement is anything but overdrawn. The Ceylon, with 257 steerage passengers, had 117 deaths, and 115 in fever on her arrival. The Loosthank, with 349 steerage passengers, had 117 deaths, and only 20 escaped fever. Three vessels, taken together, lost 275 passengers. The return of the Health-officers at New York shows an aggregate of 957 deaths at sea on board of vessels coming from European ports, and likewise that three-fourths of the number admitted into the Quarantine Hospital (most of them Irish) have been taken from British vessels."

But whatever view we take of the comparative effects of want, or of overcrowding, in producing disease, this seems sufficiently plain, that the doctrine, that if there be no want there will be no fever, is to be taken with certain limitations. Doubtless an abundant supply of food, if the people had the means of purchasing it, was a thing to be desired; doubtless the eleemosynary distribution of food was also good, if to obtain this great boon the people had not been forced to congregate into masses, and to suffer all the consequences of want, not only of food, but of pure air and cleanliness. My own opinion is, however, that we should not attribute all the evils through which we have passed too exclusively to this or that cause; and that however injurious may have been the close congregating of so many miserable men, women, and children, into certain localities, that other causes must also have operated. Want, contagion, and epidemic influence, such have over and over again produced fever in Ireland, when there were no such things as Relief Acts, or Government aid and Poor-laws in the country; and if many were lost, perhaps ignorantly, let us think on the number saved. We cannot be suddenly wise. Nations, as well as individuals, must purchase experience, even though the cost may produce a bankruptcy. And whatever faults we may find with the modes adopted for extending relief to the sufferers in the famine, we must at least applaud the intention, and be grateful for the efforts that were made.

To return, however, to the general principles advocated, not only as to the natural history, but the treatment of fever, we find that in but one sense was Graves a routinist; this was in the careful attention to the nutriment of the patient, and from an early period of the disease. The Phlogistic theory, whether as applying to the system at large, or to any supposed local seat of fever, had been rejected, and, as a consequence, the antiphlogistic treatment did not find favour in his eyes.

The experiments, which were relied on to prove that the existence of fever suspended assimilation, were taken at their true value, and he insisted on the necessity of our not permitting a fever patient to suffer from starvation. "In a patient," he says, "labouring under fever and a protracted abstinence, whose sensibilities are blunted and whose functions are deranged,—it is not at all improbable that such a person will not call for food, although requiring it; and if you do not press it on him, and give it as medicine, symptoms like those which arise from starvation in the healthy subject may supervene, and you may have gastro-enteric inflammation or cerebral disease as the consequence of protracted abstinence. You may, perhaps, think it unnecessary to give food, as the patient appears to have no appetite, and does not call for it. You might as well think of allowing the urine to accumulate in the bladder because the patient feels no desire to pass it. You are called upon to interfere where the sensibility is impaired, and you are not to permit your patient to encounter the terrible consequences of starvation because he does not ask for nutriment."

This quotation calls to my mind a saying of his worthy of being remarked. He was, with me, going round the hospital, when we entered the convalescent ward. He began to expatiate on the healthy appearance of some who had recovered from severe typhus. "This is all the effect of our good feeding," he exclaimed; "and lest, when I am gone, you may be at a loss for an epitaph for me, let me give you one, in three words:—

"'He fed fevers.'"

Believing that we are met here to-night to do honour to the memory of Graves, I do not think that I have spoken at too great a length. I have sought rather to bring him back among us, than to enter into a detailed analysis of his manifold labours. To such an audience as I have now the honour of addressing, any other course would be improper; for there are few in this hall who have not had him for a preceptor at some time of their lives. Suffice it, then, that I indicate a few more of the salient points of doctrine and additions to practical medicine that are to be found in his writings. And, first, I would point to his unequalled history of the progress of cholera as it travelled round the earth, and his demonstration of its contagious nature, founded principally on the observation of its lines and rate of progress, which almost indisputably establishes, that this disease, unlike the influenza, is not propagated by atmospheric influences. Here let me notice, that, with the view of establishing the laws of the appearance and advance of epidemics, he called on the rulers of civilised nations to bring into active operation a number of institutions, ("medical observatories," on the plan of those magnetic observatories now established in so many countries, and which owe their origin to the genius of a distinguished member of our University,) the functions of which should be, to observe and record those facts which would, in time, bring us to a knowledge of a subject which Humboldt, in the "Cosmos," has declared to be one of the most extreme obscurity. Let us hope that this salutary advice will ere long be acted upon.

In 1826, Graves lectured on the spasmodic cholera, and predicted its arrival in these countries. It reached Sunderland in 1831. This prediction, he modestly states, was not original with him, for he had it from Bishop Brinkley, whose name I have already brought before you. I cannot, even at the risk of being accused of digression, avoid giving you another instance of the powers and foresight of that illustrious man. Nearly twenty years before the failure of the potato crop, and the consequent famine in Ireland, both events were predicted by him. Following up the consequences of these, he perceived in the future all the horrors of want, pestilence, emigration, depopulation, and the ruin to all classes which followed on the necessary change in the social system of the country; and so deeply did this now affect him, that for many days and nights he was deprived of rest, from the contemplation of the miseries which were in store for his adopted country.

Let me next allude to Dr. Graves' development of the law which regulates the periods of ague, and which, so far as the close observation of a single case spread over a long period of time could go, was found to hold good even during long intermissions of the disease, showing that the disease observes a latent, as well as a manifest periodic time. A more extended observation is plainly necessary to establish this singular, though probably existing law.

Among the many precepts in practice, and distinct additions of new instruments, as it were, for the relief of disease, I shall specify four.

1. The mode of treating hepatic abscess, so as to insure the patient against the risks consequent on the escape of purulent matter into the cavity of the peritoneum.

2. The administration of opium in large doses, for the cure of peritonitis, in cases where depletion or the use of mercury was improper.

3. The use of the combination of acetate of lead and opium in the treatment of cholera.

4. The exhibition of tartar emetic and opium in the delirium of malignant typhus.

These last four additions to practical medicine are wholly his own.

5. The exposition of the principles to be adopted in the treatment of syphilis.

6. The laws of symmetrical diseases.

7. The importance and independence of the lymphatic system.

8. The influence of position on the pulse.

I might dwell on many other examples of his original views and additions to medicine, but they are familiar to you.

The disease of which Graves died showed itself in the autumn of 1852, and was characterised by severe neuralgic pains of the extremities, very similar to gouty neuralgia, and generally followed by a fugitive œdema in the parts affected. After some time, the pulse became irregular and intermittent; yet the general health, the energy, or the appearance of the countenance did not seem to alter. He became more corpulent, and was occasionally languid; but it was not until early in February that he began to succumb to the disease.

From this time to the period of his death, he suffered from a complication of most distressing symptoms, the most grievous of which were the neuralgic pains affecting various parts of the body, and paroxysms of dyspnœa brought on by any exertion. Yet he had not a few intervals of extraordinary freedom from pain; and during these his cheerfulness and energy of mind always returned. Fully aware of the formidable nature of his symptoms, he prepared for death calmly, because he had a clear conviction of the justice and mercy of God. No murmurings broke from him; and his mind was bent on the contemplation of another state,—his whole anxiety that those around him, his devoted wife and children, should feel that they were spared one sorrow, that of seeing mental added to bodily suffering. Addressing his children many weeks before his death, he said, "There are two things which are above all other things: the love of God and the mercy of Christ; and what would we be without them?" I have given you an epitaph dictated by him in a sportive mood. I will now give you another, which he wrote himself in the earlier part of his last illness, and which he repeated before his death, with directions that it should be engraved upon his tomb:—

ROBERT JAMES GRAVES,
SON OF RICHARD GRAVES, PROFESSOR OF DIVINITY,
WHO, AFTER A PROTRACTED AND PAINFUL DISEASE, DIED IN THE LOVE OF GOD, AND IN THE FAITH OF JESUS CHRIST.

Thus lived, thus died, the most remarkable man, from his erudition, the variety of his mental powers, his industry, and from the multitudinous additions which he made to practical medicine, of which the Profession in this country can boast. Such a man, so eminent, while he had the power of attaching his friends to him with ties stronger than those of relationship, had to encounter much hostility, and even detraction. Endowed with a trenchant sarcasm, and a brilliant wit rarely excelled, mentally humble, but instinctively proud, he seldom spared the bad, the indirect, or the presuming man. And, again, from the openness, and almost boyish unsuspiciousness of his character, he too often threw his pearls before swine, who turned and rent him. "*Felix ille quem Dominus eo honore dignatus est, ut homines nequissimos suos haberet inimicos.*" He had, however, a life of great prosperity and enjoyment in his domestic and public relations, and in the love of his admiring friends. And though he never boasted, it was impossible for him but to feel, that he had not buried the entrusted talent in the earth, but that he was ready to return it with interest at his Master's call.

"*Well done, thou good and faithful servant, thou hast been faithful and just over a few things, I will make thee ruler over many things: enter thou into the joy of thy Lord.*"

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORT

No. XV.

ON THE PROPHYLACTIC INFLUENCE OF QUININE.

By ALEXANDER BRYSON, M.D., R.N.

It has long been a standing rule in the Navy, enjoined by the 9th Article of the Surgeons' Instructions, that when men are to to be sent on shore, in tropical climates, to procure wood and water, or on other laborious duties, the Surgeon, if he consider it advisable, is to recommend for each man, previously to his leaving the ship in the morning, a dram of powdered bark in half a gill of wine, and the like quantity of wine after the mixture; or, if there be no wine on board, one-eighth of a gill of spirits, mixed with the fourth of a gill of water, is to be used in lieu of it; and the same proportion of each is to be given to the men on their return to the ship in the evening. Though this rule has been pretty generally observed in some vessels, particularly in unhealthy climates, and in localities known to abound in the exciting causes of fever, still it has nearly as often been neglected, because, in many instances, the bark did not appear to have had any influence whatever in preventing fever; while in others it appeared so doubtful, that many intelligent medical officers lost all faith in it; still there were cases occasionally occurring, which showed that its protective influence could not be disputed. For instance, twenty men and one officer were employed on shore for one day at Sierra Leone; to the former, bark mixed with wine was given; but the latter refused to take it. He was the only person of the whole party who was subsequently attacked with fever.(a) Again, two boats' crews were detached from the Hydra to examine the river Sherbro. They remained away a fortnight, and, during the whole time, took bark and wine, as directed by the instructions; yet, though the locality is a most dangerous one, not one case of fever followed; but another boat's crew, who were absent for two days only, in the same locality and at the same time, who did not take bark, were all attacked except the officer in command of the boat.(b)

There are many instances on record in which bark was given to men while exposed to the influence of marsh miasmata, and no fever following, the absence of the latter has been ascribed to the former; but it has sometimes happened also that men have been exposed in the same, or in similar places, without taking bark, and yet they, in like manner, have escaped without contracting any febrile disease. Evidence of this kind is not of much value, for, whether the escape from fever was owing to the absence of the exciting cause,—miasmata,—the non-susceptibility of the men to their influence, or, in the first instance, to the effects of the bark, are questions which can only be answered hypothetically; in the present state of our knowledge they do not admit of proof. There is no reason to doubt that the physical conditions of certain localities, such, for example, as the Valley of the Xanthus, and nearly all the alluvial deltæ in the Gulph of Guinea, and on the Coast of China, are more productive of the exciting causes of fever at one time than they are at another; and there is as little reason to doubt that the human constitution is at one time more liable to become affected by these than it is at others, hence the liability to error if we attempt to form any positive opinion on cases similar to the preceding. But, as regards the instances in which all who took the bark escaped, while those who did not take it were attacked, the evidence is much more conclusive.

Besides the doubts which many medical men had, and still have, respecting the preventive influence of bark, there were other circumstances which occasionally led to its disuse as a prophylactic in the Navy. The quantity required for an effective dose is large, and though mixed with wine, or with spirits and water, it forms a disagreeable draught, which was generally taken with reluctance, and often evaded. There is no class of men more passive and obedient to the will of their medical adviser than the seamen of the British Navy; they take what is offered to them, and generally abstain from what is interdicted, with perhaps one exception; but, when not in the "sick list," they are less submissive as regards any precautionary measures for the preservation of their health, and will run any risk, rather than continue taking, for several days in succession, a nauseous medicine, which seems to them to have no influence or action on the system beyond that of exciting nausea, and sometimes vomiting. Regardless of any visible danger, they do not see the necessity of providing against one that is invisible; and, in common with their more enlightened superiors, they are not easily convinced, that, under the green foliage of a mangrove thicket, there generally lurks an enemy which is more destructive of human life than the weapons of civil warfare. With these objections against the continuous use of bark as a preventive of fever, it will not seem strange that its issue fell pretty generally into abeyance throughout the Navy.

The service was indebted to the Director-General, Sir William Burnett, for the introduction of quinine into the medicine chests of the Royal Navy at a time when it was but little known, and its superiority over bark was still doubted. At first the supply was small, in consequence of its great price; but, as it became cheaper, and its usefulness more generally known, the supply was, from time to time increased, until it was found to be ample for all therapeutical purposes, even on the most sickly stations, especially as the surgeons were permitted to purchase additional supplies at the public expense, should any unforeseen exigency occur. Still, though ample for the treatment of disease, it was inadequate for general use as a prophylactic.

Convinced that the preventive influence of bark and quinine had never been fairly tried, in drawing up a Report on the African station, in 1847, I suggested that the latter should be given, not exactly on a different plan, though with a somewhat different object in view. Up to that period, bark had been used only during the time the men were exposed on shore, or while absent in boats near swampy places, and, as I have understood, for the purpose of acting as a tonic, and thereby protecting the system against the influence of fever-exciting miasmata. Immediately after they returned on board, the bark was discontinued. This was evidently wrong; for, although we know that both bark and quinine will prevent the occurrence of aguish paroxysms, and probably prevent the evolution of remitting fever, still we do not know, nor have we any reason to believe, that they have any effect whatever in preventing the peculiar exciting cause,—or, to use the more familiar phraseology, the morbific germs of the disease,—from entering the system, or that they have any permanent neutralising power over them after they have entered it. It was therefore clear that when the influence of the bark or quinine so administered had ceased, the evolution of the fever might take place at any time within twenty days from the day the persons were last exposed on shore, or to miasmata productive of fever, though in nine cases out of ten the incubative period does not exceed fifteen, sixteen, or seventeen days. Up to the fourteenth, however, the disease may occur with as much force as on any intermediate day from the first; but after that, if developed at all, it is seldom that the fever either runs high or lasts long. With the most perfect faith in the preventive influence of quinine, and trusting to its well-known antagonism to the recurrence of periodic diseases, in the above-mentioned report I suggested that "quinine being less nauseous than bark, and therefore less likely to be refused by seamen, it should be used as a prophylactic instead of the latter, and that its use should be continued, not only while the men were exposed in unhealthy localities, but *for at least fourteen days after they returned on board*, in order that the antagonistic influence of the medicine might be kept up until the incubative period of the disease had expired."(a) The suggestion was adopted, and the results, upon the whole, are most satisfactory.

A strong, spirituous solution of amorphous quinine was mixed with several pipes of wine, in the proportion of four grains of the salt to an ounce of the wine; a number of cases, or boxes, was then made, capable of holding a certain number of bottles; these, on being filled with the medicated wine, one or two boxes, according to the size of the vessel, were supplied to each cruizer employed on the African station. The object in supplying the cruizers with medicated wine-chests was, that they might at all times be ready and at hand to put into boats suddenly required to proceed on detached service. Thus the quinine —which, when carried in paper, or bottles, was not only apt to be lost or blown away, but had to be given in uncertain doses, and therefore could not be husbanded—was secured, and the wine was effectually destroyed for any other purpose. Instructions

(a) Report on African Station, p. 49.
(b) Report on African Station, p. 218.

(a) Report on the African Station, p. 219.

for the administration of the wine according to the above plan were placed in each box, and the medical officers were requested to note and report on its effects. The following extracts will show the estimation in which it is held by the medical officers on the African station:—

"I found bark and rum given to the men going away on duty of the greatest benefit; but, from the bulk of the bark, and the small quantity of the rum, if the men were not watched closely, they would not take the draught at all. All that could be desired is now obtained in the medicated wine." (a)

"Eighteen men were detached in the pinnace and whaler to cruise off Banda Point and Mayamba Bay, in the months of February and March. They were absent for twenty-four days. I directed an ounce of quinine wine to be given daily to each person, and it is satisfactory to state that no sickness whatever occurred." (b)

"Two boats' crews have been constantly on detached service, close in shore, where the effluvium, wafted from the land by the morning breeze, is very offensive, and highly pregnant with the odour of decomposing vegetable matter. The immunity from disease of those engaged in this service, I attribute chiefly to the regular use of quinine wine and bark together with protection by good awnings." (c)

"The boats remained in the Pongas one night, and the crews, —officers and men amounting to twenty-four in number,—were exposed to the sun the greater part of two days. Quinine wine was given in ounce doses for eight days afterwards, and I attribute the exemption of the greater part of the people from fever to its use.(d)

It may be stated, that these extracts afford no proof of the preventive influence either of bark or quinine beyond the opinion expressed by the several reporters; but when taken in connexion with those which follow they appear in a different light, and form a kind of presumptive evidence which cannot well be rejected.

"During the time the boats were up the Searcies, I gave an ounce of the solution of quinine to each man daily, and continued it for ten days afterwards; and, although the rains were commencing, and the men were often wetted through, I had not a case of illness."

"The boats were frequently away cruising in the mouths of the rivers, or else blockading the coast between Delagoa Bay and Mozambique. I had frequent opportunities of observing the prophylactic effect of the quinine wine. In only one instance did fever follow its use, and that was of a mild character. This contrasts strongly with the seizure of a whole boat's crew with fever in March, 1851, when no wine was administered, as it was lost in crossing the bar of the river. The men greatly prefer it to the bark."(e)

"The gig was detached in the Boom-kittam; quinine wine, in the usual dose, was given night and morning, and continued for fourteen days after its return. A boy (Wm. Roberts), from dislike to the quinine, took at most but three doses. He was the only one of the boat's crew that suffered from fever, which occurred ten days after leaving the river."(f)

"While coaling at Sierra Leone, the weather was very wet, and on their several duties both men and officers were unavoidably much exposed to the rain. An extra allowance of grog and quinine was given to each man, and continued afterwards for a day or two to such as seemed to require it. Mr. ——, however, placed no faith in its preventive influence, and would not take it, and he alone suffered an attack of fever, which proved fatal."(g)

"A boat's crew, belonging to the Pluto, were employed for twenty-five days up the Congo. The wine was regularly supplied, but it caused one of the men to vomit, and therefore he discontinued its use; he was the first to suffer from fever. Only one other case occurred among the crew.

"During our stay in the river Lagos quinine wine was regularly offered to the men morning and evening,—all took it, I believe, except two midshipmen and two seamen belonging to the galley. These four persons subsequently each suffered a severe attack of fever." (h) While, in the whole force, consisting of upwards of 220 men, there occurred only a few other cases of trifling importance. (i)

"When in the river Lagos the men had more than an ounce of quinine wine morning and evening, and not a case of fever occurred, though the vessel was nine days in the river. (j)

"Thirty-six men belonging to the Water Witch were employed at the attack on Lagos; they were in the river four or five days, and, with the exception of three, all took quinine wine while there, and for fourteen days after they left it. Of the whole number, five only were attacked with fever, namely, the three men who did not take the wine, and other two, who most imprudently exposed themselves to the sun, and bathed while much heated by violent exercise." (a)

"On the morning of the 25th of November, seventy-seven men from this ship went up the river Lagos, to attack the town. Before starting, every officer and man were ordered to take a glass of quinine wine; and a sufficient quantity was put into the boats to repeat the same at night. All, to the best of my knowledge, took it, with the exception of Mr. D., Master's Assistant, who rather plumed himself on having escaped *taking a dose of physic.* This young gentleman, on the 10th of December, just a fortnight after, was seized with a violent attack of remittent fever; and of the whole number who entered the river, he is the only one who, up to this date (the 7th of Jan.), has been attacked."(b)

Among the reports received from the African coast, there are a few which mention the failure of quinine wine as a preventive of fever; but by far the greater number affirm, that already it has been of most essential service, especially when administered according to the instructions; and that it should invariably prove effective against long-continued exposure in open boats, by night and day, amid the effluvia arising from the rotting slime of a Mangrove swamp, is surely more than ought to be expected. There are bounds or limits to most things in this world of ours, at least so we are led to believe. The failure of quinine, therefore, in cases similar to the above, particularly if accompanied by inebriation, need not excite astonishment. But, after all, on carefully examining the reports which mention its failure, it appears that, with hardly an exception, there was some error committed in administering the medicated wine; it was either not given in sufficiently large doses during the exposure to miasmata, or its use was discontinued long before the incubative period of the fever had expired; and though it was supposed to have failed, or to have been only partially effective, it is nevertheless admitted, that the fevers which took place were far less severe and less fatal than usually happens when no quinine has been administered.

One remarkable fact remains to be stated. By an interesting and ably drawn up report received from Dr. Burton, the Surgeon of the flag-ship on the African station, it appears, that the number of deaths among the Europeans in the squadron has for several years past been gradually diminishing, until it has come down to an equality with that observed on the more healthy stations. During the preceding year, the ratio of deaths from disease to the 1000 of mean force, only amounted to 6·9 ! A result so unexpected must necessarily afford the most unqualified pleasure to those who take an interest in the abolition of that "horrid trade" which has brutalised some of the fairest portions of the globe, and rendered the coast of Africa a kind of Pandemonium, fit only to be inhabited by the offscourings of civilized society. Still, though the general use of quinine-wine as a preventive of fever has most unquestionably been productive of much good, it is not intended to claim for it a tithe of the credit which is due for the improved state of health in the protective squadron; the great diminution in the ratio of mortality from fever is mainly, if not entirely due to the admirable mode in which the duties of the station have been carried out by the justly esteemed Commander-in-Chief, Rear-Admiral Bruce, who, in driving the slave-dealers from their strongholds has never forgotten the necessity of providing for the welfare of the white men entrusted to his care.

In conclusion, I may be permitted to observe, that I have been reminded by an obliging communication which I received only two days ago from Mr. Hickman, Secretary to the Commander-in-Chief, of the necessity there is for adopting some measures different from those which now exist for the preservation of the health of the seamen employed in merchant-vessels on the coast of Africa. Vast numbers of these men, in the very prime of life, die every year of fevers contracted on the coast, and yet no one seems to know anything about them. As these vessels generally carry (for the prevention of scorbutic disease) a supply of lemon-juice, which, in consequence of the great abundance of yams and fruit, is nearly if not entirely useless, I would venture to submit, that, instead of the lemon-juice, they ought to carry a sufficiency of quinine-wine for the use of the crew, which should be administered in the same manner as in the men-of-war on the station.

(a) Dr. J. Walsh.
(b) Thomas Pickthorn, Esq., Assistant-Surgeon.
(c) William Webber, Esq.
(d) J. A. Corbett, Esq.
(e) Mr. Beaumont.
(f) Return from Teazer, March, 1853.
(g) A. Sibbald, Esq.
(h) Mr. Heath, Surgeon.
(i) Mr. Carpenter.
(j) Journal of the Teazer.

(a) J. Henderson, Esq., M.D.
(b) F. Stupart, Esq., Surgeon.

CLINICAL REPORTS ON PRACTICAL MIDWIFERY.

No. I.

THREE INSTANCES IN WHICH PREMATURE LABOUR WAS ARTIFICIALLY INDUCED BY THE ERGOT OF RYE IN THE SAME PATIENT,

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.
Consulting Physician in Obstetric Cases to the London Hospital, &c., &c.

[Read before the Harveian Society.]

Mrs J., her sixth pregnancy. In her first labour she had been delivered by craniotomy. I did not see her then. Her second child was premature, and passed without assistance. In her third labour I delivered her by the long forceps of a living child, being obliged to make use of considerable exertion; in her fourth and fifth pregnancies I brought on premature labour by the ergot, a short history of which two cases will be found below.

On Monday, Nov. 14, 1853, at three p.m., this lady, being between thirty-four and thirty-five weeks advanced, began to take the following preparation of ergot, for the purpose of inducing labour prematurely.

℞ Secalis cornuti recentis in pulverem redacti ℥iij.; aquæ ferventis ℥vj.; infunde per semihoram in vase leviter clauso, et cola.

℞ Infusi suprà prescripti, ℥vss.; acidi sulph. dil. ℥ss.; syrupi ℥ij.; tinct. cardam. c. ℥ij. Misce, sumat partem quartam 4tis horis.

On the afternoon of the 15th, she had taken seven doses, without any apparent effect. The os uteri was thick, hard, and high; it would just admit the tip of the finger. As the medicine had been procured at a small shop in the neighbourhood; and, as it had neither the taste nor appearance of infusion of ergot, I desired the prescription might be taken to a larger and better-known establishment, where there was greater chance of obtaining a fresh and efficient drug. On Wednesday, the 16th, at three p.m., she complained of an uneasy sensation in the back, which had teased her all night, but had not prevented sleep. The os uteri was dilated to the size of a shilling, much softer, though still thick. At the same time, on Thursday, the 17th, the os uteri had acquired a diameter the size of a half-crown piece, was considerably thinner, and quite soft. The pain in the back had much increased, and she had not slept since three a.m. The membranes became tense while I was making an examination, and I could have ruptured them by my finger very easily. On Friday, the 18th, at 3·30 p.m., the disc of the os uteri was larger than a crown-piece, quite thin, and very soft; there was decided intermittent action, and the membranes were protruded downwards with each return of pain. She had not had any sleep since half-past one, and there was a frequent inclination to pass urine. I ruptured the membranes without difficulty. Uterine action was established regularly at six p.m., and at two a.m. the pains became forcing. I arrived at her house at four a.m., and found the uterus acting very powerfully, and almost incessantly. A great part of the head had passed below the brim, the base of the skull being still above. It was expelled through the upper straight slowly and with difficulty, and the child was born at half-past four, alive. The placenta was projected into the vagina in ten minutes. The child had the appearance of an eight-months fœtus. Though this was scarcely to have been expected; for, the last time the catamenia appeared, they ceased on March 12th. This patient had continued to take the medicine as first prescribed, till the membranes were ruptured on Friday the 18th; and, besides the first seven doses, which seemed to have been prepared from an inert and useless drug, she took eighteen, or, in other words, the infusion from nine drachms of the grain. The next day she was as well as she could be so soon after labour; and she has continued to progress satisfactorily without a check. She is nursing her infant, which is thriving well.

Case 2.—On May 21st, 1851, the same lady began to take the ergot in the same form, for the same purpose, being about eight months advanced in pregnancy. She took a dose every four hours; every fresh dose after the first two or three produced intermittent uterine action, which went off before the time arrived for the next. At two p.m., on the 22nd, the os uteri was somewhat open and softening. At two p.m., on the 23rd, it was dilated to the size of a crown, the pains being regular and strong. I ruptured the membranes, and ordered the medicine to be discontinued. I was sent for at half-past six p.m. The uterus was then acting powerfully and expulsively; the os uteri being entirely dilated. The child was born at 7·15 alive, the head having passed with some difficulty. The placenta was expelled speedily. Her recovery was rapid and satisfactory. She took twelve doses.

Case 3.—On September 3rd, 1849, I gave the same patient the ergot for the first time to induce premature labour. She took it in the form already mentioned. At two p.m. of the 4th the os uteri was thick and rigid, but admitted two fingers easily. At half-past three p.m. on the 5th it had acquired the diameter nearly of a crown-piece, and was soft. There was decided uterine action, though it was not powerful. I ruptured the membranes, and had scarcely left the house, when strong and regular labour-pains set in. At half-past four p.m. I was sent for, but not being in the way, a neighbouring friend went in my stead. He found the head on the perinæum, and the child was born living at 4·45, an hour and a-quarter after the membranes were broken. Her convalescence was uninterrupted. All her three former children are strong, hearty, and ruddy, and the infant is, as I have said, also healthy. There can be no doubt that in these three cases the ergot originated uterine contractions; and in my lecture on this subject, published in the *Medical Gazette* for June 28, 1834, I have cited at length six instances where labour followed the exhibition of this drug, no other means having been had recourse to. Since that date a number of cases have come under my notice, where the same results have been obtained by the same means. Below is subjoined a Table of 55 cases in which the ergot was used by me with that object, and another of 36 where labour was induced by puncturing the membranes. It will be seen that when the ergot was used, in 5 cases the child was born a quarter of an hour after the membranes were ruptured; in 3, between a quarter and half an hour; in 4, between half an hour and one hour; in 4, between an hour and one and a-half; in 3, between an hour and a-half and two hours; in 6 between two and three hours; and in 3, between three and four hours; so that of the 55 cases, in 28 the children were born within four hours, and of these, 12 within one hour from the time of the membranes being ruptured.

The longest time that elapsed between the rupture of the membranes and the child's birth was 136 hours, and there were six cases in which the period exceeded 100 hours.

In the 36 cases where the medicine was not given, the shortest time between the puncture of the membranes and the birth was 10½ hours, and the longest 163; in eight cases it exceeded 100 hours. But if, for the purpose of contrast, the eye is run over the columns headed "Hours after the membranes were punctured," the difference in the time that elapsed in the two series of cases between the breaking of the membranes and the child's expulsion will be immediately and clearly evident; the whole number of hours in the 36 cases where the medicine was not administered, summed up together, being 2642 hours 30 minutes, an average for each case of nearly 74 hours; while in the 55 where the medicine was given, the aggregate amounted only to 1462 hours, an average of somewhat more than 26 hours.

It is generally acknowledged, that the longer the interval that elapses between the evacuation of the liquor amnii and the child's expulsion, the less chance is there of a live birth, owing to the continued pressure that must be exercised on its body, or on the vessels of the funis, or on those of the placenta; therefore any means by which this interval can be lessened is likely to add to its chance of safety. Irritating the os uteri by passing the extremity of the finger around it internally, the introduction of a sponge tent within the circle of the uterine mouth, and allowing it to remain there, that it may forcibly distend the aperture as it swells from the imbibition of moisture, galvanism, and the injection of warm water into the uterus, have all been had recourse to with the same intention,—that of exciting uterine action, and, at the same time, preserving the bag of membranes entire. It appears to me, that no means yet devised is of such easy application, and, moreover, is liable to so few objections as that which I am advocating; but to establish the latter point, we must first determine whether the medicine can always, or at least generally, be relied on for the object in view,—whether it can be given in sufficient quantity to insure that object without injury to the mother, and whether it is equally innocuous to the child. The following Table will, as I consider, solve each of these questions satisfactorily:—

No. I.—*A Table of the Particulars of Fifty-five Cases in which the Ergot was used to Induce Premature Labour.*

No.	Name.	Date when Medicine was begun.	No. of doses taken.	When Membranes Broke Naturally.	When Membranes were Broken Artificially.	State of Os Uteri at that time.	Child Born.	Interval after Membranes broke.	Presentation.	Alive.	Dead.	Remarks.
								Hs. Min.				
1	Fisher	July 15, 1830	abt. 18	19, 6 p.m.	... ...	Quite dilated.	19, 12 night	6 —	Head	Alive	...	Recoverod well.
2	Hunt	Sopt. 11, ,,	12	15, 10.30 p.m.	... ...	Do.	15, 11.30 p.m.	1 —	Breech	...	Dead	Ditto. [freely).
3	Westley	Nov. 12, ,,	16	... ...	16, 2 p.m.	Do.	16, 2 p.m.	Directly	Shoulder	Alive	...	Ditto (child turned, died speedily; never breathed
4	Phillips	Feb. 15, 1831	20	... ...	20, 1 p.m.	Soft; size of half-a-crown	23, 6 a.m.	65 —	Head	Alive	...	Ditto.
5	Martin	Mar. 20, ,,	abt. 24	... ...	25, 9.30 p.m.	Do. do.	25, 11.45 p.m.	2 15	Do.	Alive	...	Ditto.
6	Watkins	April 7, ,,	60	... ..	18, 2 p.m.	Thick; size of shilling	19, 9 p.m.	31 —	Do.	Alive	...	Ditto.
7	Lebeau	Sept. 13, ,,	abt. 20	... ...	16, 1 p.m.	Thick; size of sixpence	21, 7 a.m.	114 —	Do.	Alive	...	Ditto.
8	Felix	May 24, 1832	30	31, 9 p.m.	... ...	Quite dilated.	31, 10 p.m.	1 —	Do.	Alive	...	Ditto (child died in 10 hours in convulsions).
9	Fisher	June 5, ,,	3	5, 9.15 p.m.	... ...	Do.	5, 11 p.m.	1 45	Do.	...	Dead	Ditto (samo patient as 1).
10	Richardson	July 29, ,,	6	30, 5 p.m.	... ...	Soft; size of half-a-crown.	Aug. 1, 5 a.m.	36 —	Do.	Alive	...	Ditto
11	Martin	Nov. 12, ,,	10	... ...	14, 12 noon	Soft; size of crown	14, 1.30	1 30	Do.	Alive	...	Ditto (same patient as 5).
12	Halliday	Dec. 3, ,,	9	5, 2 a.m.	... ...	Quite dilated	5, 3 a.m.	1 —	Do.	...	Dead	Ditto.
13	Felix	April 10, 1833	abt. 35	... ...	18, 3 p.m.	Thick; size of half-a-crown	19, 3 p.m.	24 —	Do.	Alive	...	Ditto (same patient as 8; child died April 22).
14	Halliday	Sept. 6, ,,	13	9, 10 p.m.	... ...	Quite dilated	9, 11.30 p.m.	1 30	Do.	Alive	...	Ditto (same patient as 12; child died on night of 12th in convulsions).
15	Phillips	Dec. 30, ,,	7	Jan. 1, 4 a.m.	... ...	Do.	1, 4.30 a.m.	— 30	Do.	...	Dead	Ditto (same patient as 4).
16	Felix	Feb. 28, 1834	abt. 34	... ...	Mar. 9, 4 p.m.	Soft; size of half-a-crown	9, 9.30 p.m.	5 30	Do.	Alive	...	Ditto (same patient as 8 & 13; child died in convulsions in 15 hours.
17	Waters	May 9, ,,	5	10, 7 p.m.	... ...	Quite dilated	11, 6 a.m.	11 —	Do.	...	Dead	Ditto (delivered by craniotomy).
18	Comte	Oct. 25, ,,	9	27, 4.30 p.m.	... ...	Do.	25, 5 p.m.	— 30	Do.	...	Dead	Ditto (child putrid).
19	Halliday	Nov. 24, ,,	8	26, 4 p.m.	... ...	Size of crown	26, 7 p.m.	3 —	Head & funis	...	Dead	Ditto (same patient as 12 & 14; child died from prolapsed funis.)
20	Lebeau	Dec. 15, ,,	24	18, 7 p.m.	... ...	Well dilated	18, 9 p.m.	2 —	Head	...	Dead	Ditto (same patient as 7).
21	Phillips	,, 23, ,,	6	... ...	24, 10.45	Do.	24, 11.15	— 35	Do.	...	Dead	Ditto (same patient as 4 & 15).
22	Simmonds	Jan. 13, 1835	12	... ...	16, 2.30	Size of shilling	18, 10 p.m.	55 30	Do.	Alive	...	Ditto (child breathed, but soon died).
23	Comte	Oct. 26, ,,	5	27, 10 a.m.	... ...	Well dilated	27, 2 p.m.	4 —	Do.	...	Dead	Ditto (samo patient as 18).
24	Waters	Dec. 6, ,,	9	7, 9 p.m.	... ...	Quite dilated	8, 8.30 a.m.	11 30	Do.	...	Dead	Ditto (delivered by craniotomy, after ineffectual trial with the long forceps).
25	Halliday	Jan. 11, 1836	24	15, 4 p.m.	... ...	Well dilated	15, 8 p.m.	4 —	Breech	...	Dead	Ditto (same patient as 12, 14, and 19; child putrid).
26	North	May 4, ,,	12	... ...	8, 11.30 p.m.	Do.	8, 11.30 p.m.	Directly	Feet	...	Dead	Ditto.
27	Lebeau	,, 2, ,,	30	... ...	8, 2 p.m.	Size of half-a-crown	9, noon	22 —	Do.	...	Dead	Ditto (same patient as 7 & 20).
28	Druce	Juno 2, ,,	8	4, 12 p.m.	... ...	Well dilated	5, 1 a.m.	13 —	Head	...	Dead	Ditto (child putrid).
29	Comte	July 21, ,,	5	22, 9 p.m.	... ...	Fully do.	22, 9.5 p.m.	— 5	Do.	Alive	...	Ditto (same pt. as 18 & 23; child died in half an hour.)
30	Phillips	Sept. 27, ,,	7	28, 10.30 p.m.	... ...	Do.	28, 10.35 p.m.	— 5	Breech	...	Dead	Ditto (same patient as 4 and 15; child putrid.)
31	Comte	June 16, 1837	4	... ...	16, 4.30 p.m.	Thick; size of half-a-crown	16, 6.35 p.m.	2 5	Head	Alive	...	Do (same pt. as 18, 23, & 29; child dd. soon after birth.)
32	Phillips	Oct. 15, 1838	7	... ...	16, 5 p.m.	Nearly dilated	16, 7.30 p.m.	2 30	Do.	Alive	...	Ditto (same patient as 4, 15, and 30).
33	J'Anson	June 14, 1839	8	... ...	16, 2 p.m.	Thick; size of shilling	20, 7 p.m.	101 —	Feet	...	Dead	Ditto (not more than 6½ months).
34	Comte	Nov. 29, ,,	6	30, 3 p.m.	... ...	Well dilated	30, 3.15 p.m.	— 15	Head	...	Dead	Ditto (child putrid; same patient as 18, 23, 29, & 31).
35	Beddington	May 10, 1840	4	11, 9.30 p.m.	... ...	Do.	11, 11.30 p.m.	2 30	Shoulder	Alive	...	Ditto (child turned).
36	J'Anson	Aug. 5, ,,	5	... ...	7, 6 a.m.	Do.	7, 5 p.m.	11 —	Head	...	Dead	Ditto (delivered by craniotomy; same patient as 33).
37	Sadler	June 20, 1842	8	22, 7 p.m.	... ...	Do.	22, 8.15 p.m.	1 15	Do.	Alive	...	Ditto.
38	Beddington	Mar. 24, 1843	6	26, 4 a.m.	... ...	Do.	26, 5 a.m.	1 —	Do.	Alive	...	Ditto.
39	Jervis	,, 23, 1844	12	... ...	25, 2 p.m.	Quite close	29, 1 a.m.	83 —	Do.	Alive	...	Do. (This lady was subject to epilepsy, which was always worse during pregnancy; she had a small pelvis. I had delivered her by craniotomy in her first labour.)
40	Sadler	May 31, ,,	abt. 15	... ...	June 3, 2 p.m.	Size of a shilling	8, 2 a.m.	108 —	Do.	Alive	...	Ditto (same patient as 37).
41	Comte	Jan. 7, 1845	7	... ...	10, 1 p.m.	Size of crown; soft	10, 3.40 p.m.	3 40	Do.	Alive	...	Ditto (same patient as 18, 23, 29, 31, & 34).
42	Jervis	May 19, 1846	12	... ...	21, 1 p.m.	Thick; size of sixpence	26, 4.30 a.m.	111 30	Do.	Alive	...	Ditto (same patient as 39.)
43	Sadler	July 7, ,,	8	... ...	9, 1 p.m.	Thick; size of shilling	13, 8.45 p.m.	103 —	Do.	Alive	...	Ditto (same patient as 37 and 40).
44	Comte	May 21, 1847	20	... ...	26, 2 p.m.	Soft; size of half-a-crown	26, 7 p.m.	5 —	Do.	Alive	...	Ditto (same patient as 41, etc.)
45	Nash	Oct. 2, ,,	12	... ...	5, 2 p.m.	Closo	11, 6 a.m.	136 —	Shoulder	...	Dead	Delivered by decapitation; woman died on 13th.
46	Sadler	Nov. 22, ,,	abt. 28	... ...	30, 3 p.m.	Size of half-a-crown	Dec. 1, 10.30 pm	55 30	Head	...	Dead	Recovered well (same patient as 43).
47	Jervis	April 7, 1848	20	12, 3 p.m.	... ...	Do.	14, 11.30 p.m.	56 30	Breech	...	Dead	Ditto (same patient as 39 & 47).
48	Jones	Sept. 3, 1849	12	... ...	5, 3.30 p.m.	Do. soft	5, 4.45 p.m.	1 15	Head	Alive	...	Ditto.
49	Jackson	Sept. 26, ,,	20	29, 5 p.m.	... ...	Size of crown; soft	29, 8 p.m.	3 —	Do.	Alive	...	Ditto (child died in 12 hours in convulsions).
50	Single	Nov. 5, 1850	20	11, 6 a.m.	... ...	Well dilated	11, 8 a.m.	2 —	Do.	Alive	...	Ditto.
51	Jackson	Dec. 26, ,,	abt. 28	... ...	Jan. 4, 4 p.m.	Size of half-a-crown; soft	6, 4 a.m.	36 —	Do.	Alive	...	Do. (same pt. as 49; child died 4th day in convulsions).
52	Jones	May 21, 1851	12	... ...	23, 2 p.m.	Size of crown; soft	23, 7.15 p.m.	5 15	Do.	Alive	...	Ditto (samo patient as 48).
53	Jackson	Mar. 7, 1852	abt. 48	... ...	19, 3 p.m.	Do. do.	21, 2 a.m.	35 —	Do.	Alive	...	Ditto (same patient as 49 and 51).
54	Single	July 24, ,,	12	... ...	26, 3 p.m.	Quite close	29, 8 a.m.	65 —	Do.	Alive	...	Ditto (same patient as 50).
55	Jones	Nov. 15, 1853	18	... ...	18, 3.30 p.m.	Size of crown; soft	19, 4.30 a.m.	11 30	Do.	Alive	...	Ditto (same patient as 48 and 52).

[To be continued.]

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATIVE OF THE TERMINATIONS AND TREATMENT OF PLEURISY WITH EFFUSION.

With the exception of a few cases in which the need is urgent, and the indications well-marked, the propriety of operative interference, for the evacuation of chronic effusions into the pleural sac, is a matter about which there is still much doubt. On the one hand, it is alleged that paracentesis thoracis is a procedure involving little or no risk, that it is often efficient to the cure of cases which, without it, would probably end fatally; and that even in those which, had time been allowed, nature might have cured by absorption, it expedites the process, and prevents the occurrence of permanent collapse of the lung, with contraction of the chest. Its advocates, therefore, claim, and their arguments have been supported by extensive collections of facts, that it should be performed in all cases in which pleuritic effusions remain more than a few weeks unabsorbed, and urge that it should not be left as a *dernier ressort* till, by long duration of the disease, the destruction of the affected viscus has been insured, and the patient's strength undermined. There are not wanting, however, others, and physicians of the highest eminence, who doubt the rigid correctness of almost all the data on which such a conclusion is based, and who believe that, were it acted on, an operation not altogether free from danger must be often performed without any necessity. To reflect light on this most important question of practice, has been the chief object in the collection of the extended series of cases which we this week commence, and which will comprise most of the more interesting of those which have recently occurred in the London Hospitals. As, however, it is indispensable to a satisfactory conclusion, not to report cases of one class only, but to place side by side those treated by operation, and those by other means, the facts to be adduced will be found not exclusively of surgical interest, but will bear upon most of the important questions connected with the disease under consideration. The cases divide themselves naturally into three classes, and these we propose, if our space permit, to take up, and conclude in the present and two succeeding numbers of the Journal, viz.:—1st. Cases in which recovery, by absorption, occurred, or death without evacuation. 2nd. Cases in which spontaneous evacuation occurred. 3rd. Cases in which paracentesis was resorted to.

Respecting the first class, on which we will immediately enter, a few prefatory remarks suggest themselves. The form of pleurisy prevalent of late years, has been one which little coincides with the descriptions of the disease given in books. It is now comparatively rare to see a case requiring bleeding, or, indeed, any very active, antiphlogistic measures. A large majority of the cases of effusion are examples of what has been termed the "latent" form; and it is not at all uncommon at the Outpatients' Institutions for persons to present themselves having one pleura almost full of fluid, yet complaining only of "a little tightness in the chest," and quite unable to believe themselves suffering from any serious disease. The term latent is much preferable as a designation for these to that of passive; for, in almost all, there is a history of pain in the side, and chilliness, etc., having occurred some days or weeks previously; the patients, as a general rule, are of average health, and not of the class usually subject to the passive or "low" forms of disease. The assertion of latency, therefore, is mostly applicable to the consequence, and not, in strict correctness of language, to the original disease; in a few cases, however, as we shall have to see, it applies to both. When an intra-pleural effusion, of however long a date, has been successfully removed by absorption, the probabilities are considerable, that it has been serous in character, and not a true empyema. The distinction thus drawn is, however, to a great extent, arbitrary; since the fluid may vary between serum, turbid serum, sero-purulent, and true pus, until it is sometimes difficult, even with the aid of the microscope, to say to which class it should be assigned. The diagnosis, previous to puncture, is further a matter of utter impossibility. The constitutional disturbance may be almost the same in both, equally severe or nearly equally wanting; and, as to the question of time, on which some have insisted, cases to be adduced will show, not only that the most genuine pus may be effused at an early stage of the original attack, but that fluid, the result of sthenic inflammation, may remain clear and serous as at first, for upwards of seven months. The appreciation of these sources of difficulty has led many authorities to ignore the use of the term "empyema" in its primary sense, and to apply it indiscriminately to all collections of fluid the result of pleuritis. As a matter of convenience, however, even if it cannot be always done with exactitude, it seems well to restrict it to its etymological signification, and in such only shall we accordingly employ it in the following Report.(a)

ST. BARTHOLOMEW'S, ST. THOMAS'S, AND OTHER HOSPITALS.

CASES OF PLEURISY WITH EFFUSION.

Case 1.—*Subacute Pleurisy with Effusion.—Recovery by Absorption in Four Months.*—Sarah Riley, a pale and delicate woman, aged 23, was admitted, under the care of Dr. Burrows, on September 30, 1852. There were present all the signs of the effusion of fluid into the right pleural sac up to the level of the third rib. Below this the percussion, tolerably clear above, suddenly became quite dull, and no respiratory sound whatever could be distinguished; vocal fremitus was entirely lost. There was even evidence of depression of the right half of the diaphragm, for there was a distinct bulging below the margin of the ribs in the right hypochondrium, over which percussion was dull; and on placing the fingers on it, and then tapping the lower ribs, a sense of fluctuation was communicated. From the clavicle downwards to the third rib the respiratory sounds were distinct but rather harsh; the left side of the chest appeared quite healthy, and yielded the loud sounds of compensatory respiration; the dyspnœa was not very urgent, but the face was congested and somewhat dusky; pulse 100; respirations 24; the right side below the nipple measured an inch and a-half more than the left. There was a history given of an attack of acute pleurisy of the same side four years ago, since which the patient stated that she had repeatedly suffered from pricking pains in the side. The date of the commencement of the present illness appeared to be about a month ago. From the cachectic condition of the woman, and the absence of acute symptoms, it was not deemed justifiable to resort to vigorous treatment. Dr. Burrows prescribed a diuretic mixture, containing the nitrate of potash and nitric ether, to which subsequently the infusion of digitalis was added; he also directed the application of repeated blisters. Under these measures the patient gradually improved in health, the fulness in the right hypochondrium entirely disappeared, and the level of dulness on percussion became lower by nearly two inches than it was at the time of admission. Having so far recovered her general health as to be quite able to perform her household duties, she was allowed to return home on October 23, having been in the hospital about three weeks. At the time of discharge, although the dyspnœa was very slight, yet there was evidence of the lowest fourth of the pleura being still full of fluid. The right side then measured an inch and one-eighth more than the left. The clinical clerk of the case, Mr. Stutter, to whom we are indebted for the above notes, had zeal enough to follow it out after the woman returned home. He ascertained that two months after her discharge, and nearly four from the commencement of the illness, the process of absorption was complete, and the lung had quite recovered itself.

The depression of the diaphragm by the pressure of the fluid before the upper third of the chest became full, which occurred in the above case, must be noted as an unusual phenomenon. It was probably due to the circumstance that adhesions had formed in the previous attacks of pleuritis, of such a nature as to prevent the lung in the upper part of the chest from leaving the thoracic parietes, and to render its collapse in the ordinary way impossible.

Case 2.—*Autopsy in a Case in which Empyema had been Absorbed.*—Mary S., aged 10, died of fever two days after her admission into St. Bartholomew's Hospital. The *post-mortem* examination was made on the following day by Dr. Kirkes. On opening the chest, the right lung and its investing pleura were found quite healthy, and free from any traces of past inflammation. On the left side, however, both pulmonary and costal layers of pleura were thickened by false membrane, and universally adherent by loose bands of lymph, which were evidently of not very old date. The adhesions were especially abundant, and appeared more recent in the lower part of the sac, while in the lowest part of all, surrounded by a dense capsule of false membrane, was a quantity of concrete pus, amounting altogether to about the size of a small walnut. The adhesions between the

(a) The French have used the term yet more loosely—"Empyème; toute collection séreuse, sanguine, ou purulente, dans la cavité des plevres; l'opération par laquelle on donne issue à ee liquide."—Nysten, Dictionnaire de Médecine.

lung and diaphragm were extremely firm. No form of tubercle was discovered in any organ, excepting a few scattered miliary ones in the apex of the left lung. The lung itself was crepitant. In connexion with the disease (fever) to which death had been due, extensive morbid changes were found in the intestines, spleen, and larynx.

In the interpretation of this case, the conclusion seemed unavoidable, that a genuine empyema had been absorbed. Probably the fluid had been sero-purulent, and only in small quantity. The child had lived in a miserable home, and been much neglected. No history of her previous illness was obtained, but most likely the process of absorption had followed quickly on the inflammation, and had occurred within a few months of her death. The pus had evidently gravitated down to the most depending part of the pleural sac, until, at length, it had been closely circumscribed by the advancing adhesions in the sulcus between the diaphragm and the chest. In connexion with this subject, allusion may conveniently be here made to a case which, as there remained some doubt as to its character, we shall avoid reporting at length.

Case 3.—*Death from Encysted Empyema.—Questionable Absorption of Pus from the Rest of the Sac.*—A young man who was in St. Thomas's Hospital, under the care of Dr. Barker, had an abscess from within from over the lower part of his right chest, under the profuse discharge from which he gradually sank. He had suffered previously from the symptoms of acute pleurisy, but had not been long enough under observation for it to be known whether or not there had ever been general effusion. At the *post-mortem*, in addition to a circumscribed cavity containing pus in the lowest part of the pleural sac, and with which the external abscess communicated, the layers of pleura were found universally adherent by a very thick membrane. In parts this membrane was almost cartilaginous; and here and there in its layers were large deposits of yellow, cheeselike stuff, much resembling concrete pus. Their appearance in other parts was, however, more like crude tubercle; and the fact of their lying equally over all parts of the lung, and not confined to the more depending regions, militated rather against the idea, that they had resulted from an absorbed empyema. The microscope did not much elucidate the question. It was certain, that there had been from some cause very severe and continued pleuritis; it was also clear, that a circumscribed empyema had existed in the lower part of the chest; but while these facts seemed to make it not improbable, that the whole appearances had been produced by the gradual absorption and drying up of a copious purulent effusion, there was yet enough of doubt to materially diminish the value of the case. Dr. Barker thought it possible that the deposits might be modified fibrinous exudation.

Case 4.—*Latent Pleurisy with Effusion.—Non-absorption at the end of Nine Months (still under Treatment).*—Thomas March, aged 15, a healthy-looking, stout lad, of rather fair complexion, was admitted, under the Mr. Lloyd's care, into St. Bartholomew's Hospital on April 23, 1853. That the right pleural cavity was quite full of fluid was rendered evident by the usual physical signs. He stated, that he had done no work for nine weeks on account of shortness of breath, and that the complaint had been attended at first by a very slight pain in the back. He had, however, throughout slept well, and enjoyed an excellent appetite. There was no feverishness whatever present, and when quiet he suffered no dyspnœa. There was slight duskiness of complexion. The right side had the appearance of bulging considerably, but it measured only one inch more than the left; the intercostal spaces were flattened.

The boy remained under treatment in the hospital for three months, during which he was repeatedly blistered, and took for a considerable time diuretics with small doses of the hydr. c. cret. Within a week of his admission he had a mild attack of scarlet fever; and while recovering from that disease, he looked ill, and complained frequently of feeling chilly. Afterwards, however, he regained his health; and for some weeks before his discharge, although the effusion continued as before, yet there had been no general symptoms whatever; he could go up and down the hospital stairs without material inconvenience. Since his discharge, he has been frequently seen as an out-patient; and Mr. Lloyd informs us, that, on the last occasion, there was no evidence of decrease in the amount of effusion. He has returned to light work; and his general health not appearing in any way to be suffering, Mr. Lloyd does not think himself warranted in urging the operation of paracentesis.

Case 5.—*Latent Pleurisy, with Effusion.—Cure, by Absorption, in Two Months.*—The following gives us an instance of the satisfactory absorption of a copious pleuritic effusion, without the use of any active medication. It occurred in a provincial hospital. William Blackburn, aged 21, a bricklayer, of florid complexion, and previously in enjoyment of robust health, was admitted for what he termed "a slight cold," on June 11. A week previously he had run fast, to catch a train; and, while in a state of profuse perspiration, got into an open railway carriage; soon after which, he had a rigor, attended with slight pricking pains in the chest. His breath had been getting short ever since, but he had managed to keep at his work. On examination, the left pleura was found to be full of fluid to the apex, and the heart was pushed over to the right side. His skin was dry and harsh, and he had the peculiar, starved appearance indicative of an internal congestion.

After two months' treatment, this patient left the hospital well, the fluid having been all absorbed, and the lung having quite recovered itself. He had been confined to the ward, and kept on low diet; a single blister had been applied to the left chest, and a draught, containing liq. ammoniæ acetatis ʒij., mist. camph. ʒj., had been administered every four hours throughout the whole period. No mercurial or absorbent remedy had been used.

Case 6.—*Acute Pleurisy, with Sero-purulent Effusion, in an Infant Two Weeks old.—Death.—Autopsy.*—Mary Bes, aged one week, was admitted a patient at the Hospital for Diseases of the Skin, on December 23, suffering from congenital syphilis. She was a little, puny child; and over the whole cutaneous surface was scattered an eruption of pemphigus, some of the bullæ of which were as large as sixpences. Her respiration was much obstructed by severe snuffles. She had been ill from birth. Extreme restlessness indicated that she suffered much pain, but there were no symptoms which led to a suspicion of pleurisy. Death took place on the fifteenth day; for several days preceding which she had taken no nourishment, and scarcely slept. At the *post-mortem*, about four ounces of a dirty yellow, sero-purulent fluid were found in the left pleural sac. The pulmonary pleura was universally of bright carmine red, and, together with the costal layer, was coated with thin shreds of false membrane. The lung itself was collapsed and solidified, but its tissue was not friable or softened. The right lung was expanded, crepitant, and contained almost no blood; its pleura was pale, and not in the least inflamed. Excepting some masses of fibrinous deposit in the spleen, no other disease was detected in any viscus. Neither the thymus body nor the liver were at all larger than natural.

It must be noted, that the above case occurred during the recent very cold weather, by which not improbably the thoracic disease was induced. Independently, however, of the latter, the infant's condition, from the syphilitic affection, was, at the time of its admission, all but hopeless.

THE MIDDLESEX HOSPITAL.

CASES OF ACUTE AND SUBACUTE PLEURISY WITH EFFUSION.

The majority of our series consisting of examples of the unusual events of the disease, the subject will not be complete unless fair illustrations of those which are the more frequent be also quoted. We therefore select the following, which include most of the cases of pleurisy with effusion, not complicated with cardiac obstruction, which have been under care in the Middlesex Hospital during the past year. The notes are extracted from the very excellent records kept by Mr. Sibley, the Medical Registrar to the Hospital.

Case 7.—*Acute Rheumatism.—Pericarditis and Pleurisy with Effusion.—Antiphlogistic Treatment.—Rapid Absorption.*—Cornelia Collingwood, aged 20, had been attended by a surgeon during two weeks before her admission for acute rheumatism, with pericarditis and pleurisy. Bleeding, leeching, blistering, etc., had been practised. She was admitted, under Dr. Seth Thompson's care, on Sept. 3. The left pleura was full of fluid up to the margin of the second rib, the usual signs being well marked; the area of præcordial dulness was also much extended on the right side, probably from effusion. Under the administration of a calomel and opium pill three times daily, the application of blisters, and the use of a nitrate of potash drink, rapid improvement took place. On the fifth day, the fluid had been entirely removed from the pleura, but the extended præcordial dulness remained; the latter, however, also soon afterwards disappeared; and, on Sept. 20, (the 18th day,) she was discharged convalescent.

As rheumatic pleurisy does not very commonly occur in cases where there is no heart affection, we may remark here, that one case has recently occurred at this hospital in which it did so. The pleuritis came on in the course of acute rheumatism,

when the heart was apparently not affected; it ended in cure, without any appreciable amount of effusion.

Case 8.— *Pleuro-pneumonia, with Pleuritie Effusion.— Cure by Absorption in Three Weeks.*—Ada Moffatt, aged 30, had been attacked with rigors, pain in the side, etc., three weeks after her confinement, and was admitted, under the care of Dr. Hawkins, on Oct. 9, the 10th day of the disease. The affection was pleuro-pneumonia of the left chest, the fluid extending as high as the fourth rib, above which, posteriorly, bronchophony, tubular breathing, etc., marked the consolidation of the lung. A pill, containing three grains of the mercury and chalk powder was administered every six hours, and blisters were applied. She was discharged, on Oct. 25, quite well, there being then free respiration in every part of the chest.

Case 9.—*Acute Pleurisy with Effusion.—Aetive Depletion.—Cure by Absorption in Seven Weeks.*—Thomas Lane, aged 34, admitted, on May 31, under the care of Dr. Crawford. For two weeks he had been suffering from stitch in the left side and frequent chills, but the pain had only been acute for three days, during which latter time he had been bled from the arm, taken mercury, and had blisters applied. He complained of extreme pain, but had no dyspnœa; pulse 120, full, and of good power. There was perceptible bulging of the whole left chest, which was in every part dull on percussion, and quite motionless during respiration. The heart was pushed over one inch to the right of sternum. The measurements were, left side, 19¼; right side, after expiration, 17¾, after inspiration, 18¼.

Dr. Crawford ordered an antimonial draught, with a pill containing gr. ij. of calomel and gr. ss. of opium, to be taken three times daily. Cupping to eight ounces. The medicines were continued and the cupping repeated each day for three successive days. On June 4 the constitutional symptoms were much relieved and the left chest measured only 18 inches; it was, however, still full in all parts. Blisters were now resorted to, the pills omitted, and diuretics and purgatives ordered. On June 9 there was normal resonance as low down as the nipple in front. Subsequently an ointment of iodide of potassium was rubbed in, and, later still, cod liver oil was prescribed, and the chest strapped with ammoniacum plaster. The absorption of the remaining fluid was slowly but progressively accomplished. The lung perfectly recovered itself, and he was discharged on July 19, in good health. Absorption had occupied about seven weeks.

Case 10.—*Aeute Pleurisy with Effusion.—Depletory Treatment.—Cure by Absorption in Twelve Days.*—George Eadon, aged 33, ill five days with rigors and stabbing pains in the side, was admitted under the care of Dr. Crawford on June 2. Pulse 96, soft and full; dulness over lower half of right chest; œgophony, and loss of vocal fremitus. Venesection to 14 ounces was performed, and the antimony draught and mercury and opium pill were administered. On the following day, cupping to 10 ounces was ordered, and the pills directed to be given but twice a day. On the 4th a large blister was applied, and on the 5th cupping to 12 ounces again practised. Subsequently, another blister and saline diuretic medicines were had recourse to. The inflammatory symptoms having been subdued the absorption was quickly effected, and on the 12th day, the man left the hospital convalescent.

Case 11.—*Phthisis.—Pleurisy, with Effusion.—Diuretic Treatment.—Absorption almost Complete in Ten Weeks.*—James Bathurst, a tall, stout, but sallow man, aged 43, who had been three weeks ill, was admitted under Dr. Seth Thompson's care, on June 28. He had suffered from pain in the chest, but had had no shiverings. There was visible bulging of the left side, and percussion note was quite dull in every part. Vocal fremitus and respiratory sounds were absent. He had spit a small quantity of blood six months previous to the present illness, and there were indications of tuberculous disorganisation of the right apex. With all this extent of disease interfering with respiratory function, he scarcely complained of dyspnœa. The treatment adopted consisted in the use of blisters and diuretic medication. A pill, containing digitalis and squills, with a draught containing nitrate of potash and nitric æther, was first ordered; subsequently, the pill was omitted, and infusion of digitalis added to the draught. At the end of a fortnight a mixture was prescribed, containing iodide of potassium and extract of taraxacum. The man remained in the hospital two months, during which time he improved in health, and the absorption of the fluid was all but completed. It was evident, however, that the apices of both lungs were diseased.

Case 12.—*Subacute Pleurisy, with Effusion of a Month's Duration— Complete Absorption after Three Weeks' Antiphlogistic Treatment.*—William Park, aged 23, of sound constitution, admitted July 5, the left pleura being full of fluid. He attributed his disease to having taken a cold-bath a month previously, after which he was seized with pain in the side. The whole side bulged visibly, and its intercostal spaces were rendered level with the other parts. He had orthopnœa. Measurements—right side, after expiration 16 nches, after inspiration 16 5-8. Left side, after expiration 16, after inspiration 16 1-8.[5] Cupping to ℥viii., pil. cal cum antim. 6tis horis, empl. lyttæ. On the third day the blister, was repeated, and, on the fifth, the mercurial treatment was substituted by diuretics. On July 26, the date of discharge, the percussion-note was resonant, and there was free respiration over all parts of the affected chest. The vocal fremitus was, however, not so distinct as on the opposite side. He had no cough, and appeared quite recovered.

Case 13.—*Subaeute Pleurisy, with Effusion of Six Weeks' Duration—Incomplete Absorption after Six Weeks' Treatment.*—Michael Newby, aged 56, a healthy man. Three months ago he had suffered from pain in the chest and shiverings, which had returned with increased severity six weeks later. Admitted on July 12, under the care of Dr. Crawford. The right chest appeared to bulge, and below the fifth rib there was dulness on percussion, and loss both of vocal fremitus and of respiratory sounds. The measurements differed only slightly from those of health. He had a troublesome cough, but not much pain. Leeches, blisters, and diuretic medicines were used, and he was discharged, after six weeks' treatment, very greatly relieved; the absorption of the fluid, however, not being complete.

Case 14.—*Pleuro-pneumonia, with Pleuritic Effusion—Antiphlogistie Treatment—Rapid Absorption.*—George Harbrod, aged 15, ill three days, and previously of good health, was admitted on Sept. 14, under Dr. Crawford's care. He had had rigors, pain in the chest, and much dyspnœa. There was complete dulness over the lower two-thirds of the left chest, and posteriorly there was tubular breathing and bronchophony. Œgophony was also heard in parts. A blister was applied, and haust. antim. co., with pil. hydr. c. cretâ, ordered three times daily. On the 20th there was no decrease of dulness, but he was able to lie on either side. Subsequently entire absorption was effected, and he left the hospital quite well on Sept. 22.

Case 15.—*Pleuro-pneumonia, with Pleuritic Effusion—Depletory Treatment—Rapid Absorption.*—Charles Wren, aged 25, admitted with pleuro-pneumonia of the left chest, of four days' standing. He had had dyspnœa and pain, but no shivering. The dulness extended to the fifth rib, and there was distinct œgophony, but some tubular respiration and fine crepitation posteriorly. Absorption commenced on the fourth day, and, after a little more than three weeks he left the hospital well. The treatment had consisted in the employment of mercury, with salines. Cupping to ℥xij was performed on the first day.

Case 16.—*Aeute Pleurisy with Effusion.—Antiphlogistie Treatment.—Cure by Absorption in Two Months.—Suspieion of Phthisis.*—Robert Standing, aged 30, admitted under Dr. Seth Thompson's care, on October 11, having been five weeks feeling ill, and three days suffering from acute inflammatory symptoms. There was bulging of the left chest, and dulness on percussion over its whole extent. Excepting distant tubular respiration over the apex, no breath sounds could be detected. Pulse 104, sharp. Ordered:—A blister to the chest, cupping to ℥x., a calomel and opium pill three times daily. On the fifth day a second blister was applied, and a saline draught substituted for the mercurial. Absorption was favourably progressing, when, at the end of a month, a slight relapse of inflammation necessitated a return to the first treatment. This was very soon subdued, and on December 6, two months after admission, the man left the hospital. There was reason to fear that tubercular disease existed in the apices, but the fluid had been entirely removed from the pleural cavity, and no perceptible contraction of the chest had resulted.

Case 17.—*Phthisis.—Pleurisy with Effusion.—Treatment by Diuretics and Counter-Irritation.—Partial Absorption.*—William Neale, aged 40, admitted November 1, under the care of Dr. Seth Thompson. He had been long ill with phthisial symptoms, and for a fortnight with those of subacute pleurisy. There was dulness of the whole left chest, extending from the upper part of the sternum to its right border. Bronchophony was heard in the supra-spinous fossa, but in no other part was any respiratory murmur audible. Counter-irritation, diuretics, and expectorants, were employed. At the end of a fortnight there was clear percussion over the third rib, but the apex still remained dull; and what respiratory murmur existed, was harsh and bronchial. At the time the patient left the hospital (six weeks after admission) there was still a considerable quantity of fluid in the chest, but his general health had much improved under the use of cod-liver oil.

Case 18.—*Phthisis.—Subacute Pleurisy with Effusion.—Treatment by Counter-Irritation, etc.—Absorption Complete in a Month.*—William Young, aged 25, had suffered from symptoms of phthisis for a year, when he was admitted under Dr. Crawford's care, on account of having been attacked with pain in the side, and increased dyspnœa four days previously. There were signs of tubercular disease of the apices, but, in addition, dulness on percussion, and loss of vocal fremitus over the lower half of left chest. Blisters were applied, and the iodide of potassium in sarsaparilla exhibited, which, after a week or two, was changed for the bichloride of mercury. Absorption was complete at the end of a month.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

CASES OF PLEURISY WITH EFFUSION.

Case 19.—*Pleuritic Effusion of Long Standing (Eight or Nine Months?).—Cure by Absorption.—Recovery of the Affected Lung.*—Joseph Tyley, aged 12, of fair complexion, was admitted, under the care of Dr. Birkett, on February 27, 1852, when the following note was made. The lower portion of the sternum is abnormally prominent; the left shoulder is dropped, and the whole left chest has to the eye the appearance of being contracted, and much smaller than the other. Posteriorly, the width of the back to the right of the spine is very perceptibly greater than on the left. There is a very slight lateral curvature of the spine. By measurement, the girth of the right side is an inch and a quarter greater than the left. Percussion gives a dull sound over the entire left chest, with the exception of about an inch and a-half immediately beneath the clavicle; no respiratory sound whatever can be heard, excepting over this portion where it is harsh and bronchial. In the axilla a modified œgophony can be heard. Although the right lung appears healthy, yet, on the most careful trials, no vocal fremitus can be detected on either side. The heart seems to lie under, and a little to the right of the sternum. The boy looks miserably ill; he is thin, pale, and hectic; almost all his hair has dropped off, and what remains is dry and stunted; he has no cough, and very little pain. Pulse 144, small and feeble; appetite good. He has this morning walked more than a mile. The history is, that he has been very much out of health, and suffering from dyspnœa and pains in the chest for six months; two months ago, however, he had an attack of pain in the left side, much more severe than any preceding, and which obliged him to consult a Medical man; he did not, however, lie up, but continued to enjoy his usual diet, and to take out-door exercise. Since then he has had frequent attacks of chilliness and of stitchy pains.

There could be no doubt as to the diagnosis; and from the fact, that although the pleura was still nearly full, yet the contraction of the chest was already considerable, it seemed probable that the first pleurisy must date further back than two months, the attack of pain at that time having most likely been a relapse of inflammation, and not the original one. He was ordered to take two teaspoonsful of cod-liver oil twice daily, and to live on nutritious diet.

He continued under treatment until May 6 (ten weeks), and was then discharged to go into the country. The note made was: He has very much improved in appearance, having gained, during the last month alone, upwards of five pounds in weight. Posteriorly there is dulness over the whole extent, with little or no audible respiratory murmur; beneath the angle of the scapula, near to the spine, there is large crepitation. Anteriorly the contraction and flattening of the chest are very marked; percussion is dull, and respiratory sound wanting as high as the third rib, above which moderate resonance may be elicited, and feeble respiration is audible.

The boy went into the country, and, having stayed there some months, returned so well, that he forgot his promise to again come to the hospital. In order to the preparation of this report he was, however, visited and carefully examined, on December 24, 1853, eighteen months after his discharge, and two years and a-half after the commencement of the illness. The following is the note of his state. He is now a tall and tolerably stout lad of healthy appearance. He regularly works as a carpenter, and states that he can carry heavy weights or run races without being much inconvenienced in his breath. To the eye his chest is quite symmetrical, with the exception, that on the left side there is a singular depression, limited to the second intercostal space. By measurement, the left nipple is nearly half an inch nearer to the clavicle than the right; the girth of the left chest is 16 inches, that of the right 17 inches. There is clear percussion, and good vesicular respiration over all parts of the left chest, but the sense of resiliency is not perfect. As before, not the least vocal vibration can be felt on either side. The heart occupies its normal site. The clearness of percussion resonance, and the vesicular character of the respiratory sounds are both of them better marked on the right than on the left side; but the most noticeable difference between the two is in the deficient resilience of the left. Both sides rise freely during inspiration.

Case 20.—*Latent Pleurisy, with Effusion.—Non-absorption at the end of Nine (?) Months.*—John C., aged 45, admitted January 22, 1853, under the care of Dr. Birkett. Complete dulness over the whole left chest, extending a little to the right of sternum. No respiratory sounds; no vocal fremitus; tremulous and œgophonoid twang with voice; measurements of two sides equal; heart's impulse exactly behind xiphoid cartilage; intercostal spaces more filled out on the left than right side. A tall and moderately stout man; lips florid; countenance pale and thin, but not at all congested; when quiet, suffers no dyspnœa, and can walk up-stairs without much difficulty; in the latter respect, has improved of late; sleeps on back, or occasionally on right side, *never on the left.* The history is, that up to Christmas, 1851, he enjoyed robust health, then caught a severe cold, which was, however, unattended by pain in chest; subsequently, slowly lost strength, and began to suffer from tightness in the chest. In June, 1852, his friends insisted that he was looking ill, and obliged him for the first time to seek medical advice. Dr. Budd, of Exeter, examined him with the stethoscope, and told him he had "fluid on the chest." Since that time, has never been able to work; but, owing to frequent changes of residence, has not been long under any medical man. Blisters and tonic medicines have been the means generally prescribed. He believed that, although he was a little losing flesh, yet his dyspnœa on exertion had been slowly diminishing during the last six months.

It thus appeared extremely probable, that for nearly a year this man had suffered from a stationary collection of fluid in the chest. As there were no urgent symptoms, and he imagined himself a little improving, Dr. Birkett did not advise him to submit to paracentesis. Cod-liver oil and tonics were prescribed, and the whole chest was strapped with ammoniacum and mercury plaster. The man remained under observation for about a month, and then returned into Devonshire, no change in the condition of his chest having occurred. He has not since been heard from.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE BRISTOL GENERAL INFIRMARY, THE DURHAM COUNTY HOSPITAL, ETC.

CASES OF PLEURISY WITH EFFUSION.

From the numerous reports which are before us, it would appear that pleurisy has of late years assumed the same type in the Provinces that it has done in the Metropolis; and that cases have been frequent of subacute or very slight inflammation, ending in extensive effusion. Those reported to us chiefly illustrate the successful employment of the usual class of remedies for procuring absorption. As examples of the more acute forms, we may briefly mention the following:—

Case 21.—*Subacute Pleurisy with Effusion.—Absorption in Seven Weeks.*—J. B., aged 33, admitted December 19, 1851. The pleurisy had commenced with slight symptoms three weeks before; it affected the right side, and the effusion reached to the second rib. Calomel and opium to ptyalism, saline diuretics, and counter-irritation, were employed. He was discharged convalescent on January 17, 1852.

Case 22.—*Acute Pleurisy with Effusion.—Absorption in Ten Days.*—Eliza E., aged 7, admitted July 21, 1853. The right chest was affected, and the effusion extended as high as the nipple. The attack had commenced suddenly, and was attended by high fever. Six leeches were applied, and mercurials and salines were administered. She was convalescent, and absorption was complete on August 1.

Case 23.—*Subacute Pleurisy with Effusion.—Absorption in Three Weeks.*—John G., aged 12, admitted Nov. 15, 1853; ill six days; effusion extended to the nipple on the right side. The symptoms rather resembled those of typhoid fever than of acute pyrexia. The treatment was at first by salines alone,

and afterwards by mild mercurials. A strong solution of iodine was painted on the chest. He was discharged well in every respect on Nov. 28.

Case 24.—*Subacute Pleurisy, with Effusion.—Absorption in Two Weeks.*—John B., aged 28, ill ten days, was admitted on Nov. 21, 1853. The effusion was on the right side, and extended higher than the nipple; there was loud friction sound above it. The great prostration which attended the disease led to the employment of quinine from the first; at the same time, however, a blister was applied, and mercury and opium administered. Within a week the physical signs had disappeared, and the patient was convalescent.

Mr. W. Michell Clarke, the House-Surgeon to the Bristol General Infirmary, from whose notes the above cases are abridged, informs us, that several cases of latent pleural effusion have been treated as out-patients, the subjects of them meanwhile continuing at work as usual. The application of a solution of iodine has appeared to be of great use as a counter-irritant in the later stages of pleurisy.

For the following case we are indebted to the notes of Mr. Gillespie, house-surgeon to the Durham County Hospital:—

Case 25.—*Subacute Pleurisy with Effusion.—Absorption in Seven Weeks.*—Thomas P., aged 32, ill three weeks, admitted May 9, 1853, the left pleura being almost full of fluid, and the whole side bulged. The inflammatory symptoms had been but slight. Mercury was administered, and afterwards the iodide of potassium; blisters and solution of iodine were applied. He was discharged convalescent seven weeks after admission. Absorption was then complete, but the expansion of the lung did not appear to be perfect; although air entered all parts, the respiratory sounds were but feeble.

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LIST OF SCIENTIFIC MEETINGS.

This Evening, January 7.—MEDICAL SOCIETY OF LONDON. Eight o'Clock.
Tuesday, January 10.—ROYAL MEDICAL AND CHIRURGICAL SOCIETY. Half-past Eight o'Clock.
——— ——— ZOOLOGICAL SOCIETY. Eight o'Clock.
Wednesday, January 11.—NORTH LONDON MEDICAL SOCIETY. *Subject*.—"On the Ancient Treatment of Callous Ulcers." By Mr. HAINWORTH.
——— ——— MEDICO-BOTANICAL SOCIETY. Eight o'Clock.
Thursday, January 12.—MEDICAL SOCIETY OF KING'S COLLEGE. Half-past Seven o'Clock.
——— ——— ROYAL SOCIETY. Half-past Eight o'Clock.
——— ——— ABERNETHIAN SOCIETY. Eight o'Clock.
Friday, January 13.—ROYAL INSTITUTION. Nine o'Clock.
——— ——— ASTRONOMICAL SOCIETY. Eight o'Clock.
Saturday, January 14.—MEDICAL SOCIETY OF LONDON. Eight o'Clock.
——— ——— GUY'S HOSPITAL PHYSICAL SOCIETY. Eight o'Clock.
——— ——— ROYAL BOTANIC SOCIETY. Four o'Clock.
——— ——— WESTMINSTER MEDICAL SOCIETY. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, JANUARY 7.

THE PROSPECTS OF MEDICAL REFORM.

ANOTHER year has now commenced, and the Parliament of the United Kingdom will soon be re-assembled. Events of paramount magnitude and importance, involving the peace of Europe and of the world, will engage the attention of the Legislature, and it is too much to be feared that the interests of our Profession will again be neglected. The retrospect of the past year affords us but little encouragement to hope that our grievances will be considered or removed by the Representatives of the nation; and the prospects of the future are almost equally disheartening. Yet amid the general gloom which has so long hung over us, we think that we can discern some rays of light, which, feeble as they are, may be the precursors of a brighter dawn for the Medical Profession. For although nothing has been done in our favour, and measures affecting our interests have been carried without our concurrence, and sometimes in spite of our remonstrances, yet we think we can discover among some of our leading statesmen a desire to become acquainted with the nature of the evils of which we complain, and with the remedies

which are the best adapted for their alleviation. It is therefore our duty to hail with gratitude the development of that spirit of investigation into medical affairs which now seems to be awakening, and by all legitimate means in our power to make our representatives acquainted with our wants, our wishes, and our hopes.

Although it is improbable that any very sweeping system of Medical Reform will be adopted in the forthcoming Session of Parliament, yet there are several subjects of great moment which will, no doubt, occupy the attention of the Legislature.

We may remark, in the first instance, that the measure of Medical Reform, proposed by the "Provincial Medical and Surgical Association," is by no means likely to be accepted by the Legislature, unless very material alterations are made in its provisions; and we cannot but reflect, with considerable satisfaction, that the objections which we urged last year against the principles of this Bill, have been admitted as valid by many of its most ardent supporters; we think also we may confidently assert, that, unless the principle of representation be far more broadly adopted than has hitherto been the case, neither this Bill, nor any other, can ever receive or deserve the hearty support of the Profession. It is no longer endurable that the oligarchical and irresponsible minorities which have hitherto swayed the destinies of our order, should be secured in the possession of their usurped rights; and the time has certainly now arrived when the Profession should be aroused to the sense of its own dignity, and be enabled to exercise the suffrage which is the undoubted privilege of all the legitimate members of our body.

A measure, however, is likely to be introduced during the approaching Session, which, while it can give offence to none, promises to be of essential service to the Profession, and to the public. We allude to a Bill which we believe will be brought forward by Mr. Brady, for the registration of duly qualified medical practitioners. To the details of this measure we do not pledge ourselves—indeed, the plan may be considered to be still in embryo; but we conceive that no person can object to the broad principle, that an authorized list should be furnished to the public, and to the various legal and other functionaries, distinguishing the names of those who have gained an honourable footing in the Profession by education and examination, from those knaves and quacks by whom the public is annually robbed, and the legitimate practitioner is defrauded and impoverished. At the present moment, every person who chooses to call himself a physician, or a surgeon, is allowed to do so with impunity, and, what is still worse, the title is often assumed for the purpose of giving an air of respectability to any scoundrel who may be brought to the bar of public justice. We need not allude more particularly to several trials which took place last year, in which the prisoners were pertinaciously described in the public Journals, and addressed by the Judges, as members of the Medical Profession, although they had no right whatever to such a designation. An efficient and authorised register of qualified Practitioners would obviate this great opprobrium, and would exclude from our ranks a host of pretenders who now infest them.

Another point to which attention has sometimes been drawn, but which has not yet been made the subject of any specific enactment, is the introduction into the Parliament of the United Kingdom, of representatives of the Medical Profession. It is well known that education, in all its branches, has been hitherto very inadequately represented in our Senate; and while the Profession of Divinity is defended in the Upper House by the bishops, and the members of the legal Profession, and the officers of the Army and Navy abound in the Lower, the Profession of Medicine has been too frequently left without any champion at all.

Considerable efforts were made during the past year to obtain representation for the University of London; but, although we ardently desire to see this object attained, we cannot conceal from ourselves, that the Medical Profession would receive only a collateral and contingent benefit from such a measure; for the University contains Graduates in all departments, and the Practitioners of Medicine would form, by no means, the majority of the elective body. We also heard of a scheme, by which it was proposed that a member should be sent to Parliament by the College of Surgeons, and we do not yet know why the plan turned out to be abortive.

We have lately read a very able letter on Parliamentary Reform, written by a gentleman who signs himself a Revising Barrister, and in this publication we are happy to find that the Medical element is included in a proposed system for altering the franchise as at present constituted. The author of this letter recommends considerable modifications in the present arrangements. As a Medical Journal is not an appropriate vehicle for politics, we may safely pass over the general arguments employed for a revision of the present electoral franchise; but we may state that in place of several boroughs which for various reasons the Revising Barrister thinks should be deprived of their representatives, he urges that the Educational element should be strengthened in the House of Commons by giving additional Members to the Universities of Oxford and Cambridge, by according two Members to each of the Universities of London, Edinburgh, and Glasgow, and by giving *two Members to Graduated Physicians, and two to Surgeons and Apothecaries.*

Whether the Revising Barrister will find his views realised or not, we cannot venture to predict; but we cannot too strongly maintain, that, putting aside the active and able Brady, the Medical Profession has been hitherto unrepresented and most grievously misrepresented in the Councils of the Nation, nor can we too fervently hope that such a state of things will not be allowed to continue much longer.

MEDICAL CHARITIES ACT (IRELAND).

We have before us a document emanating from the "Commissioners for the Relief of the Poor in Ireland," which provides for the treatment of cholera patients by "the machinery already existing under the Act;" but we are informed that, in case of an "extraordinary visitation" of the epidemic, certain directions and regulations will be issued to provide for the treatment of cholera separately from the general treatment of the sick poor under the Medical Charities Act. It may be, that in the mercy of Providence, our Irish brethren will be entirely exempted from the operation of the legislative wisdom of the Commission, and that we shall not be called on to criticise the proposed regulations. The present order, however, demands our consideration, not only for the manner in which it actually affects the most immediate interests of the Irish Medical Practitioner, but because it indicates an ignorance or carelessness on the part of those by whom it has been framed, which, if allowed to operate in the construction of the provisions of a more comprehensive scheme—which, we are informed, are in contemplation—will have the effect of entirely subverting the existing relations of the Profession and the community at large, destroying the whole system of private practice, and giving the entire population of a district —both rich and poor—a legal and, for the time, indisputable claim to gratuitous medical relief.

The following quotation from the Order will show that this statement, and the apprehensions of some of our correspondents(a), are in no way exaggerated.

(a) See Letter of "A Dispensary Surgeon (Ireland)." *Medical Times and Gazette*, Dec. 10, p. 613.

"It is the intention of the Commissioners to constitute Dispensary Districts, districts for the treatment of persons afflicted by or threatened with cholera; to declare the Committees of Management of such Dispensary Districts to be Sanitary Committees, charged with the duty of aiding and assisting the Board of Guardians in the execution of the Directions and Regulations which may be issued by the Commissioners; and to make the Medical Officers of such Dispensary Districts Medical Officers for the treatment of cholera cases, or cases of premonitory symptoms of cholera arising in such districts respectively, which they will be required to attend at once, without ticket or recommendation."

It requires but little foresight indeed to see what a door is here opened for the greatest injuries and the meanest frauds on the Profession, not only on the Dispensary Officer, but on the private Practitioner. "Without ticket or recommendation," the Dispensary Officer is required to give gratuitous attendance "at once" on not only cholera cases, but cases of "premonitory symptoms." He is thus at the mercy of the fears and the whims, the caprices and the follies of every resident in his district, many of whom will only be too ready to avail themselves of any pretext, however shabby, for receiving Medical advice gratuitously. We say advisedly, that it would be impossible to conceive a system more calculated to encourage fear and fraud on the part of the public, and to inflict unnecessary vexation and disheartening grievances and annoyance on the unfortunate Dispensary Physician. It may be going to a greater length than is strictly to be anticipated; but it is certainly possible, in many Irish districts, that, for the time, all source of emolument from private practice will be cut off from the Dispensary Officer, and possibly, too, from his brethren around him, while he shall be made the victim of the Cholera and the Commission. And yet, with a little ordinary forethought, with but a small expenditure of time and trouble on the part of those of whose labours such chary use is made by the Commission, which so bountifully dispenses gratuitous medical attendants to the public, it would seem to us comparatively an easy task to make provision whereby those entitled to medical relief, whether in the case of an extraordinary visitation, such as the cholera, or of ordinary ailments, should be at once and without delay, supplied with the requisite medical assistance.

As the basis of such an arrangement, we would propose:—1. That alphabetical lists should be prepared by the Clerks of Unions, or the Secretaries of District Committees, of all persons within the district entitled to gratuitous relief. 2. That copies of such lists be hung up in conspicuous places in the Board-rooms, Committee-rooms, and Dispensary-offices. 3. That the Committee be empowered to add thereto the names of all persons within the district who shall be able to prove a just and equitable claim to gratuitous medical relief,—some simple, but reasonable, standard of house valuation, or rateage, being assumed, and all parties valued or rated above such standard to be declared disqualified for gratuitous medical relief. 4. Any member of the Committee, the Medical Officer of the Dispensary, or other person in the district, to enjoy the right of calling in question the claim of any individual on such list to be retained thereon, and, if good and valid reason be shewn, the name of this individual to be removed from the list. 5. These lists to be subject to weekly revision, if necessary. 6. Every medical officer of a dispensary district to be provided with a small alphabetical pocket register, in which the Clerk of the Union, or Committee, shall enter the names of all persons entitled to gratuitous medical relief, this register to be revised weekly, and names added thereto, or erased, as the case may be, by the said Clerk.

Of course in our present limits it would not be possible to develope all the requirements of such a system, but we feel confident, that if these principles be taken as the basis of a plan for re-arranging the relations of the Dispensary Medical Officer and the sick poor, a much more satisfactory and healthy system of Medical relief will be the result.

There is not only a positive wrong, but a pecuniary injury, done to the Dispensary Physician, who is obliged by the carelessness or fraudulence of the patient, or those who have given him a ticket, to administer relief to one able to pay for advice, and to whom, and his class, the Practitioner in a country district has often, in the absence of a higher class of patients, to look for the only source of emolument outside the poor pittance of his too-often inadequate salary. But, besides this, a moral degradation results to that community, many members of which are allowed, or encouraged to look for, and receive, aid of any kind, *in formâ pauperis*, and not the less so in the case of Medical relief.

Far be it from us to check the noble, compassionate, charitable, feelings of our brethren. To minister to the suffering poor is the highest, grandest, aim of our art: but the Physician owes a duty to himself and to society; and while he aids the really poor—often those whose poverty is known to him alone—he should be prepared, at all times, firmly and consistently to resist, and, where he can, to check the degrading spirit of a malingering pauperism, which not only affects the individuals so degraded as to have recourse to it, but contaminates those around them.

DISMISSAL OF MR. GAY.

When in a recent article on a dispute which has since become notorious at the Royal Free Hospital, we stated our belief that at the General Meeting of Governors, convened on the 30th of December, we should see "all that an active unscrupulous clique can effect," we suggested that it would be difficult for the Committee "to add, by any future transactions, to the disgrace of their past conduct." This difficulty, however, has been most notably overcome. Prepared as we were for a great deal, we were certainly astonished at the amount of unfairness, unscrupulousness, and indelicacy, detailed in the reports of the meeting in the morning papers of Saturday last,—still more so by some details which have since been communicated to us.

We need say no more about the charge against Mr. Gay. All that could be alleged against him was, that he had supplied a rival Journal of the *Lancet* with some particulars as to his birth and education, and with such references to his writings as were required for the composition of his biography, and that he sat for a portrait intended to accompany that biography. We are not going to defend Mr. Gay for furnishing this information, or sitting for the portrait. Indeed, we shall take another opportunity of expressing our opinion, that the example so unfortunately set by Sir Benjamin Brodie and Dr. Chambers in the *Lancet*, has led to the continuance of a system of indirect puffing, and not very indirect advertising and self-glorification, which has had a most injurious effect upon the *morale* of the Profession, and upon its estimation by the public. But the Proprietor of the *Lancet* was surely the last who ought to have complained of any one following a practice by which the Profession is vulgarised, as he himself was the author of the practice, and it was a matter with which the Hospital Committee had nothing whatever to do. Dr. Peacock very justly observed, in a manly and able speech, that "no medical man should be dismissed from an institution on light grounds. Whatever the character of the Periodical, or that of the Memoir, a Medical man should be proved guilty of some great moral delinquency, of want of medical skill, or culpable neglect, before he was dismissed." Now, not a word was alleged against the able manner in which Mr. Gay had performed the surgical duties of the Institution for seventeen years. His skill and care were not denied. The only charge was, that he had made himself the "literary companion" of a rival of

Mr. Wakley—Mr. Wakley being a most influential member of the Hospital Committee.

It would be an idle subterfuge to assert that Mr. Wakley was but one in a large Committee. He and his son were the only parties aggrieved by the Memoir published of Mr. Gay. They, and their friends, were the active agents in the dismissal. Indeed, the following letter, which was read at one of the meetings of the Committee, and a printed copy of which has been forwarded to us, shows that Mr. Wakley himself looked upon the matter, not as a public question, but as a personal quarrel between Mr. Gay and himself:—

"Tuesday, July 26th.

"Sir,—On my return to town last night, your communication of the 21st inst. was placed in my hands. I much regret that it is of so unsatisfactory a character. You must have been perfectly aware of the vile nature of the publication with which you identified yourself by sending to it the details of your biography. You must have seen, from the first number that was printed, that the aim, object, and purpose of the despicable slanderer by whom it was published was, to assassinate the moral character and destroy the peace of mind of me and my sons,—one of those sons being your own colleague in the Royal Free Hospital. You say, in your letter, that you are "too deeply sensible of the many acts of kindness you have received from me through an anxious period of your professional career," yet you have not shrunk from appearing before the Profession as the literary companion and helpmate of the malignant slanderer of me and my family.

"Under these circumstances, I must decline any further correspondence on the subject. You have made your own election, and must abide by the consequences.

"I am, Sir, your obedient servant,

"T. WAKLEY."

It will require but a few words to make known the manner in which the threat, conveyed in the last sentence of this letter, was executed. At the General Meeting of Governors, called to consider the Resolution of the Committee, the whole of the section of that Committee hostile to Mr. Gay—about sixteen in number—were present, and voted in support of their own Resolution. The indelicacy of such a proceeding is too obvious to need remark. But this was not all. It was found that an active canvass would not bring a sufficiently large body of Governors to support the Resolution, so that a number of voters appear to have been made for the occasion. This is a conclusion very naturally drawn, from the fact that persons were present, and voted, whose names do not appear upon the list of Governors for 1853. One Correspondent informs us that, among them, he *saw* three Pritchards, sons of the Chairman (who, by the way, was a member of the Committee); a son of Dr. Marsden, a youth at King's College; two sons of Mr. Wakley, one of them who voted being a colleague of Mr. Gay; and Mr. Gant, who is said to be selected as Mr. Gay's successor, made himself a Governor, and voted. Mr. Gay asked the surgeon last named, at the meeting, while his hand was held up, if he had a vote, and he answered in the affirmative. Mr. Parnther, one of the Committee, publicly stated in the room, that the man who supplies the hospital with beer, and the porter of the Cancer Hospital, were among the voters; and we might add to this wonderful list Mr. Hall, one of the clerks of the hospital; and a gentleman we refrain from naming,—a reporter of the *Lancet*.

Such is the party which prevailed on Friday against some forty gentlemen, old Governors and supporters of the hospital friends of Mr. Gay, numbering among them such names as Garrard, Waugh, Edwards, Marger, Cornelius Hanbury, Peacock, Fergusson, Bremner, Bennett, Metcalfe, Parnther, Roxburgh, and others of high respectability.

As only 123 of the 1100 Governors were present, the decision arrived at is evidently capable of revision. Whether Mr. Gay will or will not seek for such revision remains to be seen. In the meantime we have no doubt, from the universal reprobation with which we everywhere hear the proceedings of the Committee condemned, that a very general and decided expression of professional feeling will emanate from a public meeting of members of our body, as we hear that proposals have been made for convening such a meeting. We need hardly say, that we trust the proposal will be cordially responded to. Never was there a case which called for a more energetic support to the principles of professional independence, or in which the fraternal support of the Medical body was more needed, in the attempt to resist unwarrantable interference with the private actions of a medical officer of a public institution by an unfair and unscrupulous lay-Committee. If such a precedent as this be allowed to pass without some signal and unmistakable vote of censure from the Profession, no one holding a public medical appointment can be safe for a moment. Any busy demagogue, or any active Committeeman who wished to advance the interest of his relatives, might set aside the rights earned by long and able service on the most frivolous pretences. We estimate the public feeling of our order too highly to believe that such things can be permitted.

REVIEWS.

The Pathology and Treatment of Stricture of the Urethra both in the Male and Female; being the Treatise for which the Jacksonian Prize for the Year 1852 was awarded by the College of Surgeons of England. By Henry Thompson, F.R.C.S., M.B. Lond. Octavo, pp. 424. London, 1854.

Practical Observations on the Treatment of Stricture of the Urethra and Fistula in Perinæo. Illustrated with Cases and Drawings of these Affections. Third Edition, greatly improved and enlarged. By John Lizars, late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon to the Royal Infirmary of Edinburgh. Octavo, pp. 248. Edinburgh, 1853.

The two works, whose titles are here placed together, although treating of the same subject—viz., Stricture of the Urethra, differ widely from each other. The former is an elaborate essay, embracing all points connected with the important disease in question. The latter is the third edition of a work already well known to the Profession, in which the method of treatment by perinæal section has been made the chief matter for discussion.

The Council of the Royal College of Surgeons, in proposing the subject of stricture for their Jackonian Prize Easay, exercised a judicious discretion; for, during the last few years, there has been much difference of opinion among surgeons concerning some of the most important points connected with the treatment of the disease; and the discussions upon the merits and demerits of certain plans have been carried on in such a way as to lead to anything but conclusive and satisfactory results. An opportunity was thereby offered by the Council for a diligent observer to collect such an amount of facts as would tend to clear up some of the doubts and difficulties which surround these questions.

The methods of treatment of stricture by the application of caustics, especially of potassa fusa, and by external incision, are the points which have so warmly excited the attention of surgeons of the present day; and it is not surprising that there is now such a difference of opinion, because so much personal animosity has been mixed up with their discussion, that we fear numerous facts bearing on these questions, especially upon the latter, have either not been brought forward or have been distorted through prejudice. Mr. Lizars has earnestly opposed the practice of his fellow-townsman, Mr. Syme, and, in the two former editions of the work under notice, has brought forward certain facts which tended considerably to shake the confidence of those who put faith in the perinæal section, as a safe and permanent cure for stricture. As yet, we are not aware that any of these facts have been shown to be incorrect.

In the present edition Mr. Lizars has brought forward several additional facts, which, if to be relied upon, show that the operation in question has not been attended with such good results as Mr. Syme would lead us to suppose. No less than ten cases are related where the perinæal section had been followed by more or less untoward results,—had failed in preventing the return of the disease, or had induced complications which rendered the patients

worse than they were before the operations were performed. Of the results of some of these cases, Mr. Lizars has given pictorial illustrations of a somewhat extraordinary and amusing character. Surely these cannot be of his own imagining.

Mr. Henry Thompson, in the very elaborate essay which does great credit to his industry and research, has collected together many details connected with the pathology and treatment of the disease. In the first two chapters the anatomy of the parts concerned and the pathology of stricture are considered at length. With reference to one point about which there has been much dispute, viz., the most frequent seat of stricture, Mr. Thompson has instituted a rigid inquiry. He has examined a very large number of specimens in the various museums of London, Paris, and Edinburgh, and has found that by far the greater number of cases of stricture are met with at the subpubic curvature; that is, at the junction between the spongy and membranous portions and its neighbourhood.

"The junction itself is the point at which stricture is most frequently situated. Next is the extreme anterior boundary of the division, a spot which is one inch in front of the preceding, and almost as frequently affected; while, between these two points, six examples of stricture are met with for every one behind the junction; in which latter situation, therefore, they are very uncommon. Most rarely is a stricture found so far back as the posterior part of the membranous portion."—P. 87.

The two succeeding chapters treat of the symptoms, causes, and effects of stricture. The author has evidently taken very great pains to ascertain the most frequent causes of permanent stricture. His researches show, like those of others, that, beyond a doubt, neglected and chronic gonorrhœal inflammation of the urethra most commonly produces the affection in question.

In the fifth chapter, the pathology of spasmodic and inflammatory stricture is discussed.

The sixth is devoted to the important subject of exploring the urethra for stricture, and of the treatment of the disease by dilatation. Some extremely judicious and practical remarks are made by the author in reference to the exploration of the urethra for the purpose of ascertaining the existence of stricture.

On the subject of treatment by dilatation there is nothing new. The term "cure," as applied by the author to the dilatation of the contracted urethra, should not be used, because, in by far the majority of cases, a cure in reality is not brought about. It is true that the canal may be dilated to its natural capacity; but, unless instruments are every now and then employed afterwards, the stricture will most certainly return.

In the succeeding chapter, one of the questions which has of late been so much discussed—viz., the treatment of stricture by caustic—is considered. We had hoped to have found some useful information, and a certain number of facts (especially in a Prize Essay), on this interesting and important subject; but the author appears to have had little or no experience of their use, more particularly of the potassa fusa.

Internal incision is considered by the author as applicable only in instances where the stricture exists in the anterior part of the urethra.

The most interesting point connected with the treatment of stricture at the present time is doubtless that by external incision. A considerable portion of Mr. Thompson's work, as well as that of Mr. Lizars, is devoted to the consideration of this subject. As we have before stated, Mr. Lizars has most strenuously opposed that modification of the proceeding termed "Syme's operation," and he appears to have devoted much attention in finding out facts which tell against it. According to Mr. Lizars, profuse hæmorrhage, return of the stricture, perinæal fistulæ, and death, have been, in a considerable number of cases, the consequences of this operation. Mr. Thompson has also taken pains to elucidate this subject; but he has made out a better case for the operation, and leads us to suppose, that the dangers, especially that of hæmorrhage, are few. Unfortunately, however, for this side of the question, Mr. Thompson appears to have had little opportunity of personally ascertaining facts about disputed cases. Mr. Lizars has treated the patients themselves after operation, and has actually given drawings of some of the worst cases. If, therefore, the statements of Mr. Lizars are to be depended upon, they will only serve to corroborate the opinion which generally prevails, that the perinæal section, in instances of *permeable* stricture, is an unsafe proceeding,—one which does not promise to be effectual, and, therefore, unjustifiable, except under some very peculiar circumstances. Mr. Thompson has given us, at page 257 of his work, a tabular account of all the cases which have been operated upon, but the information contained therein is, comparatively speaking, useless, from its being by no means precise. Thus, for instance, at the head of the Tables, are the two following items of the operation performed:—

"By Mr. Syme, above 70 times, no death; a large proportion of the cases successful. Mr. Fergusson, 4 times; 1 death; 2 tolerably successful; 1 doubtful."

It is impossible to form any just conclusion from this statement of Mr. Syme's cases; the term, "a *large proportion*," being much too vague and unsatisfactory; and surely the result of Mr. Fergusson's cases, as given by the author, is not such as to induce one to believe that the operation is otherwise than we have stated it to be—unsafe and ineffectual. Little is said either by Mr. Lizars or Mr. Thompson on the treatment of those truly impermeable and complicated cases of stricture which are every now and then seen, either as a consequence of injuries to the perinæum, or chronic infiltration of urine. It is in such cases that external or perinæal section is really required; and it is a proceeding which, taking all circumstances into consideration, is not only justifiable, but likely to be attended with much more satisfactory results than that adopted by Mr. Syme.

We have have now referred to the most important points connected with the treatment of stricture; and we repeat what we stated before, in reviewing the first edition of his book, that Mr. Lizars has done good by showing the unfavourable side of the perinæal section, and preventing its rash adoption.

Mr. Thompson's work, taken altogether, is a comprehensive and elaborate essay upon a very important subject; although, in some points of practical value, it is deficient. It is embellished with several beautiful and useful woodcuts, and in the appendix there is a large mass of information in the form of reported cases, and an analysis of the causes and progress of stricture, which must have entailed upon the author a large amount of labour, and which, we are sure, will establish his reputation as an accurate observer.

Surgical Anatomy. By Joseph Maclise, F.R.C.S. Fasciculi I., II., and III. Second Edition. London. 1853-54.

We learn, from a notice appended to these fasciculi, that "the first edition of 1000 copies of this work was exhausted within six months after its completion." This result was most justly deserved by the great excellence of the work, its extremely low price, the beautiful manner in which it was got up, and the regularity with which it was completed. It was highly creditable alike to author and publisher.

The Second Edition, the first three fasciculi of which have already appeared, is not a mere reprint; it is really a new edition, for new drawings have been made, old drawings have been re-engraved, and some fresh subjects have been introduced. Their execution is really perfect, and we feel assured that the success of the First Edition will be far exceeded by that of the Second.

We shall reserve a more particular notice of this Edition, and of the work in general, until it is completed, but we cannot allow the present opportunity to pass without recommending the work most strongly both to students and practitioners, as one of the cheapest and most beautiful ever produced by the British Press.

Handbook of Chemistry, Theoretical, Practical, and Technical. By F. A. Abel, Professor of Chemistry at the Royal Military Academy, Woolwich; and Assistant Teacher of Chemistry at St. Bartholomew's Hospital; and C. L. Bloxam, formerly First Assistant to the Royal College of Chemistry. With a Preface, by Dr. Hofmann. London. 1854.

The following extracts from the Preface of Dr. Hofmann will give a better idea of the plan of this work than anything we could say:—"The authors, after having received their chemical education in my laboratory, officiated for some years as my assistants, and I have had ample opportunities of witnessing their talents for imparting information, and smoothing the path of the student, in every department of analysis. The present volume is a synopsis of their experience in laboratory teaching. It gives the necessary instruction in chemical manipulation, a concise account of general chemistry, as far as it is involved in the operations of the laboratory, and lastly, qualitative and quantitative analysis. The plan adopted in the instructions for analysis is *essentially* that which was first introduced by Baron Liebig, and which, modified in accordance with the progress of science, and with the special requirements of the English student, I have daily practised myself, for the last eight years, in this laboratory."

We entirely concur with Dr. Hofmann in his concluding

remark, that he has "no doubt that the work of Messrs. Abel and Bloxam will fulfil the purpose for which it was written, and will prove a useful laboratory guide to the chemical student." It forms a very handsome volume.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

NEW METHOD OF ADMINISTERING THE FEBRIFUGE PRINCIPLE OF QUINQUINA BY PULMONARY ABSORPTION.

A young physician—M. Louis Manetti, of the University of Pavia—has made a discovery which excites considerable interest in Italy. Being present in 1852 at the death of a patient who was unable to swallow a sufficient quantity of quinine in a short space of time, to arrest the progress of a bad fever, M. Manetti endeavoured to form some preparation by which the febrifuge principle might be inhaled into the lungs. This new agent is called "kinic ether," but its exact chemical composition is unknown. (The discovery has been announced already in the *Medical Times and Gazette*.) It is a limpid liquor, of a peculiar and unpleasant odour, and it is obtained by the distillation of kinate of lime and alcohol.

M. Pignacca has tried its effect in many diseases,—viz., tertian fevers, neuralgic affections, hysteria, etc.

In one case, neuralgia occupied the right side of the face, and depended upon a diseased condition of the gums and caries of a molar tooth. The pain pursued a regular course, and assumed a quotidian type. At eleven a.m. the patient was directed to inhale the kinic ether. It was repeated at eight p.m., after which the pain disappeared, and did not recur, the only uneasiness remaining being a slight tenderness of the cheek, connected with irritation of the gums. About a drachm of the fluid, administered in two, three, or four times, may be considered a dose. About a scruple is poured upon a piece of linen, which is then held to the nose. M. Pignacca has experimented upon himself, and attests to the efficacy of the preparation.—*L'Union Médicale.*

[This statement must be received with considerable suspicion. First, because kinic acid is a fixed acid, and cannot yield a volatile ether; secondly, because kinic acid is not known to possess febrifuge properties: such properties belong to its usual base, quinine or cinchonine.—Ed.]

ANOTHER DEATH FROM CHLOROFORM.

[Communicated by Dr. WUSTEFELDT, of Neustedt.]

A young girl, aged 13, of strong constitution, had on the dorsal region a voluminous lipoma, which extended from the last dorsal vertebra to the crest of the ilium. The girl's mother, and the girl herself wished for the operation, and demanded the use of chloroform. Dr. Wüstefeldt told the mother that grave accidents often followed the administration of the anæsthetic; but she nevertheless persisted in her request. One drachm of chloroform was employed. As soon as insensibility was manifested, the operation was commenced, but scarcely had the surgeon divided the skin, than the girl, yielding to the laws of gravity, fell suddenly forwards upon her chest. Dr. Wüstefeldt, struck by the phenomenon, which he had witnessed before under similar circumstances, immediately desisted from operating, and strove to restore the patient to life; but every effort was useless, and, in the course of a few minutes, it became evident that she was dead.—*Med. Zeitung von den Vereine für Heilkunde in Preussen, No.* 44, *Berlin, November* 2.

[It is to be regretted that fuller particulars, viz., as to the kind of apparatus, the position of the patient, and the duration of the inhalation, have not been given.—Ed.]

UPON THE SPECIFIC NATURE OF BLENNORRHAGIA.

By M. PIERRE VIGUIER, of Lyons, Surgeon to the Hotel-Dieu.

M. Ricord has affirmed that blennorrhagia, uncomplicated with a primary syphilitic sore, is never virulent. He has even denied all specificity as an inflammation. Consequently, he believes that "women frequently communicate blennorrhagia without having it themselves." According to the author, it would be more correct to say, "Women affected with discharge from the organs of generation, such as fluor albus, menstrual discharge, uterine catarrh, etc., can occasionally give to the male urethritis."

Urethritis and blennorrhagia are two inflammations which should not be confounded; they differ in their cause, progress, and nature. M. Thiry has arranged blennorrhagia under four heads—1st, simple blennorrhagia; 2nd, virulent blennorrhagia; 3rd, blennorrhagia produced by a chancre; 4th, a specific blennorrhagia, which he does not define.

M. Viguier calls simple inflammation of the canal urethritis. This can be excited by drink, excess of connexion, mechanical irritation. Blennorrhagia he calls a specific inflammation, dependent upon the contact of pus, possessing specific properties, but differing from the pus of syphilis. This form consequently differs from blennorrhagia virulenta, or that arising from the presence of a syphilitic urethral chancre.

Urethritis is attended by purulent secretion, ardor urinæ, and œdema of the prepuce; but, in the course of a few days, the active stage being passed, it shows a natural tendency to resolution. Its extinction is complete, and it leaves no trace of its presence in the canal. There is no necessity for cubebs, copaiba, etc. Great drinkers of beer are stated to afford most instances of this affection, and the disease rapidly disappears by purging and abstinence from the exciting fluid. There is no chronic stage. When Swediaur wished to prove, by injections of ammonia into his own urethra, that he could produce blenorrhagia at will, he failed, for the only affection resulting was urethritis.

After coitus with an infected female, four, six, or eight days generally elapse before the appearance of the discharge of blennorrhagia. There is first unpleasant pruritus; then some obstacle to the flow of urine; lastly discharge. These last, namely, the obstacle to the flow of urine and the discharge, increase to the tenth day, when they have reached their summum of intensity; the pus is then yellow, or yellowish green, abundant, and tinged with blood. Erection is painful, and disturbs the sleep; the canal is hard, and affected by inflammation through its entire thickness; there is weight in the perinæum, and often propagation of the inflammation to the bladder, to the vas deferens, and to the epididymis. To this acute stage succeeds a second, called by the author "curative," which alone must be selected for the administration of anti-blennorrhagic medicines, if it be desired to gain from them all the good effects of which they are capable. When administered at an earlier period, their action ceases with the diminution, but by no means with the disappearance of the acuter symptoms. There is not in blennorrhagia a tendency to spontaneous cure as in urethritis; the discharge may become permanent, losing, however, its yellow colour, and becoming almost limpid; excess in drinking or coitus causes its rapid reappearance.

Blennorrhagia is always produced by contagion; blennorrhagic pus must be deposited upon the mucous membrane of the urethra; but certain conditions are required to favour the development of the disease,—the quantity of pus, its prolonged action, irritation of the urethral mucous lining, etc. An individual having frequent acts of connexion with a blennorrhagic female would be sure to contract the disease, when another individual more careful would escape.

During the chronic stage of the disease, there is no danger from fresh infection; but the original disease may acquire increase in intensity.

The author concludes by general remarks in opposition to the statement by M. Ricord, that blennorrhagia may be produced by common, and not specific causes.—*Gazette Hebdom.*, Dec., 1853.

OBSERVATIONS UPON ASCITES TREATED BY INJECTIONS OF IODINE.

By Dr. COSTES.

Case 1.—A female, aged 45, subject to intermittent fever, of pallid aspect and emaciated, pulse small but regular, came under the author's care with the abdomen distended by fluid. A puncture gave issue to sixteen quarts of lemon-coloured fluid, and allowed a more accurate examination, by which there was detected enlargement of the spleen. Rapid reproduction of the effusion ensued, which was followed by a second puncture, giving issue to eleven quarts of a similar fluid. Dr. Costes then injected the following into the peritoneal cavity:—Tinct. iod. gr. xl., iod. potass. gr. ii., aquæ gr. lxxx.

Immediately following the injection there was anxiety, coldness of the extremities, acute abdominal pains, small pulse (90), agitation, perspirations, nausea, and syncope. These accidents lasted about twelve hours, after which the patient recovered, and was cured three months after the injection.

Case 2.—A female, aged 68, also subject to intermittent fever. First puncture, July 17, gave issue to nine quarts of lemon-coloured fluid. A second puncture (August 2) fur-

nished the same quantity; August 11 rather more. There was then injected tinct. iod. gr. xxx., iod. potass. gr. ii., aquæ gr. cxx. Immediately afterwards the pulse became slow and small; there was colic, with sense of abdominal heat; face pallid. Half an hour after the injection, there were frequent attacks of nausea, followed by vomiting of a greenish, watery fluid. Pulse frequent; thirst and abdominal pains for 48 hours. There was reproduction of the effusion, and a fourth puncture, August 24, about eight quarts of the same coloured fluid were abstracted. The second injection of iodine was followed by the same symptoms less pronounced. The effusion within the abdomen recurred; the patient became gradually thinner, and she died September 30. Upon examination after death, there was found tuberculosis of the peritonæum. In the pelvis there was a small quantity of sero-purulent fluid.—*Gazette Méd. de Paris.*

UPON THE TREATMENT OF CHOLERA.

By Dr. JULES GUYOT.

The author remarks, that, in 1832, he watched the epidemic as it occurred in Paris and the country. In 1849, he followed it in Argenteuil, Paris, and Châlons-sur-Marne, and he noticed many facts by which the disease seemed allied to intermittent fever. There was the cold stage, the period of re-action, and the period of congestion.

Medicine has no effect against declared cholera, as is the case against an access of intermittent fever. There is no remedy to cure the access; we cure the fever, and then the access does not recur. It is, therefore, possible that sulphate of quinine may remove the disease called cholera, although it may have no effect upon the access. The author thinks that two grains of sulphate of quinine, taken daily before each repast during the epidemic, is the most rational and the surest prophylactic measure, and he founds this opinion upon the effects of the medicine both on the nervous system and the alimentary canal.

The influence of the epidemic is felt in various ways when it has seized upon a locality. Some persons experience debility and malaise without functional disturbance; others, cold sweats, weight of the limbs, rumbling of the bowels; a third set of persons suffer from painless diarrhœa, unaccompanied by nervous symptoms; a fourth set, by sudden nervous disturbance, epigastric oppression, desire to vomit apparently excited by pressure on the stomach. Rarely does cholera come on without premonitory diarrhœa.

The first period of prodromic cholera is characterised by gastro-intestinal disturbance without pain or nervous symptoms; and here the author administers the sulphate of quinine, which he terms "a saline laxative so efficacious and sure in its good effects, that he never would venture another."

In the second stage, characterised by continual vomiting, vertigo, cramps, etc., he gives sulphate of soda, but as it is often immediately rejected from the stomach, he combines it with Seltzer water; but, before giving it, it is indispensable to effect some change in the nervous condition of the patient by the employment of alcohol; in the form of strong brandy or rum, pure, when diluted, it may be an adjuvant to maintain heat, but it is powerless against the severity of the nervous symptom of cholera. The dose must be proportioned to the age and habits of the patient, but should be large and repeated, inasmuch as "alcoholic vertigo neutralises and completely destroys the vertigo of cholera."—*La Presse Médicale*, December 6.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

[To the Editor of the Medical Times and Gazette.]

Sir, December 17th, 1853.

In the number of your Journal for the 26th of November last, at page 561, under the article headed "Provincial Correspondence,—Scotland,—Doings in the North," there occurs the following passage, in the reports of the proceedings of the Medico-Chirurgical Society, Edinburgh, at its first annual meeting, which "was numerously attended." Mr. Syme pointed out the frequent occurrence of a variety of this tumour (exostosis of bone) in the superior maxillary bone, and reflected somewhat severely on the writers of books on Surgery for "Students," for not giving "him the credit for being the first to perform the operation of removal of the superior maxillary bone in Europe." At this meeting, Mr. Miller, Professor of Systematic Surgery, was present, and as one of the writers of books on surgery for "students," referred to and reflected upon by Professor Syme, stated, that, "although Mr. Syme might have been the first actually to remove the superior maxillary bone, the operation was certainly suggested, and its practicability shown by Mr. Lizars." The above is not the only occasion which Mr. Syme has availed himself of, to advance the claim of being the first to introduce the operation of excising the superior maxillary bone. In the biographical sketch of that gentleman, published in the *Lancet*, 1st February, 1851, the same claim is set up, for in that article it is stated, at page 135, that "Mr. Syme was the first surgeon in Great Britain who excised the superior maxillary bone." The only difference between the statements which I have quoted, is, that Mr. Syme's first claim was confined to the island of Great Britain, while his second embraces the Continent of Europe itself. In proof of Mr. Syme's pertinacity for the honour, I may mention, that in the *Edinburgh Monthly Journal of Medical Science*, for April, 1851, (a Journal over which Mr. Syme is well known to exercise a controlling influence), there is an editorial note, also vindicating Mr. Syme's claim to the primary performance of the operation in question.

My object in sending you this communication is to give a short but faithful history of the operation, the literature of which should not be confined to mere "students" of surgery, but I trust will be made known through the columns of your widely circulated Journal to the Profession at large, both at home and abroad.

It is necessary to premise, notwithstanding Mr. Syme describes the disease as one of frequent occurrence, that the first, and, so far as I have been able to discover from the published reports of surgical cases which he treated, the only operation for its removal undertaken by him was performed in May, 1829. The account of the case was written by him in the course of the subsequent month, and was published in the Quarterly Number of the *Edinburgh Medical and Surgical Journal*, for April, May, and June. In the next Number of that Journal, in which his first quarterly account of surgical cases under his care in the hospital where the operation was performed appears, he very briefly alludes to the case, and expresses himself "as at a loss to account for matters progressing favourably." It would thus appear that he had undertaken the operation without any hope of recovery from it; and as the case is dismissed without further notice from his printed reports, we may presume that the operation was unsuccessful in establishing a cure, the more especially that he does not claim the honour of arresting the ravages of a hitherto, as he believed, incurable disease, and has left the Profession in utter ignorance of its future history.

The parties who have never claimed any merit in this matter, to whom the honour is undoubtedly due of having originated and performed the operation of excision of the superior maxillary bone, were Mr. Lizars, of Edinburgh; and M. Gensoul, of Lyons,—individuals distinguished for their surgical writings and operative skill. The "merit," says the late Mr. Liston, in his "Observations on Tumours of the Mouth and Jaws," "of suggesting the possibility and advantage of removing the entire maxillary bone when the seat of disease, is, without doubt, due to Professor Lizars, for several years my colleague in the Edinburgh Royal Infirmary. The proposal, with directions for the operation, was published in his anatomical work, dated 1826. Prior to that date, the mode of treating malignant tumours seated in the antrum consisted of fruitless attempts to excise the diseased parts, or to destroy them by means of caustic, cautery, etc. As all these expedients had failed to arrest the progress of this painful and destructive species of tumour, it occurred to Professor Lizars, that the entire extirpation of the superior maxillary bone itself held out the only prospect of effecting relief. Accordingly, in the letter-press to Part IX. of his 'System of Anatomical Plates,' he explained the reasons for suggesting such an operation, and gave full, minute, and circumstantial details of the mode in which it should be performed." The preface bears date 1825, which is nearly four years antecedent to Mr. Syme's case in 1829. Professor Lizars pointed out the great advantage of the operation over every other method of treating the disease, and obviated the objections made against it. The following extract, from the work referred to, will satisfactorily substantiate his claim of originating the operation. "I am," he says, "therefore decidedly of opinion, that, unless we remove the whole diseased surface, which can only be done by taking away the entire superior maxillary bone, we merely tamper with the disease, put our patient to excruciating suffering, and ultimately to death," P. 58. In accordance with his views, Mr. Lizars had recourse to this operation in 1827; but was prevented, after previously having secured the "common carotid artery of

the affected side," from completing it, by "the hæmorrhagic disposition of the gums and palate." The blood welled out at every incision, as if there had been aneurisim by anastomosis. He performed the operation on August 1st, 1829, and also in the following January, and both these cases were reported in the *Medical Gazette*.

M. Gensoul, a name in surgery not behind that of Dupuytren's, has, at p. 12 of his "Lettre Chirurgicale sur quelques Maladies Graves du Sinus Maxillaire," acknowledged Professor Lizars' claim; and, in examining M. Gensoul's operative labours for the same disease, we find from his treatise on the subject referred to:—1. That the removal of the superior maxillary bone, for an osteo-sarcomatous tumour, was performed for the first time by him in the Hôtel-Dieu de Lyon, "le 26 Mai, 1827, à 10 heures du matin, en présence de plusieurs médecins distingués de Lyon, et d'un grand concours des élèves."—Page 18.

2. In the same hospital, he, for the second time, successfully removed the superior maxillary bone, on the "21 Janvier, 1828."—P. 30.

3. "L'ablation du maxillaire supérieure" was performed for the third time by him, "le 23 Mars, 1829."—P. 36.

4. And the same Treatise contains an account of the fourth operation, "le 6 du moi d'Avril, 1829."—P. 43.

All these operations were performed before the one published by Mr. Syme, for which he claims and reiterates the honour of having first practised it. In order to ascertain the remedial value of his operations, M. Gensoul delayed to publish them until time testified as to their results. This Treatise was not sent to press until 1833, in which he gave the histories of the cases and the mode of operating, and he accompanied his *brochure* with drawings illustrating the appearance of each face before and after excision of the parts. The results of these cases shew, that, in the first, second, and fourth case, the "guérison fut complète." After the lapse of several years,—a period of time sufficient to test the successful issue of the operation,—in the third case, the patient was relieved of the disease for eighteen months by the operation, when its beneficial effects terminated, death having occurred, "deux ans après l'opération, puis repullulation."

M. Gensoul cannot be too much commended in giving the result of his treatment, successful and unsuccessful, to the world, and thus making "surgical improvement" to consist, not in the mere use of the knife, but in the real experience it imparts. He wisely declined to magnify the importance of his labours by blazoning into notoriety each case so soon as it came out of his hands, but waited until he was able to inform the Profession how far his efforts had been proved to be serviceable in the cause of suffering humanity. I am, &c.

CHIRURGUS.

P.S.—Since the preceding paper was written, Mr. Syme has again asserted his claim "of priority" of performing the operation, and recording the first instance of excision of the superior, maxillary bone. In the *Monthly Journal of Medical Science*, for January, 1854, there is an article written by him, which was read to the Medico-Chirurgical Society, November 16, 1853, containing the following passage:—"Having happened to remove the first superior maxillary bone that was removed upon this principle in Great Britain, and having entered upon the records of surgery the first instance of this operation which they contain, I must here protest against the unjust appropriation of any credit that may be due on this account, which has been copied from each other by the writers of students' books, of whom I may mention Mr. Erichsen as the most recent." The principle referred to by Mr. Syme was pointed out by Mr. Lizars more than four years before Mr. Syme operated. The following is the extract of which he complains, as containing an unjust appropriation of his claim:—"The operation of the excision of the upper jaw, together with the malar bone, for tumour of the antrum, was first performed by Gensoul in France, and by Lizars in this country."—*Vide* "The Science and Art of Surgery," by John Erichsen, Professor of Surgery in University College, etc.

Edinburgh, Jan. 2, 1854.

MURDER OF A PHYSICIAN.—Dr. Patrick, a native of Dalry, practising in Springburn, near Glasgow, was assaulted fatally on Friday last. He was married only ten weeks ago. Early on Sunday morning he was aroused by knockings at his door, which he answered himself. He was requested to go and visit some party; he declined to do this, giving, as his reason, that the party was Dr. Stewart's patient. Immediately the parties maltreated him so brutally that he survived only one week.

GENERAL CORRESPONDENCE.

ON THE USE OF MANGANESE IN COMBINATION WITH IRON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Every Practitioner must have met with cases of blood disease, in which the restoration of the globules, by means of iron, was a very long and wearisome process; other cases, where there was a strong tendency to relapse on the cessation of the medicine; and other cases in which iron was indicated, but in which the remedy could not be borne at all.

When in practice in France, I had, from time to time, several cases in which these difficulties annoyed me much; I was, therefore, much gratified at the perusal of Dr. Petrequin's paper, in which he announced that, by the combination of manganese with iron, these impediments might be obviated; I, therefore, resolved to give the formulæ he recommended a trial, and did so with an entirely satisfactory result on all occasions on which I prescribed it,—principally in cases of chlorosis and anæmial amenorrhœa. I would, therefore, beg permission to give my feeble testimony to the advantages of the preparations of iron and manganese generally, and, as their tastelessness is a very great desideratum, I think Dr. Speer has rendered a double service; first, in drawing the attention of the Profession in this country to the use of manganese, and, secondly, in devising so unobjectionable a form in which to prescribe it.

There are a few points principally relating to the *rationale* of its employment, on which Dr. Speer has omitted to touch, probably from a fear of trespassing too much on your space; but as they are not without interest, you will perhaps pardon my adverting to them as concisely as possible.

Manganese was discovered in the gastric-juice by Gmelin and Braconnot, by Thenard in the bile, by Lassaigne in the brain, by Berthollet and Vauquelin in the hair, by L'Heritier in the fibrous tissues, and by Petrequin and Dubuisson in healthy pus; it became evident, therefore, that it must be a constituent of the blood, and the fact was announced to the French Institute by Millon in 1847, but he had been preceded in this discovery by Marchessaux.—Anatomie Generale, P. 159. These facts were confirmed by Mr. Hannon in 1849; and in 1850 M. Burin Dubuisson made several analyses of the blood, and satisfied himself that manganese was always associated in it with iron and in constant relative proportions, and that its increase and decrease proceeded *pari passu* with that of iron in morbid states, and that again with the increase and decrease of the blood globules. The following is M. Burin Dubuisson's analysis of 1000 grammes of blood:—

	Weight of Globules.		Weight of Oxide Iron.		Weight of Oxide Mang.
In a plethoric man	143·500	...	1·360	...	0·071
Normal blood	128·200	...	1·220	...	0·060
Chlorotic woman	63·980	...	0·500	...	0·025

In cases where we infer a deficiency of globules, we have, therefore, the same grounds for the prescribing of manganese that we have for the administration of iron. For although the ingestion of several substances which contain it, such as oysters, the potato, tea, etc., evidently suffices for the normal constitution of the blood, as is also the case with iron, it would appear from the above analyses, that in disease that source becomes insufficient, and that it is necessary to have recourse to art to supply it. Besides being always found associated with iron in the blood in certain definite proportions, may we not fairly infer, that where iron alone is administered, only such quantity will be assimilated as is in proportion to the quantity of manganese required for the normal constitution of the blood globules; and that where that is deficient, the surplus of iron will be excreted from the system, thus procrastinating the cure till the necessary supply of manganese is gradually collected from the food.

As the question is an important one, and as it rests principally on the analyses of M. Burin Dubuisson, it would be very desirable that these analyses should be repeated in this country with special reference to the determination of the quantity of manganese contained in the blood in different morbid states, and that the large statistics of an hospital should be resorted to, in order to determine positively its value as a therapeutic agent.

M. Petrequin is of opinion, after many experiments, that the manganese should not be given alone, but always in combination with iron, and in about the ratio in which it exists in healthy blood, viz., about one part of manganese to three of iron.

It is absolutely necessary, also, that the sulphate of manga-

nese, which is the basis of all the preparations, should be calcined by a red-heat twice at least, and afterwards dissolved, before employing it, as it is always impure, and frequently mixed with copper, and even arsenic.

M. Petrequin gives formulæ for several preparations, some of which were specified by Dr. Speer; the principal ones are, an effervescing powder, to be used in the beverage taken at meal-times; and pills, the latter of which was the form in which I employed it.

Powder.—Bicarbonate of soda, 6 drachms; tartaric acid, 1 oz.; sugar, 2 oz., powdered; sulphate of iron, ½ a drachm; sulphate of manganese, 13 grains. A teaspoonful to be taken in a wine-glassful of wine-and-water.

Pills (Carbonate of Iron and Manganese.)—Sulphate of iron, 2 scruples; crystallised sulphate of manganese, 12 grains; crystallised carbonate of soda, 1 drachm; honey, 24 grains; water enough to make 18 pills, one or two of which are to be taken twice a-day.

Leicester, Dec. 12, 1853. J. W. Crane.

STUDENT LIFE IN LONDON.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with much pleasure your excellent article headed "Student Life in London," in which you urge the absolute necessity for some system of discipline to be exercised over the medical student while exposed to the trials and temptations which beset him on being thrown upon his own resources in the Metropolis, at frequently a very early age.

You perhaps are not aware, that during the last four or five years at King's College a system has been adopted of marking the attendance of each student upon the course of lectures for which he has taken out tickets, and an account of such attendance is periodically transmitted, through the Secretary, to his parent or guardian, who thereby is officially made acquainted with the progress the student is making, and who, if necessary, can add his authority to save him from acquiring idle or dissolute habits ere it is too late. This record of attendance is also referred to when certificates are required to be signed; and in cases where the attendance has not been considered sufficient, the College authorities have not hesitated to withhold their signatures.

I am, &c.

Alexander Brown, M.R.C.S. and L.S.A.

Streatham, Surrey, Dec. 27, 1853.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, December 20, 1853.

Dr. Babington, President, in the Chair.

Mr. Henry Thompson exhibited an example of

OBLITERATED URETHRA FROM A YOUNG MAN RECENTLY UNDER THE CARE OF MR. COULSON, AT ST. MARY'S HOSPITAL.

Four years before he received a violent blow on the perinæum from the handle of a press, and was treated at Guy's Hospital for some time subsequently. Since that period he has suffered from obstruction to the flow of urine, and of late this has been complete as regards the anterior part of the urethra, several fistulæ having formed behind the scrotum, through which all the urine passed during some months. No instrument could be passed more than about three or four inches, although the attempt was repeatedly made. The bladder was punctured with a view to leaving the natural channel and the fistulous passages free for a time from the flow of urine. He gradually sank, however, a few days after.

On removing the parts from the body, and making a careful examination, the urethra was found perfectly obliterated at 3½ inches from the external meatus, a partition existing which appeared like a membranous diaphragm stretched across the canal, and up to which an exceedingly contracted channel was, with some difficulty, traced on each side, making a stricture more than an inch long. The membranous urethra was somewhat dilated behind, and the bladder was contracted. This was an exceedingly rare form of disease, only three or four other similar preparations being known to exist.

Dr. Crisp presented a portion of a

FUNGOID TUMOUR FROM THE ABDOMEN OF A CARP.

The fish weighed ten pounds, and the tumour alone more than four pounds. It was, in shape and appearance, not unlike a human brain, tolerably firm, and somewhat elastic. It was composed partly of a rather compact fibrous substance and partly of a softened matter, like fungus hæmatodes. It had no extensive connexion with any of the viscera, but seemed to have derived a great part of its nourishment from sources independent of any such connexion. Dr. Crisp believed that great light would be thrown upon human pathology by the study of the diseases of the lower animals. He considered, that these fungoid tumours had many points of resemblance to the boleti or tree fungi, a section of one of which was sent round for comparison with the tumour. They both required a living body on which to fix themselves, but both received a great part of their nourishment from the medium surrounding them. The softened part of the tumour was probably analogous to the fructification of the fungus. Dr. Crisp also exhibited, for comparison, a tumour from the pectoral muscle of a canary, thus contrasting disease in the warm-blooded bird with similar disease in the cold-blooded fish.

Dr. Bristowe exhibited two instances of

ENLARGED HEART.

The patient from whom the first was taken had not shown any signs of disease until about a month before his death. This was rather remarkable; for, as subsequently appeared, the disease must have been of long standing. No abnormal murmurs were heard with the sounds, which were, however, somewhat muffled. After death the heart was found very large, the aortic valves extensively adherent and with much earthy deposit; there was consequently much obstruction to the flow of blood through the aortic orifice. The mitral valves were still more diseased, with greater contraction of the orifice, and much earthy deposit. In the second case, the hypertrophy was still more manifest; the walls of the left ventricle were at least an inch in thickness, and it was proportionally increased in its other dimensions. It weighed 27 oz. The valves were healthy. The kidneys were diseased, granular on the outside, and rather small; but they did not appear to be in an advanced stage of disease. The patient had been a tall and large man; he had been affected with palpitation and anasarca, more or less, for two years. There had been rather extensive præcordial dulness, but no abnormal murmur, and no increased impulse.

Dr. Bristowe also showed, for Mr. Simon, an example of

CANCEROUS DISEASE OF THE BREAST,

which had been kept under for some time by means of the application of ice, and had even diminished in size; but the patient finally died with carcinomatous deposits in the liver, pleura, peritoneum, and other internal organs. There were also two fibrous tumours in the uterus, in which were found some appearances of malignant degeneration; but the microscope did not indicate that such was the case.

Dr. Quain asked, if Mr. Simon did not connect this internal appearance of the disease with its diminution in the breast itself.

Dr. Bristowe believed that Mr. Simon had taken that view of the case.

Mr. Partridge exhibited a case of

RUPTURE OF THE URINARY BLADDER, WITH FRACTURE OF THE PELVIS.

The patient, a young man, had been thrown from his seat when riding on horseback, and the animal had fallen backwards upon him. He was taken up insensible, and conveyed to King's College Hospital. When he arrived there he had so far recovered himself as to be able to stand upright, but complained of great pain over the region of the bladder. A small quantity of urine, dark coloured from the presence of blood, was drawn off by a catheter. No fracture was detected, as all attempts at examination gave great pain; the rectum and urethra were, however, ascertained to be uninjured. Peritonitis came on; small quantities of urine were drawn off from time to time, but after the first there were no traces of blood. The patient at length sank, and, on examination, the pelvis was found to have been fractured in three or four places, the bladder was torn through, and there were traces of peritonitis, chiefly, however, confined to the neighbourhood of the fractures. There was a quantity of fluid effused into the cavity of the peritonæum, but it had no distinct urinous smell. There was some effused blood.

Mr. Partridge also exhibited a cast and dissection of

A HAND WITH CONTRACTION OF THE LITTLE FINGER.

As the history of the case was not known, it could not be said whether it was congenital or the effect of an injury. The con-

traction was produced by a slip of the palmar fascia, and not by any defect in the length of the flexor tendons.

Mr. Fergusson asked if Mr. Partridge had examined the state of the articulations. He had often found that the joints were affected in these cases, so that any operation was unavailing. This disease was often known as the gunner's, shoemaker's, or gardener's finger, it being supposed, that those persons whose occupations required frequent bending of the fingers, were peculiarly liable to it; but he had not found this confirmed in his own experience, nor could it generally be traced to any injury sustained by the hand.

Mr. Partridge had not yet laid open the joint, as he wished to display the nature of the slip of fascia causing the contraction, but he proposed doing so when this had been fully examined. He had observed one instance of this contraction in a gunner, who attributed it to an injury from a ramrod, and another in a gentleman in the habit of playing the flute, and who had had a thorn in his hand, producing thecal inflammation, and followed by contraction of one of the fingers. It would be observed, that the fascia was so closely adherent to the skin, that it could not have been divided by a subcutaneous incision; and a longitudinal incision allowing the skin to be dissected off on each side, would evidently be more convenient than a transverse one.

Mr. Spencer Wells remarked, that Dupuytren had long since pointed out the dependence of these contractions of the fingers upon an affection of the palmar aponeurosis; and added, that he had been led, by the observations of Dupuytren, to divide the fibrous bands which produced the distortion. He mentioned one instance in which he had performed this operation with complete success, in the case of a naval officer upwards of seventy years of age, the natural position of the finger being completely restored by simple mechanical means after the division.

Mr. Prescott Hewett showed an instance of

TRAUMATIC RUPTURE OF THE HEART, WITHOUT INJURY TO THE PERICARDIUM.

The patient had fallen from the top of a house, and died from injuries received by the brain and in other parts. There were no symptoms about the heart. On examination, however, a fissure was found in the heart, causing a communication between the ventricles. The pericardium was entire, and there was no effusion of blood into its cavity. This was a very rare form of injury.

Mr. R. R. Robinson exhibited some

GALL STONES PASSED FROM A FISTULOUS OPENING AT THE UMBILICUS.

The patient had at different times passed as many as thirty-one of these gall-stones from this opening. He happened one day to take some brandy, which, as he said, "went the wrong way," and nearly choked him; he was much exhausted in consequence, but, strange to say, from that time he passed no more gall-stones, and the fistulous opening healed up. Five years after he died from some other complaint, and, on examination, the gall-bladder was found almost obliterated.

Dr. Crisp had seen several such cases, in one of which the patient reached the age of 90.

Dr. Pollock showed a

DEPOSIT IN THE KIDNEY IN A CASE OF TYPHUS.

The patient was seen four days before death; she had then hæmaturia, and her body was covered with petechiæ. After death, spots were found on the kidney, similar to the petechiæ, on the body, and also yellow spots in the kidney itself, which, on a microscopical examination, showed nucleated cells and granular matter.

Mr. W. Adams exhibited a case of

DISEASE OF THE SPINAL COLUMN.

There was no caries of the bodies of the vertebræ; they were roughened, but this seemed to be rather from a disposition to bony deposition than from any destructive process. The intervertebral substances were ulcerated, and Mr. Adams considered that this was the most common form of disease, and that true caries of the bodies of the vertebræ was rare.

Dr. Handfield Jones exhibited some specimens of

CYSTIC FORMATIONS FROM THE STOMACH,

with drawings of the appearances under the microscope. The patient had died of general tubercolosis; the appetite had been bad, but there were no special stomach symptoms. Here and there on the mucous membrane of the stomach were found minute opalescent spots, like small vesicles. Here the structures of the mucous coat were found to have been destroyed, and a cavity containing only nuclear particles and a clear fluid was found in their place. Dr. Jones considered it not improbable, that perforating gastric ulcers were formed by an analogous process, the cavities increasing in depth until they reached, and, at length, passed through the coats of the stomach.

Dr. Quain exhibited, for Dr. C. Black, of Chesterfield, some drawings of

INDIGO TRIPLE PHOSPHATE, AND NERVE-FIBRES FROM THE SPUTA OF PHTHISIS.

These elucidated the mode of termination of the pneumogastric nerve in the bronchio-pulmonary membrane, and also showed that all the elements of the urinary secretion might, under certain circumstances, be eliminated by the bronchio-pulmonary membrane.

Dr. Quain also exhibited a case of

ABSCESS OF THE KIDNEY COMMUNICATING WITH THE CELLULAR TISSUE BEHIND THE COLON.

The patient, a lady, 53 years of age, had suffered several times from symptoms of acute nephritis. An attack more than usually severe was brought on by over-exertion, and subsequently a large tumour made its appearance in the left iliac region. The discovery of pus in the urine, in the absence of disease of the bladder, about the same time, gave rise to the suspicion of the existence of an abscess. Fluctuation was soon after felt in the groin, and an opening was made by Mr. Fergusson, from which some quarts of fetid pus escaped. The patient shortly after died, and on examination a large abscess was found in the kidney communicating with the cellular tissue behind the colon, and passing down along the course of the psoas and iliacus muscles to the opening in the groin. The immediate cause of death was vomiting, the result of obstinate constipation. The latter was found to depend on a duplication of the descending colon, by the collapse of the sac of the abscess drawing the colon with it.

Dr. Pye Smith showed

THREE CASES OF CANCER OF THE PYLORUS.

The first case was from a man of temperate habits, but who had been in the habit of pressing with the pit of his stomach against the end of a lever. A large ulcerated and cancerous growth was found surrounding the pylorus. The body was unusually fat for a case of cancerous disease.

The other two cases were from patients who had been hard drinkers; in one the stomach had been perforated at two points, and then closed by adhesions to the liver and pancreas. This had not been examined microscopically. In the other case the pyloric extremity was occupied by ulceration, as large as an orange, which at one point, where the omentum was attached, had very nearly perforated all the coats of the stomach. The pylorus and duodenum were much contracted.

English Grievances *v.* Scottish Advantages. — A writer in the *Scotsman* complains, that while our Northern neighbours are loudly vociferating of their grievances, they are, in one most useful article of medical appliance, reaping considerable advantages at the expense of England. He says:— "Scotland enjoys the entire monopoly in the manufacture of chloroform; that, on account of the favourable position in which Scotland is placed in reference to her spirit duties, she is enabled to command the whole trade in England, and of course to a large extent in the colonies and some foreign countries also. The chloroform is made here under this special privilege and sent into England, where no duty is charged on its importation; thus completely preventing our neighbours across the Border employing their capital and labour in the production of this important article of commerce. The Scotch manufacturer is thus enabled to undersell the English in his own market."

Egyptian M.D.'s.—A letter from Munich of the 19th, says:—"Four young Egyptians have just taken out their degree of Doctor in Physic at this university. They arrived here in 1849, and have since then not only gone regularly through their medical education, but have learned the Greek, Latin, and German languages, music, and painting."

Dr. Brady, an intimate friend of Mr. Ball, M.P., of Burwell, has drawn up a Draft Bill for the Registration of all qualified members of the Medical Profession, and intends to introduce it to Parliament as early as the state of public business will permit during the ensuing Session. He limits his endeavours to the attempt to obtain a legal registration of all duly qualified Medical Practitioners.—*Cambridge Independent Press.*

METROPOLIS.

TABLE showing the MORTALITY for the YEAR 1853, and in each WEEK of the YEAR, the Several DISEASES, BIRTHS and DEATHS of MALES and FEMALES, AGE at DEATH, the DISTRICTS in which the DEATHS occurred, the TEMPERATURE and METEOROLOGY, and the INCREASE of POPULATION.

DATE.	ZYMOTIC DISEASES.	CHOLERA.	SPORADIC DISEASES.															BIRTHS.		DEATHS.		TOTAL BIRTHS.	TOTAL DEATHS.	BIRTHS OVER DEATHS.	AGES AT DEATH.			DISTRICTS.					Mean Height of BAROMETER.	THERMOMETER.		Difference between the Temperature of the Week & the same Week on average of 7 Years.	General Direction of the Wind.	Amount of Horizontal Movement of the Air.	Rain in Inches.
WEEKS ENDING			1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	Males.	Females.	Males.	Females.				0 to 15.	15to 60.	60 and upwards.	West.	North.	Central.	East.	South.		Dry.	Dew Point.				
																																Inchs.	°	°	°		Miles.	
JANUARY 1	228	3	66	189	170	65	191	58	16	6	9	2	4	31	21	46	43	155	987	924	715	593	1911	1308	603	568	470	268	171	240	220	335	342	29·643	47·5	38·6	+ 10·1	S.W.	1545	0·43
,, 8	206	..	47	151	115	43	174	56	13	6	11	4	3	27	23	47	7	25	724	715	487	478	1439	965	474	432	319	209	140	188	164	208	265	29·485	45·3	39·5	+ 9·7	S.W.	970	0·71
,, 15	216	..	49	177	119	37	153	69	6	10	9	4	3	39	25	41	4	15	755	841	492	509	1596	1001	595	477	314	188	143	192	169	202	295	29·443	45·0	38·0	+ 9·6	S.W.	1300	0·45
,, 22	196	..	49	198	115	36	171	56	9	10	8	3	4	29	26	40	5	17	790	787	494	500	1577	994	583	446	327	199	156	191	172	209	266	29·468	41·9	35·4	+ 5·4	N.W. & S.W.	840	0·59
,, 29	197	..	42	189	106	42	199	62	14	6	7	7	3	33	24	50	5	24	902	810	511	500	1712	1011	701	451	324	235	149	209	190	219	244	29·750	37·7	31·8	+ 0·5	N.E.	320	0·007
FEBRUARY 5	231	2	47	208	135	43	250	77	15	8	13	1	..	44	29	77	7	33	827	732	649	571	1559	1220	339	550	391	278	193	244	195	296	292	29·782	36·5	31·5	— 1·3	Calm.	270	0·20
,, 12	212	..	56	194	147	46	312	56	18	16	10	1	4	27	17	59	7	41	849	804	622	613	1653	1235	418	479	452	293	209	260	205	249	312	29·225	34·8	29·2	— 3·6	S.E. & N.N.E	620	0·06
,, 19	224	..	51	229	140	44	331	66	20	5	13	1	8	25	28	93	6	40	850	733	619	709	1581	1328	253	534	424	370	207	272	222	275	352	29·585	29·8	22·9	— 9·1	N.	540	0·33
,, 26	201	..	37	198	147	56	371	52	15	10	12	5	5	36	37	87	7	50	846	816	664	680	1662	1344	318	541	427	359	220	264	230	287	343	29·579	33·8	27·0	— 5·7	N.	895	0·39
MARCH 5	244	1	59	216	160	60	388	58	13	12	8	3	4	24	33	82	10	35	861	810	733	694	1671	1427	244	573	460	379	199	272	257	334	365	29·663	35·3	29·2	— 4·6	Variable.	385	0·68
,, 12	244	..	44	231	154	57	391	68	26	13	10	8	4	35	36	57	7	51	892	924	740	696	1816	1436	380	600	466	369	214	266	292	324	340	29·926	44·6	38·7	+ 4·4	Calm.	345	0·17
,, 19	229	..	50	189	152	59	332	72	11	3	8	3	6	26	28	57	8	37	855	812	652	622	1667	1274	393	588	394	291	159	286	243	288	298	29·685	36·6	30·1	— 5·0	N.E.	450	0·51
,, 26	233	1	43	217	145	55	322	71	12	13	4	3	5	29	39	45	10	53	752	728	687	634	1480	1321	159	598	420	284	194	259	248	259	361	29·762	33·3	26·6	— 9·0	N.E.	315	0·10
APRIL 2	273	1	82	235	175	68	420	75	17	8	11	5	1	32	45	69	56	163	1005	904	861	887	1909	1748	161	719	595	419	246	331	325	402	444	29·733	43·4	32·8	+ 0·1	Variable.	780	0·44
,, 9	253	1	51	244	158	47	326	66	16	9	11	2	3	29	40	56	6	21	791	800	705	635	1591	1340	251	621	411	307	190	227	259	300	364	29·742	47·3	40·1	+ 3·0	W.	160	0·44
,, 16	219	1	57	230	135	51	251	69	8	4	10	1	4	37	28	51	3	45	853	826	686	557	1679	1243	436	538	419	247	181	256	221	262	323	29·943	44·4	35·6	— 1·1	N.E. & N.W.	545	0·02
,, 23	218	1	50	211	137	54	242	74	17	14	11	1	6	22	39	43	4	22	812	768	612	570	1580	1182	398	540	385	243	179	234	184	270	315	29·694	45·9	39·5	— 1·1	Variable.	765	0·90
,, 30	227	1	46	222	117	50	206	60	11	9	6	1	2	20	34	47	3	24	852	770	537	552	1622	1089	533	507	357	223	157	216	161	235	320	29·571	42·5	37·4	— 6·7	Variable.	680	1·32
MAY 7	217	..	64	203	125	50	224	80	8	9	3	3	7	37	35	35	11	42	816	755	600	559	1571	1159	421	561	355	239	162	215	214	283	285	29·773	47·9	43·4	— 3·8	E.S.E. & N.E	675	0·84
,, 14	235	..	45	212	115	49	199	70	16	7	10	..	2	32	43	37	..	23	870	806	594	505	1676	1099	577	546	348	204	149	218	190	237	305	29·760	45·3	37·4	— 6·6	Variable.	795	0·37
,, 21	239	..	50	226	121	34	174	71	9	1	13	1	3	25	26	22	11	41	791	776	610	488	1567	1098	469	504	383	195	162	184	201	231	320	29·760	55·2	45·5	+ 2·1	N.E.	605	3·00
,, 28	229	..	38	235	155	45	162	61	15	9	7	2	4	30	32	34	7	33	782	779	574	554	1561	1128	433	505	372	220	169	226	147	255	331	29·696	59·7	48·8	+ 4·7	N.E.	575	0·13
JUNE 4	219	1	46	209	121	50	129	73	10	6	8	5	4	19	36	22	9	53	758	686	521	502	1444	1023	421	465	354	198	158	225	137	201	302	29·880	51·8	45·5	— 4·8	N.	620	0·42
,, 11	228	..	51	206	104	44	136	58	13	12	10	2	2	29	42	35	4	24	740	768	518	489	1508	1007	501	453	360	189	166	198	154	212	277	29·806	60·8	49·0	+ 2·9	S.W. & S.E.	320	0·24
,, 18	208	..	39	179	106	29	127	59	8	5	7	2	4	24	40	39	6	32	742	667	477	447	1409	924	485	440	303	174	136	195	143	203	247	29·798	58·3	51·2	— 1·0	N. & S.W.	655	1·30
,, 25	214	3	46	190	113	41	116	69	10	6	11	5	2	20	39	32	8	66	805	740	529	461	1545	990	555	487	326	176	179	173	176	207	255	29·597	57·4	49·7	— 3·1	Variable.	690	0·55
JULY 2	203	..	49	217	101	52	121	60	18	8	6	2	4	39	40	33	22	116	856	855	620	483	1711	1103	608	477	389	221	134	205	170	286	308	29·578	59·1	50·9	— 2·4	S.W.	1310	0·89
,, 9	211	..	55	190	95	30	84	72	14	10	4	2	4	35	29	36	4	37	709	735	478	447	1444	925	519	425	305	185	129	193	157	207	239	29·883	64·1	56·1	+ 1·9	S.W. & S.	810	0·88
,, 16	225	3	42	209	91	31	87	58	16	5	6	1	1	31	33	35	4	22	716	651	457	447	1367	904	463	473	286	141	128	161	155	198	262	29·598	58·7	50·1	— 3·3	S.W.	890	3·14
,, 23	226	6	47	226	94	38	102	70	10	11	4	2	2	22	30	20	6	36	819	741	504	467	1560	971	589	468	324	156	177	175	158	209	252	29·745	59·6	51·8	— 2·2	S.W.	710	0·29
,, 30	270	9	32	203	128	38	79	59	13	16	8	2	1	34	30	38	5	48	769	752	520	484	1521	1004	517	474	342	186	132	207	182	210	273	29·696	60·3	52·5	— 1·8	S.W.	800	1·39
AUGUST 6	279	4	40	192	119	27	97	71	16	6	9	1	2	32	41	22	4	23	769	779	519	472	1548	991	557	511	289	181	141	213	151	219	267	29·876	61·6	51·4	— 0·5	S.W. & Calm.	300	0·01
,, 13	320	19	38	196	89	29	77	44	22	5	8	3	2	21	51	23	4	39	709	752	534	450	1461	984	477	518	283	172	163	184	156	197	284	30·072	61·2	52·7	— 0·6	....	155	0·00
,, 20	293	10	51	194	110	41	93	69	10	9	6	6	6	26	47	45	4	22	775	743	533	520	1518	1053	465	530	319	204	140	231	165	217	300	29·736	60·4	54·2	— 0·6	N. & S.W.	370	0·59
,, 27	277	18	55	189	105	34	99	60	18	10	5	1	6	31	49	38	1	28	803	683	514	507	1486	1021	465	518	315	187	164	197	213	196	251	29·543	58·6	53·0	— 1·5	S.W. & N.	785	1·50
SEPTEMBER 3	315	16	47	171	115	41	86	62	14	4	9	1	1	29	31	39	3	52	805	777	518	511	1582	1029	553	520	317	191	148	199	188	228	266	29·732	55·7	50·0	— 3·3	S.W.	768	1·03
,, 10	297	7	45	177	130	35	94	68	21	10	3	3	4	36	33	30	3	18	843	826	519	496	1669	1015	654	521	323	163	146	229	137	201	302	29·967	56·1	51·2	— 1·8	N.	420	0·22
,, 17	252	16	37	170	104	35	104	58	15	10	8	1	2	31	29	28	13	42	816	690	479	470	1506	949	557	453	316	174	128	173	148	235	265	29·887	57·6	52·5	+ 0·7	....	355	0·57
,, 24	288	29	37	161	92	34	123	64	10	9	4	1	5	29	40	42	3	25	824	795	468	501	1619	969	650	485	299	185	122	180	141	242	284	29·826	54·6	49·2	— 0·8	W.	625	0·19
OCTOBER 1	306	48	49	173	147	43	112	47	16	6	8	2	4	31	28	39	31	160	824	800	685	527	1624	1212	412	547	423	235	151	224	171	301	365	29·636	52·4	47·1	— 1·6	S.W.	890	0·69
,, 8	324	66	51	155	106	31	136	55	20	3	4	1	1	16	46	33	2	9	727	648	505	496	1375	1001	374	489	335	173	146	189	154	205	307	29·514	48·6	45·0	— 4·0	Variable.	355	1·03
,, 15	291	45	50	173	98	39	150	61	17	10	8	4	5	24	34	40	7	23	812	761	505	534	1573	1039	534	511	342	184	147	192	171	233	296	29·587	52·0	49·8	+ 1·2	Calm & N.E.	205	0·94
,, 22	306	83	44	153	110	39	165	68	11	10	5	2	3	28	39	30	6	32	743	720	536	518	1463	1054	409	531	332	187	142	197	151	263	301	29·357	48·6	45·9	— 0·7	S.W.	865	1·10
,, 29	344	96	45	169	108	34	200	52	12	8	7	..	5	38	35	36	5	31	817	800	592	552	1617	1144	473	579	382	170	168	215	159	267	335	29·690	55·5	51·5	+ 7·7	....	670	1·46
NOVEMBER 5	331	102	46	176	112	38	158	59	10	4	5	3	2	30	38	43	5	29	847	811	584	528	1658	1112	546	552	361	176	146	213	174	229	350	29·833	48·9	45·8	+ 2·8	S.E.	625	0·03
,, 12	349	98	47	196	128	36	189	62	12	13	11	2	7	25	31	33	5	44	866	748	617	575	1614	1192	422	617	387	187	185	221	153	291	342	30·155	45·7	43·3	+ 1·2	Calm.	265	0·06
,, 19	321	72	52	184	126	44	180	63	13	12	11	2	3	30	32	42	1	38	814	747	606	556	1561	1162	399	609	339	214	168	228	158	278	330	29·723	38·5	36·2	— 4·3	Calm. Variab	280	0·13
,, 26	311	46	50	215	155	59	297	51	12	8	6	3	3	42	35	50	7	27	777	665	634	705	1442	1339	103	652	409	278	195	220	199	315	410	29·998	36·7	35·8	— 5·1	Calm.	280	1·25
DECEMBER 3	301	28	46	222	131	59	379	71	17	8	8	1	3	42	24	70	5	22	840	837	718	696	1677	1414	263	620	481	306	193	306	221	319	375	29·954	40·0	38·7	— 1·7	....	380	0·05
,, 10	277	13	50	208	123	52	343	49	12	12	8	3	5	26	30	56	6	29	838	790	654	654	1628	1308	320	579	418	296	196	237	210	304	361	30·001	39·8	38·0	— 0·5	....	230	0·13
,, 17	268	11	52	198	151	47	319	65	22	6	8	3	1	51	29	70	12	34	771	786	723	635	1557	1358	199	638	388	311	202	250	205	328	373	29·512	32·7	29·4	— 7·3	N.E.	525	0·12
,, 24	230	10	60	202	131	45	316	67	13	11	10	..	4	36	31	68	21	91	800	745	742	657	1545	1399	146	595	477	326	229	221	249	306	394	29·748	33·1	30·6	— 5·6	N.E.	425	0·10
,, 31	297	10	65	202	186	63	347	58	13	7	7	1	6	35	45	77	54	159	791	775	861	795	1566	1656	— 90	700	539	387	229	318	266	420	423	29·835	29·0	24·7	— 8·4	....	220	0·16
Total, 1853 (53 weeks)	13562	881	2587	10509	6672	2349	10831	3349	743	448	426	124	189	1611	1805	2428	497	2401	42987	40891	31514	29688	83878	61202	22676	28305	19976	12532	8937	11819	10081	13687	16678							
Total, 1852 (52 weeks)	12104	162	2361	9815	6001	2156	8435	3235	657	473	446	130	197	1572	1336	2315	431	2140	41038	39446	27853	26360	80484	54213	26271	25659	17783	10496	8295	10670	9324	11449	14475							

NOTES TO THE PRECEDING TABLE.

The figures heading the *Sporadic Diseases*, signify as follow: —1. Dropsy.——2. Tubercular Diseases.——3. Diseases of the Brain, Spinal Marrow, Nerves, and Senses.——4. Diseases of the Heart and Blood-vessels.——5. Diseases of the Lungs and of the other Organs of Respiration.——6. Diseases of the Stomach, Liver, and other Organs of Digestion.——7. Diseases of the Kidneys, etc.——8. Childbirth, Diseases of the Uterus, etc.——9. Rheumatism, Diseases of the Bones, Joints, etc.——10. Diseases of the Skin, Cellular Tissue, etc.——11. Malformations.——12. Premature Birth and Debility.——13. Atrophy.——14. Age.——15. Sudden.——16. Violence, Privation, Cold, and Intemperance.

MEDICAL NEWS.

UNIVERSITY OF LONDON.—The Matriculation Examination commences on the first Tuesday in July. The examination for the degree of Bachelor of Arts commences on the fourth Monday in October. The examination for the degree of Master of Arts commences on the first Monday in June. The examination for the degree of Bachelor of Laws takes place in the last fourteen days of June.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of Medicine, and received certificates to practise, December 29, 1853 :—

BRAKE, JOHN, Wiltshire.
COLLINGWOOD, WILLIAM CUTHBERT, Cumberland.
CREASY, JAMES GIDEON, Edenbridge, Kent.
LOVELL, JAMES, Wye, Kent.
RENDELL, WILLIAM JASPER, Wadebridge, Cornwall.

APPOINTMENTS.

NAVAL.—Surgeons.—Richard D. Pritchard (1853), recently promoted while serving as Assistant-Surgeon in the Impregnable, flag-ship at Devonport, to the Racehorse, 14, sloop, at Devonport; Robert F. C. Scott (1841), recently serving in the Hastings, 72, when flag-ship on the East Indies Station, to the Euryalus, 50, screw steam-frigate, at Chatham; Charles A. Anderson, M.D. (1849), to the Pique, 40, at Devonport; Edward Heath (1845), to the Dauntless, 24, screw steam-frigate, at Portsmouth. Assistant-Surgeon.—Charles F. Williams (1846), to the Cyclops, steam-frigate, fitting at Sheerness for the Mediterranean Station. Acting Assistant-Surgeons.—Thomas Daly (1853), to the Boscawen, 70, fitting at Chatham for the flag-ship of Rear-Admiral Arthur Fanshawe, C.B., on the North America and West Indies Station; John Caldwell (1853), to the Euryalus, 50, screw steam-frigate, at Chatham; W. H. Cruise (1853), to the Pique, 40, at Devonport; William S. Roche (1853), to the Dauntless, screw steam-frigate; Henry G. Ruby (1853), to the Impregnable, flag-ship at Devonport.

The Monarch, 84, guard-ship of ordinary, has been paid off. The late Surgeon Jason Lardner, is not re-appointed. James Bankier, M.D. (Dec. 12, 1834), is ordered to join. Assistant-Surgeon William James Hamilton (additional), for service of ordinary, and Mark Hamilton, M.D. Second-Master Augustus F. Mugford, recently appointed to the steam-frigate Cyclops, will remain doing duty in the Monarch until a Second-Master joins.

MILITARY.—61st Foot: Surgeon Lodovic Charles Stewart, from the 94th Foot, to be Surgeon, vice Gammie, who exchanges; 94th Foot: Surgeon Patrick Gammie, from the 61st Foot, to be Surgeon, vice Stewart, who exchanges.

CIVIL.—Mr. George Cream is appointed Surgeon and Medical Attendant of the Convict Settlement at Masserony, British Guiana.

DEATHS.

BALFOUR.—Dec. 29, at Edinburgh, Hugh Melville Balfour, M.D., Assist.-Surg. 84th Regt.

EYRE.—Dec. 20, aged 71, at Polbathick, Cornwall, Assistant-Surgeon William Eyre (1811), on the Retired List. The deceased was for thirty-two years Assistant-Surgeon of the Royal Naval Hospital at Plymouth.

HASTED.—Lately, Surgeon John Septimus Hasted (1793), on the Retired List, aged 86. The deceased officer was Physician Extraordinary to H.R.H. the Dutchess of Kent.

KAY.—Dec. 26, at the Royal Marine Barracks, Stonehouse, Devon, W. Thompson Kay, M.D., Assistant-Surgeon R.M., of dysentery. Mr. Kay was highly esteemed as an active and able Medical Officer.

LANE.—Dec. 23, Charles H. Butter Lane, M.D., of Ewell, near Epsom, Surrey. M.D. St. Andrews; M.R.C.S., Eng. 1841; L.S.A. 1836. Author of "Observations on the Use of the Oxide of Silver," and "On Functional Diseases of the Liver associated with Uterine Derangement."

LEAH.—Dec. 27, at Penzance, Edward Leah, Esq., aged 53. M.R.C.S. Eng. 1825; L.S.A. 1825; Surgeon R.N., and to the Borough Gaol.

MORRISON.—Oct. 13, at Hong-Kong, William Morrison, Esq., F.R.C.S., from abscess of the liver. Mr. Morrison was appointed Surgeon to the Colony, and arrived there in November, 1847, and from that period up to the commencement of his fatal illness, his services met the entire and cordial approval of the local Government. The *Hong-Kong Register* says:—"The attendance at his funeral obsequies of sisters of charity and of priests, displays what we could but badly describe in words,—that he was a man who lived esteemed and died regretted by all who knew him."

PATRICK.—Dec. 23, at Springburn, Mr. James Patrick.

VIVIAN.—Dec. 25, at Curzon Park, Chester, aged 27, John Frederick Vivian, Esq., Surgeon, late of Kirkby Ireleth, near Ulverston.

BEQUESTS.

THE LATE GENERAL SIR A. MACKENZIE, uncle to Sir R. I. Murchison, has left, among others, the following bequests:—To the Consumption Hospital, 1000*l.*; Scottish Hospital, 500*l.*; the Northern Infirmary, Inverness, 500*l.*; the Inverness Dispensary, 100*l.*; the United Hospital at Bath, 300*l.*; the Western Hospital, Bath, 100*l.*—Thomas Croft, Esq., uncle of M'Gregor Croft, Esq., M.R.C.S. Eng., of H.M. Ceylon Rifle Regiment, has left, in Bank and other stock, the following legacies:—Charing-cross Hospital, 400*l.*; St. George's Hospital, 400*l.*; Middlesex Hospital, 400*l.*; Westminster Hospital, 400*l.*; Lambeth Orphan Asylum, 400*l.*; Gravesend Dispensary, 400*l.*; Carey-street Infirmary, 400*l.*; Kent Ophthalmic Hospital, 400*l.*; Indigent Blind Institution, 400*l*; Deaf and Dumb Asylum, 400*l.*; Aged Needlewomen's Society, 400*l.*; Aged Pilgrims' Society, 400*l.*; Caledonian Society, 400*l.*; Kent Dispensary, 400*l.*; Royal Annuity Society, 400*l.* Total, 6,000*l.*

AN ASSISTANT SURGEONCY in the Bombay Army has been presented by Colonel Sykes, at the instance of Professor Owen, to Dr. Henry Gould, son of the well-known naturalist.

ST. MARY'S HOSPITAL.—Mr. Toynbee has placed a portion of his Museum of preparations, illustrative of the diseases of the ear, in St. Mary's Hospital, for use in his clinical demonstrations and lectures. Those who have seen Mr. Toynbee's beautiful preparations can alone appreciate the value of such an addition to the Museum of St. Mary's.

EPIDEMIOLOGICAL SOCIETY.—A Deputation, consisting of Dr. Babington, President, Dr. M'William, and Mr. Tucker, Hon. Secretaries of the Epidemiological Society, had an interview with the Earl of Aberdeen on Monday, at his official residence in Downing-street.

CHOLERA IN THE METROPOLIS.—The number of deaths registered in the week ending Dec. 24, was 7, all in the East districts. 10 deaths from cholera were registered in the week ending Dec. 31,—2 in the Central Districts, 7 in the East, and 1 in the South.

CHOLERA IN THE PROVINCES.—As yet there has been no day in which cases of the disease have not occurred in different parts of the country, but in England it has rarely assumed an epidemic character. In Scotland the disease has been steadily persistent, and in several places has assumed an epidemic character. A decided outbreak has taken place at *Glasgow*. There were recorded, from the 17th to the 25th December, 17 deaths from this disease. On the 26th, there occurred suddenly 36 attacks in the city parish alone, and 10 deaths in the barony parish. This was followed the next day, the 27th, by 28 attacks and 9 deaths in the city parish, and 13 attacks and 5 deaths in the barony parish. Since the commencement of the epidemic there have occurred, in *Dundee*, 315 deaths; in *Liff* and *Benvie*, 20 deaths; in *Leith*, 9; in *Kilburnie*, 15 deaths and 100 attacks of diarrhœa; in *Dalry*, 14 attacks of cholera and 9 deaths; in

Arbroath, 20 deaths; in *Beith*, 7; and in *Kilwinning*, 60 cases of choleraic disease, 13 cases of developed cholera, and 10 deaths. A very severe outbreak of cholera has recently occurred at *Redruth*, in Cornwall. Out of a population of about 11,000 there have occurred from September 28 to December 23, from cholera, 41 deaths. At *Liverpool*, since the early part of October, there have been nearly 100 cases.

Cholera has ceased in the City of Mexico.

Small-pox has been very prevalent in Peterborough.

Black Sea.—Late letters state, that an epidemic very common in the Crimea, arising from the malaria, is now prevalent at Sebastopol.

Yellow Fever, by the last accounts, was prevailing at Havannah.

Paris Academy of Sciences.—M. Elie de Beaumont has been elected Secretary, vice M. Arago.

Dreadnought Hospital Ship.—The Emperor of the French has contributed 700fr. to this Institution.

Jenny Lind (Madame Goldschmidt) generously gave her services at two concerts in Norwich. A clear balance of 1200*l.* was the result, which it is intended to devote to the establishment of an Hospital for Sick Children, bearing the lady's name. Some discussion has been excited on the question of the admission of cases of a contagious or infectious character.

Mortality Notabilia.—The deaths in London, registered in the week that ended last Saturday, amounted to 1656. Coroners' cases, that have been accumulating for some time, and are now registered at the end of the quarter in unusual number, have partly contributed to produce the excess. The mortality has been raised principally by the severity of the weather. In the ten corresponding weeks of the years 1843-52, the average number of deaths was 1160, which, if raised in proportion to increase of population, becomes 1276. There is an excess in the number actually returned above the calculated amount of 380. The deaths from diseases of the respiratory organs rose last week to 347, while the corrected average for corresponding weeks is 259; to bronchitis 171 are attributed; to pneumonia, 118; to hooping-cough, 65.

Meteorology.—At Greenwich, the mean height of the barometer in the week was 29·835 in. The mean temperature was 29°, which is 8·4° below the average of the same week in 38 years. On Thursday the air was coldest; and on that day the highest temperature was only 31·5°, the lowest 18°, and the mean 24·1°, which is 13·2° below the average. On Monday the mean was 10·1° below the average; and on five other days it was from 4° to 8° below it.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, December* 31, 1853.

Causes of Death.	Dec. 31. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	700	539	387	1656	11596
Specified Causes	698	537	387	1622	11484
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	223	61	13	297	2340
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	5	30	30	65	464
3. Tubercular Diseases	70	126	6	202	1672
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	78	50	58	186	1332
5. Diseases of the Heart and Blood-vessels	3	36	24	63	424
6. Diseases of the Lungs and of the other Organs of Respiration	146	94	107	347	2346
7. Diseases of the Stomach, Liver, and other Organs of Digestion	24	18	16	58	669
8. Diseases of the Kidneys, etc.	..	8	5	13	130
9. Childbirth, Diseases of the Uterus	..	7	..	7	147
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	4	2	7	81
11. Diseases of the Skin, Cellular, Tissue, etc.	..	1	..	1	21
12. Malformations	6	..	..	6	36
13. Premature Birth and Debility	31	3	1	35	244
14. Atrophy	32	..	13	45	199
15. Age	..	..	77	77	572
16. Sudden	25	15	14	54	242
17. Violence, Privation, Cold, and Intemperance	54	84	21	159	565
Causes not Specified	2	2	..	34	112

Mortality in Public Institutions for the week ending December 31 :—

	Males.	Females.	Total.
Workhouses	90	84	174
Military and Naval Asylums	10	...	10
General Hospitals	65	34	99
Hospitals for Special Diseases	7	2	9
Lying-in Hospitals	...	...	...
Lunatic Asylums	8	9	17
Military and Naval Hospitals	5	...	5
Hospitals for Foreigners, etc.	...	...	...
Prisons	5	4	9
	190	133	323

BOOKS RECEIVED.

Unsoundness of Mind Considered in Relation to the Question of Responsibility for Criminal Acts. By Samuel Knaggs, M.R.C.S., etc. London: Churchill. 1854.

Practical Observations on the History, Nature, and Treatment of Cholera Asphyxia. By John Coghlan, M.D. Dublin: Fannin. 1853.

Chemistry. By Dr. S. Muspratt, F.R.S.E., etc. Part III. Glasgow: Mackenzie. 1853. (Part II. not received.)

Veterinary Medicines: their Actions and Uses. By Finlay Dan, Lecturer at the Edinburgh Veterinary College. Edinburgh: Sutherland and Knox. 1854.

The Odontalgist. By J. Paterson Clark, M.A. London: Churchill. 1854.

Pereira's Elements of Materia Medica and Therapeutics. Vol. II., Part II. London: Longman. 1853.

Surgical Anatomy. By Joseph Maclise, F.R.C.S. Fasciculus Three. London: Churchill. 1854.

On the British Tritons. By John Higginbottom, F.R.S. London. Pp. 18.

Introductory Address at the Extra Academical School of Medicine. By R. J. Mackenzie, F.R.C.S. Edinburgh. Pp. 18.

Le Moniteur des Hôpitaux.

The Pharmaceutical Journal. January, 1854.

The British and Foreign Medico-Chirurgical Review. No. XXV.

The Journal of Psychological Medicine. January, 1854.

Massy on the Examination of Recruits. London. Pp. 132.

Braithwaite's Retrospect. July to December, 1853.

Ranking's Abstract. July to December, 1853.

TO CORRESPONDENTS.

A County Asylum Medical Officer.—Our remarks on the New Lunacy Acts were strictly confined to the abstracts sent to our Office, and published in the Journal, and not to the Acts themselves, on which we intend to make some further remarks at an early opportunity.

R. W. Gillespie, Esq.—The reports shall be inserted as soon as the present series of cases of chest disease is completed.

Our Reporters complain that their accounts of the discussions in the Epidemiological and Medical Societies are copied *verbatim* without acknowledgment, in the *Association Medical Journal*, and question whether such a proceeding is *honest*. Perhaps the Editor of that Journal will answer these gentlemen.

A Student had better make the inquiry of the Secretaries of the College and Hall. The permission might, perhaps, be granted under certain circumstances.

G. B.—A Subscriber, Newmarket.—We have made inquiries about the complaints of the class in question, and do not consider them to be well founded.

Delta.—We hear that the practice varies from one to three years' purchase, according to the nature of the introduction.

Dr. Higgins.—We have not room for the letter this week.

Dr. Turley, in reply to Dr. Reid, on the Saline Treatment of Cholera, in our next.

W. R. Harrison, Esq.—We will take an early opportunity of drawing attention to the subject.

H. C.—We may, perhaps, publish the names of the Committee.

Want of space prevents our concluding the Series of Cases Cured by Absorption. We shall resume the subject next week.

F. L. Bindley, Esq.—Names are of no consequence. Thanks for the details; which, however, are more minute than is requisite.

Mr. Wilde's proofs had not arrived from Dublin at the time of going to press.

COMMUNICATIONS have been received from—

Dr. Higgins, Birkenhead; Dr. Deville; Mr. A. Walker; John Grant, Esq.; Secretary of the North London Medical Society; Henry Smith, Esq.; H. Coote, Esq.; Dr. W. Stokes, Dublin; Dr. Ramsbotham; Dr. Bryson; Dr. Turley, Worcester; F. L. Bindley, Esq.; Mr. Allcard; Dr. Sloane; Mr. Lawrence, St. Mary's Hospital; Mr. Gillespie; Dr. Peacock; W. W. Mibley, Esq.

ORIGINAL LECTURES.

LECTURES

ON THE

FUNCTIONAL DISORDERS OF THE STOMACH.(a)

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture I.

SYMPATHETIC DISORDER OF THE STOMACH FROM IRRITATION ELSEWHERE.

Having passed in review the organic diseases of the stomach, we have next to consider its functional disorders, which are far more frequently presented to our notice.

Functional disorders of the stomach, of some kind or other, must, indeed, result from organic disease. To do its work well, the stomach must be sound and be properly nourished.

When, from the blood being impeded in its course through the liver or the chest, the stomach is kept congested, the nutrition of the mucous membrane is impaired, gastric juice is secreted in small quantity, and digestion is consequently slow and feeble. In high degrees of congestion, the secretion of gastric juice is almost suspended, and blood oozes from the open surface of the mucous membrane.

When the mucous membrane of the stomach is inflamed, the secretion of gastric juice is arrested, or very much lessened, and an unhealthy mucus, prone to pass into decomposition, is cast off from the membrane. The results of the disease are, loss of appetite, thirst, pain and a sense of heat in the stomach after food has been taken, and, it may be, vomiting. If, under the influence of decomposing mucus in the stomach, some unnatural fermentation is set up in the food, much other disorder is superadded to this.

When a simple ulcer of the stomach exists, gastric juice may be secreted to digest the food and nourish the body; but the presence of food in the stomach, unless it be in small quantity and of the least irritating kind, frets the sore and causes pain; the natural movements of the stomach are often hindered, so that it cannot be completely emptied; from the surface of the sore there is a discharge, which is offensive to the rest of the stomach; the sore itself, being a constant source of irritation, is apt to excite disordered action of the muscular coat, and to cause an outpouring of gastric acid, when there is no food in the stomach to dissolve; and from these causes, separate or combined, there is occasional vomiting.

When the stomach is the seat of cancer, there is usually, again, pain or a sense of oppression after food, and various disorders resulting from the morbid secretions of the diseased mucous membrane, and from the narrowing of the orifices, or the impediment to the proper movements of the stomach which the disease occasions.

All this we have fully considered at our former meetings.

Functional disorder of the stomach may result not from organic disease of the stomach merely, but from organic disease of other organs; and that, not by the constitutional disturbance which this disease sets up, or by any change it may cause in the state of the blood, but by an influence transmitted through the nerves. An illustration and a type of disorder of the stomach so produced, is seen in an experiment long ago performed by Spallanzani.

Spallanzani excited vomiting in himself by tickling the fauces, in the morning before breakfast, when the stomach was empty of food, and when, as we may infer from the recent observations of Dr. Beaumont, it contained no gastric juice. By the act of vomiting, more than an ounce of fluid was thrown up, and by then exciting vomiting again in the same way, he obtained a still larger quantity. He then tested the digestive properties of this fluid, and found that it dissolved meat and prevented its putrefaction. The fluid consisted, therefore, at least in part, of gastric juice.

Here, then, mechanical irritation of the fauces not only excited reflex action of the muscles to produce vomiting, but also excited, in the same way, by reflected nervous influence, a secretion of gastric juice.

Irritation of the lung, or of the brain, or of the liver, or of the uterus, from certain kinds of organic disease, frequently leads, as is well known, to *sympathetic* vomiting, that is, to vomiting caused by nervous influence reflected from the seat of disease upon the muscles which perform this act. The matter vomited in such cases is frequently acid, even when digestion is not going on; and the stomach exhibits the action of the gastric juice after death more frequently in persons who die of diseases that cause this sympathetic gastric disorder than in others. (a) Whence we may safely infer, that the reflex nervous influence excites, not merely the act of vomiting, but also, in many cases, as in the experiment of Spallanzani, a secretion of gastric acid.

A familiar instance of this gastric disorder is seen in phthisis. In most cases of phthisis, indeed, vomiting occurs sooner or later, and the functions of the stomach are otherwise disordered; and not unfrequently, in certain stages of the disease, there is more suffering from the stomach disorder than from symptoms immediately referrible to the lung.

In phthisis, vomiting may be brought on in several ways.

Sometimes, especially at an early stage of the disease, when the cough is dry and hard, vomiting results from the mere violence of the cough; occurring, as in hooping cough, only at the end of hard fits of coughing, and without much loss of appetite, or of digestive power, and with little or no pain in the stomach.

When brought on in this way, it is most effectually controlled by sedatives, which lessen the frequency and the violence of the cough, on which the vomiting depends. Three minims of dilute hydrocyanic acid, with from a twelfth to a twentieth of a grain of muriate of morphia, three times a day, generally succeeds in mitigating, if not entirely removing, this variety of gastric disorder.

More commonly, vomiting occurs later in the disease, usually attended by loss of appetite, and by pain and a sense of heat at the stomach, and the matter vomited is usually sour. These symptoms, unless proper means be taken to prevent them, continue many weeks or months; in fact, often till death: and after death, in such cases, the mucous membrane of the stomach in the big end is very commonly found thin and soft. Now and then all the coats are completely dissolved.

These facts have been accurately noted by M. Louis, in his elaborate work on Phthisis, in which the changes of structure found in the stomach after death are supposed to have occurred during life, and to account for the gastric disorder.

One circumstance incompatible with this supposition is noticed by M. Louis: it is, that the changes of structure found after death do not correspond in degree with the severity or duration of the gastric symptoms. The change of structure is sometimes great where the gastric disorder has been slight; and where the symptoms have been severe and prolonged, the stomach is sometimes found perfectly sound.

I have elsewhere endeavoured to show that the gastric symptoms in such cases originate, not in structural disease of the stomach, but in undue and untimely secretion of gastric juice and other functional disorder excited by reflex nervous influence. The functional disorder may, after a time, lead to an inflammatory or a catarrhal state of the mucous membrane, which will be an additional cause of disordered digestion; but the *softening* of the stomach that so commonly occurs takes place after death, from the action of the gastric juice, and cannot be expected, therefore, to have a constant relation to the symptoms in degree, since the extent of softening depends merely on the quantity of gastric juice which the stomach happens to contain at the time of death, on the temperature at which the dead body is kept, and on the time after death at which it is examined.

The best remedies for this gastric disorder are alkalies, to neutralise the excess of acid in the stomach; and astringents, which tend to restrain undue secretion by the mucous membrane.

Fifteen grains of bicarbonate of potass, or fifteen minims of liquor potassæ, or an ounce and half of chalk mixture three times

(a) The lectures on the *organic* diseases of the stomach were published in the *Medical Times and Gazette* last year.

[No. 746.—New Series, No. 185.]

(a) See Croonian Lectures, delivered at the College of Physicians, in February, 1847, and afterwards published in the *Medical Gazette* of that year.

a-day; or, better still, the vegetable astringents,—logwood, krameria, catechu, kino, will generally stop the vomiting for a time, and alleviate the other symptoms of this gastric disorder.

Astringents should be given a short time before meals; alkalies two or three hours after meals.

In the advanced stages of phthisis there is often, especially in women, another cause of gastric disorder. The liver grows fatty and large, and overlaps and compresses the pyloric end of the stomach, leading to that enlargement of the stomach so commonly found in persons dead of phthisis, and, in a slight degree, to the various evils of obstructed pylorus. For these evils, as we cannot remove the cause on which they depend, we have no effectual remedy.

Disorder of the stomach of the same kind sometimes originates in the liver, especially from the irritation caused by an abscess, or from the passage of gall-stones.

I shall only speak here of the effects of the passage of gall-stones, which, in this country, is by far the more common condition.

The illness in such cases generally comes on suddenly, two or three hours after eating, with severe pain, like that of colic, in the region of the gall-bladder. The pain abates, and recurs again in paroxysms, attended by a sense of constriction at the chest., and by distressing nausea and frequent vomiting. The matters vomited are often very sour, even when the stomach has been previously completely emptied of food; and when the common duct is not closed, are bitter, from the presence of bile which has passed upwards into the stomach.

Now and then, after the stomach has been completely emptied of food, and when nothing more is eaten, enormous quanties of acid are brought up by the repeated efforts of vomiting. This acid, which is obviously secreted by the coats of the stomach, was found by Prout to be the *muriatic*.

After the symptoms have continued some time they generally cease *suddenly*, as the stone passes out of the gall-duct into the bowel. The sequence of events, in such cases, is as clear as if it resulted from direct experiment. The gall-stone passes into the common duct, and immediately causes severe pain, with vomiting, and the outpouring of an acid fluid from the stomach. The stone escapes from the duct into the duodenum, and the pain, the vomiting, and the undue secretion of acid in the stomach cease at once.

There is no mistaking the relation of the facts. The mechanical irritation of the stone, in its passage through the gall-duct, causes vomiting by nervous influence reflected on the muscles that perform that act, and causes untimely secretion of acid in the stomach by nervous influence reflected on the secreting structure in its mucous coat.

The muriatic acid must be derived from the decomposition of common salt in the secreting apparatus of the stomach; so that mere mechanical irritation of the lining membrane of the gall-duct, by means of an influence transmitted by the nerve, sets in action, in a distant part, a muscular power and a chemical power,—a muscular power which empties the stomach by almost convulsive efforts of vomiting, and a chemical power which causes, in the coats of the stomach, the rapid decomposition of common salt.

The facts, as mere objects of scientific interest, are very remarkable, and important inferences regarding the actions of the body in health as well as in disease, are deducible from them. It has, for example, long been a disputed question—What is the proper acid of the gastric juice? And the question has proved difficult of solution, because the stomach generally contains no acid when it is empty of food; and, if vomiting be excited, and the contents of the stomach be analysed while digestion is going on, any acids that may be formed from the food in the process of digestion are mixed with the acid secreted by the coats of the stomach itself. During the passage of a gall-stone, on the contrary, acid is abundantly secreted by the coats of the stomach, and is thrown up, unmixed with acid from other sources; so that, if the acid vomited in such cases be the muriatic, we are led to the conclusion which was formed by Dr. Prout, and which recent researches have confirmed, that muriatic acid is the proper acid of the gastric juice. The irritation caused by the passage of a gall-stone is probably reflected on the muscles that cause vomiting, and on the secreting apparatus of the stomach, in different relative degrees in different cases. In some cases the muscles may be chiefly excited, and there may be severe and frequent vomiting, without much increased secretion; in others, there may be greatly-increased secretion, while the vomiting is slight.

The same difference is observed in different cases, in the gastric disorder in phthisis.

The passage of a gall-stone, which produces this secondary disorder in the stomach, causes severe pain in the injured gall-duct; and, as a general rule, the gastric disorder is doubtless greater the more severe the pain. We must bear in mind, however, that the irritation of internal parts may cause severe sympathetic disorder, without causing any pain. A worm in the bowel, which causes no pain there, may be the exciting cause of spasmodic disorder. An old abscess in the liver, not painful in itself, may occasion frequent vomiting. An injury in the hand or foot, attended with little pain, may give rise to the fatal spasms of tetanus.

It is not, therefore, a valid objection to the explanation given above of the gastric disorder in phthisis, that in some of the cases in which this disorder is great there is little or no pain in the chest. The irritation is transmitted to the central organs of the nervous system, and there reflected, so as to cause the sympathetic disorder of motion or of secretion, though it be not of such kind as to cause pain.

During the passage of gall-stones, considerable and speedy relief to the gastric disorder may often be given by alkaline medicines. Dr. Prout especially recommended frequent draughts of hot water, containing carbonate of soda in solution—from one to two drachms of the soda to a pint of water. "The alkali," he says, "counteracts the distressing symptoms produced by the acidity of the stomach, while the hot water acts as a fomentation to the seat of pain. The first portions of water are commonly rejected almost immediately; but others may be repeatedly taken; and, after some time, it will be usually found that the pain will become less, and the water be retained."

Bismuth and chalk combined, which, when there is free acid in the stomach, acts both as an alkali and an astringent, is often of still greater efficacy in the vomiting sympathetic of hepatic disease. From five to ten grains of prepared chalk, and as much of the trisnitrate of bismuth, may be suspended in water by the mucilage of tragacanth, and given, together with minute doses of morphia, as often as the symptoms require.

The passage of a renal calculus along the ureter affects the stomach in the same way, and often just as much, as the passage of a gall-stone along the common duct.

The same kind of gastric disorder may result from disease of the brain; especially from inflammation of the brain or its membranes. It has been long known, that vomiting is a frequent and often a prominent symptom of such disease; and the circumstance to which I have before referred, that in persons who have died of it, the mucous membrane of the stomach, in its big end, is frequently found more or less dissolved or digested by the gastric juice, shows that the irritation of the brain does not excite merely the mechanical act of vomiting, but that it excites also, at least in many cases, untimely secretion of gastric acid.

It is in inflammatory diseases of the brain, more than in other diseases, that this gastric disorder is seen; and it occurs especially *in the early stage of those diseases*, when the symptoms betoken irritation of the brain, rather than compression. Andral, who has investigated this subject with much care, says:—

"Vomiting, or at least nausea, very frequently attends acute inflammation of the membranes of the brain. These symptoms show themselves almost exclusively in an early stage of the disease, and they often mark its onset. In some cases, they are not often repeated, and excite little attention, and cease to recur at the end of twenty-four hours. In other cases, on the contrary, they continue many days, and sometimes even during the entire course of the disease."

This circumstance explains how it happens, that when death results from inflammatory disease of the brain, the stomach is, in some cases, found perfectly sound; while in other cases, which are comparatively few in number, it exhibits in high degree those changes which are produced after death by the solvent action of the gastric-juice.

These changes cannot take place unless there be a good deal of free acid in the stomach at the time of death; which is seldom the case, unless the gastric disorder have continued to the time of death, and which may not be the case even then.

The gastric disorder varies very much in different cases, not merely in duration, but in severity while it continues; and probably in the relative degree in which the muscles and the secreting function are affected. Andral says, "Some patients vomit only two or three times a-day; others at much shorter intervals, every hour, for instance, or every quarter of an hour. Many patients throw up in this way, in a short time, an enormous quantity of yellow, or greenish bile; others, in the midst of painful efforts, only expel a little mucus. There are some who cannot take a spoonful of drink without bringing on vomiting."

This gastric disorder, like other sympathetic nervous disorders,

occurs more frequently, and in higher degree, in women than in men, and in children than in grown-up persons.

The vomiting or nausea is sometimes attended by pain at the epigastrium, and some degree of tenderness, especially, I believe, where the secreting function is especially disordered; but these symptoms are less frequently noticed than in phthisis; in consequence, probably, of the shorter duration of the gastric disorder in most cases, and of the severe pain of the head which usually attends inflammatory diseases of the brain, and which prevents the patient from feeling, or regarding, a slighter pain in the stomach.

Where the gastric disorder is attended with secretion of much acid, soda and magnesia, chalk, and bismuth, are the remedies which most allay it.

Gastric disorder of the kind we are considering, results more frequeutly still from organic disease of the uterus.

The effect of irritation of the uterus in causing vomiting was shown with the distinctness of direct experiment in the following case related by Gooch.

"Dr. Denman passed a ligature round a polypus of the fundus of the uterus; as soon as he tightened it, he produced pain and vomiting. As soon as the ligature was slackened these symptoms ceased, but whenever he attempted to tighten it the pain and vomiting returned. The ligature was left on, but loose. The patient died about six weeks afterwards, and, on opening the body, it was found that the uterus was inverted, and that the ligature had included the inverted portion."

Frequent and distressing vomiting now and then occurs, as is well known, in women afflicted with cancer of the uterus; an effect, no doubt, of reflex nervous influence. And the circumstances that, in such cases, the vomiting is often attended by pain at the stomach and thirst, and that the coats of the stomach are occasionally found much softened or digested after death, show, as in the instances I have before cited, that in many cases, at least, this reflected nervous influence disorders the secreting function of the stomach, as well as the muscles.

Disorder of the stomach of the same kind now and then occurs when miscarriage is about to take place, and also in conjunction with chronic ulcer of the neck of the womb. In the latter class of cases, the sufferings referrible to the stomach may be so severe and long-continued, and the pain in the womb so slight, that both the patient and her medical attendants may have their attentiou more fixed on the secondary functional disorder than on the primary disease.

In these diseases of the uterus, indeed, as in tuberculous disease of the lung, the degree of disorder of the stomach has no constant relation to the degree of *pain* in the primary seat of disease.

The same kind of gastric disorder now and then results from what might seem to be very trifling causes of disturbance. In nervous women, particularly in those whose sensibility has been exalted by losses of blood, or by a state of anæmia brought on in any other way, and in whom digestiou is habitually feeble, the direct irritation of the coats of the stomach by an unwholesome or undigested morsel of food may excite the disorder, which, if any other disturbing influence exist, may subsequently be kept up for weeks, or even months together, unless great care be taken not to irritate the coats of the stomach by physic or food.

When the disorder originates in this way, it usually comes on in the evening, or at night, and especially after fatigue. The illness commences with vomiting or nausea, which is followed by pain or uneasiness at the pit of the stomach, and, if the disorder continue long, by loss or great impairment of appetite, and by thirst. The stomach sometimes becomes extremely irritable, so that vomiting recurs frequently, and is at once brought on by swallowing any food, or even the simplest drinks. There is then severe pain at the pit of the stomach, and the matters vomited are usually bitter. When the stomach is less irritable, food is retained for a time, and the matters rejected from the stomach are intensely sour. The acid thrown up in such cases is probably not all secreted by the coats of the stomach. The continued disturbance of the secreting function of the stomach seems to lead to an inflammatory, or a catarrhal, state of the mucous membrane. The digestive power is greatly weakened, and under the influence of unhealthy or decomposiug mucus, the starchy principles of the food undergo fermentation in the stomach, by which large quantities of lactic acid are formed. The undue acidity of the stomach, or the great disturbance of its secreting function, lessens the secretion of the liver, and after the disorder has continued some days, the countenance sometimes becomes slightly sallow. The symptoms are then not unlike those produced by the passage of gall-stones, and are almost as severe. The sallowness, however, when it occurs, never attains a high degree, and is generally transient, while the gastric symptoms are often of much longer continuance than those usually are which result from the passage of gall-stones. In some cases they continue with slight intermissions for months together, and lead to the suspicion of serious organic disease.

This happened in the case of a lady fifty-seven years of ages who came under my care in the summer of 1845. She had then been subject for many years to attacks such as I have described, of most distressing vomiting, attended by severe pain at the epigastrium. The matters vomited were always sour, and, when the vomiting was frequently repeated, were bitter. In some attacks, after these symptoms had continued a-day or two, the countenance became sallow.

It was supposed that the attacks might be owing to the passage of gall-stones; but, though diligent search was often made for them in the matters discharged from the bowels, none were ever found there.

The attacks generally came on in the evening, and were brought on, as she supposed, by fatigue, or by something unwholesome she had eaten. They occurred especially when she had been weakened by hæmorrhage from internal piles, to which she was subject.

The piles were cauterised by nitric acid, and the hæmorrhage ceased to recur. Upon this her general health improved, and the attacks became less frequent and severe.

I had heard nothing of her for three years, when, in the month of June, she called on me, looking stouter and healthier than four years before.

She told me that nine months before that time the stomach disorder came on again, and was so severe that she was confined to bed four months, vomiting almost everything she took. After trying various medicines in vain, she was speedily and perfectly cured by taking ten grains of bismuth and ten of magnesia every four hours, and a dose of soda, rhubarb, and calumba, at the hour of dinner.

The symptoms had recurred in a slight degree since, but were immediately stopped by the bismuth and magnesia mixture, which she believed to be a perfect remedy for these attacks.

I could cite to you many other instances where stomach disorder of this kind, seemingly induced in the way I have described, was so severe and long continued, as to lead to the belief of serious organic disease. The disorder is, as I have stated, most common in women, especially in those whose nervous susceptibility has been exalted by losses of blood, or otherwise; but it also occurs in men who have excitable nervous systems, and whose digestion is habitually feeble.

The means I have found most effectual in mitigating and subduing the disorder are—bismuth, which may be given in doses of ten grains a short time before meals; an occasional dose of magnesia or chalk, to neutralise any excess of acid which the stomach may contain; regulation of the bowels by pills of colocynth or aloes; total abstinence from alcoholic drinks, which generally aggravate the disorder; and a diet composed of liquid and pultaceous food of the least irritating kind.

When the stomach has become tranquil, it is requisite, with the view of preventing a recurrence of the disorder, to stop any exhausting drain that may exist, and, by a course of steel medicines, by a nourishing but easily digestible diet, and by other means available for this purpose, to remedy the state of anæmia or the irritability of the nervous system from which the disorder springs.

The gastric disorder we are considering occurs, as I have before remarked, more frequently in women than in men. It occurs still more frequently, from a given cause of disturbance, in young children, in whom the secreting function of the stomach is very active, and who are especially liable to reflex functional disorders of other kinds.

Young children with tuberculous disease of the lung or inflammation of the brain have this secondary gastric disorder more frequently than grown-up persons suffering from the same diseases, and their stomachs are more frequently acted on, and in higher degree, by the gastric juice after death.

They are not liable, like grown-up persons, to disorder originating in the liver or the uterus; but they have, at a certain period, a constant source of disorder in the irritation of teething, which frequently causes gastric disturbance, as it does some of the convulsive disorders to which young childreu are so subject.

The stomach disorder, like disorder of the muscles, occurs most frequently during the first dentition, in children weakened by the eruptive fevers, or by purgative medicines, improper food, or impure air. It is especially apt to occur on weaning, when the health of the child often suffers, not only from sudden change

of food, but from the improper food often substituted for the mother's milk. Occurring under these circumstances, it has been popularly known as the "weaning brash," and has been described in medical works as the "atrophia ablactatorum."

The early symptoms are frequent vomiting, with thirst, and fretfulness, and occasional writhing of the body and plaintive cries, expressive of pain. The matters vomited are sour and bilious, and are thrown up with more effort than attends the common "puking" of healthy children. These symptoms are sometimes attended with looseness of the bowels, the matters discharged from them being greenish, from the presence of bile rendered green by the free acid secreted by the stomach, or formed by fermentation from the food, which has not been neutralised in its rapid passage through the bowels.

If the disorder continues, the child wastes rapidly and grows feeble, and soon exhibits the well-known signs of exhaustion,—coldness of the surface, irregular pulse, sighing, and slight stupor,—signs which have been described by Dr. Marshall Hall as marking what he has termed the "hydrocephaloid disease" of infants.

In this state the child may die, and on examination of the body after death there may be no discoverable change of structure in any organ, or there may be found, in greater or less degree, that peculiar softening of the coats of the stomach, and sometimes (in cases in which there has been diarrhœa), of portions of the bowels also, that is produced after death by the solvent action of the gastric juice.

The disorder is to be controlled in infants much in the same manner as in grown-up persons. The gums should, if needful, be lanced, to lessen the irritation from which the disorder springs. The child should be fed with good milk, or milk and baked flour, or better still, if it be not more than twelve months old, with the milk of a healthy nurse, at short intervals and in small quantities at a time, and should have given to it, in doses suited to its age, chalk, or magnesia, or bismuth, or, if it can be got to take them, one of the less nauseous of the vegetable astringents, as krameria or logwood. If the disorder have already produced much exhaustion, a few drops of aromatic spirits of ammonia may be given occasionally with the milk, or with one of the medicines I have just mentioned.

We are now in a condition to take a general view of this peculiar gastric disorder.

It occurs, as we have seen, in grown-up persons and in children, in the male and in the female sex, but is most frequent, for the same cause of disturbance, in susceptible women and in children, especially in children ill-fed, or reduced by previous disorders,—persons whose nervous systems are highly excitable, and who are very prone to sympathetic nervous disorders of other kinds.

It seldom exists unless there be some cause of disturbance elsewhere in the body, and occurs with especial frequency in conjunction with tuberculous disease of the lung, inflammation of the membranes of the brain, cancer and some other forms of disease of the uterus, the passage of gall-stones through the ducts, and, in children, while the gums are irritated and inflamed by teething. It occurs also in cases of simple ulcer of the stomach, and in cancer of the stomach: irritation at the diseased part of the stomach, causing, in these cases, undue and untimely secretion in the sound part.

When the exciting cause is of long continuance, or when a proper plan of treatment has not been followed, the gastric disorder in grown-up persons may continue in high degree, with occasional slight intermissions, for months together. In young children this cannot happen; the stomach disorder impedes nutrition, and brings on a state of exhaustion soon fatal of itself.

When the disorder has lasted some time, it is not always entirely functional. The continued functional disorder exhausts and weakens the stomach, and sometimes induces an inflammatory or catarrhal state of the mucous membrane. The digestive power is further weakened, and the stomach secretes an unhealthy mucus, which promotes fermentation in the starchy principles of the food, and thus leads to the formation of large quantities of lactic acid, or some other acid of the same group, which are an additional cause of disturbance in the stomach and bowels.

Whether death has been occasioned by the gastric disorder, or by the concomitant disease, the degree of change found in the stomach after death does not usually correspond with the severity or the duration of the gastric symptoms. The softening of the stomach, which is usually the most striking change observed in such cases, takes place, as we have seen, after death; and does not depend, therefore, on the severity or duration of the disorder, but mainly on the quantity of free gastric (muriatic or lactic) acid which the stomach happened to contain at the time of death. The disorder may have been severe, and have lasted long, but the stomach may contain no free muriatic or lactic acid at the time of death, and may be found perfectly uninjured; while, on the other hand, the gastric disorder may have been very slight; so slight, even, as to have escaped notice; and yet muriatic or lactic acid may have been poured out, or lactic acid may have formed in the stomach, in considerable quantity, just before death, and the stomach be found much dissolved.

This disorder has been very commonly attributed to inflammation: and the vomiting, the pain and tenderness at the epigastrium, the thirst, and, in fatal cases, the softening of the mucous membrane of the stomach, often seen when the body was opened, have seemed to many conclusive evidence in favour of this opinion. Inflammation causes, indeed, vomiting, pain, and tenderness at the epigastrium, and thirst; but these symptoms may result from other conditions,—vomiting, from irritation elsewhere; pain and soreness at the epigastrium, from the presence of free acid in the empty stomach; thirst, from this, and from the increased secretion which the disorder causes; and the peculiar softening of the stomach, that has been observed in such cases, is not caused by inflammation, and can be explained only from the action of a free digesting acid in the stomach after death. The disorder may, as I have already observed, lead, after a time, to an inflammatory or catarrhal condition of the mucous membrane of the stomach; but, at its origin, and often long after, the disorder of the stomach is entirely functional, and is more allied to the excited and disordered state of the intellect in delirium tremens, or to the involuntary and disordered, and often violent, movements of the voluntary muscles in chorea, than to inflammation.

The power inherent in the voluntary muscle accumulates by rest, to be discharged at the will of the animal for its own purposes. The chemical power of digestion inherent in the stomach accumulates in the same way, to be discharged, to serve an important purpose, when food is placed in the stomach. Every kind of power which an animal can generate,—the mechanical power of the muscles, the chemical (digestive) power of the stomach, the intellectual power of the brain, the electrical power of the torpedo,—accumulates through the nutrition of the organ on which it depends. The accumulated power is discharged by an influence transmitted through the nerves; and, in a state of health, it is discharged in a degree regulated by the will, or by the physical wants of the animal.

Power is expended only to the extent which the emergency requires. When, for example, food is placed in the stomach, whatever may be the capabilities of the stomach at the time, only so much gastric juice is secreted as is required for proper and speedy digestion. But, in states of disease, the power is sometimes expended in undue measure and by nervous influence transmitted from unusual sources, without control of the will, and without reference to the physical wants.

The disorder we have been considering is, at its onset, an instance of this kind.

The most effectual remedies for the disorder are,—

1. Sedatives, and other means which lessen the irritation from which the gastric disorder springs.
2. Alkalies and astringents.

Alkalies sometimes give immediate relief by neutralising the acid which the stomach contains; astringents alleviate the disorder rather more slowly, but for longer time, by restraining the undue and untimely secretion.

The insoluble alkalies—magnesia and chalk—are well suited to this disorder. They serve to neutralise any excess of acid that may be in the stomach, and, given under these circumstances, have an astringent action on the surface besides.

Bismuth, of which I have more than once spoken, has a remarkable effect in restraining undue secretion in the mucous membrane, and may often be given with advantage alone, or in conjunction with magnesia or chalk.

While the disorder continues, the diet should consist chiefly of milk and farinaceous food, and little should be eaten at a time. Alcoholic drinks, and all stimulating articles of food, seldom fail to aggravate the disorder, and should be strictly forbidden.

If symptoms indicating an inflammatory state of the stomach should occur,—namely, a sense of heat in the stomach, and pain excited by food, tenderness at the epigastrium, and a white coat on the tongue,—a blister, or mustard-poultices may be applied to the epigastrium; and the stomach may be cooled, and be rendered less irritable, by wallowing occasionally, and especially after meals, a small lump of ice.

If constipation exist, it may be remedied by medicines, such as pills of colocynth or aloes, which do not much offend or oppress the stomach.

ORIGINAL COMMUNICATIONS.

ARMY MEDICAL REPORT

No. XV.

(SELECTED BY AUTHORITY OF THE DIRECTOR-GENERAL FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

I.—ON TROPICAL FEVERS.

By G. A. GORDON, M.D., Surgeon 10th Foot; and Dr. KEHOE, late Staff-Surgeon.

It appears, that Dr. Kehoe, Staff-surgeon, who served on the west coast of Africa, forwarded returns to the Army Medical Department, expressing "his conviction, that, by treating remittent fever of the west coast of Africa by means of a combination of the disulphate of quinine and of opium, that the disease will be found much more manageable than has hitherto been the case."

He conceived remittent fever "to occur under two forms in that country,—in the one, generally the first attack after the arrival of the individual in the colony, the febrile symptoms are usually acute, with a burning heat of skin, etc., in which cases he found the cold affusion and sponging together with a mild aperient, and the occasional application of leeches to the temples, to relieve the urgent symptoms, in about twenty-four hours after which, two grains of the disulphate of quinine, and one of opium, were given and repeated every two hours, until the nervous irritability of the system disappeared, the skin softened, and all the symptoms improved.

"When there was much vomiting or irritability of the stomach, two drops of the hydrocyanic acid, in a little water, was found useful.

"In the second class of cases, when the patient had probably already suffered from one or more attacks, the cold affusion was not required, unless the heat of the skin was unusually intense; and if the bowels were moderately soluble, the combination before mentioned was commenced at once. The doses of the medicines have varied according to circumstances, and, in some instances, morphine or hyoscyamus has been substituted for the opium.

"Dr. Kehoe is of opinion, that inflammation of the brain or its membranes very rarely occurs in remittent fevers; but, should there be such a concomitant, or even venous congestion within the head, this treatment would not be applicable."

A circular letter was sent from the Director-General to Medical officers serving in India, requiring a report on the subject at the end of six months, from those who had tried the remedy. Dr. Gordon, who had formerly served on Cape Coast, in Lower Bengal, from 1842 to 1845, and in Upper Bengal in 1851 and 1852, has furnished a very long report, from which we extract his conclusions:—

"The object of this paper is, not to enter into a critical examination of the mode of treatment best adapted to various forms of fever that I have endeavoured to sketch; yet it may not be out of place to observe, that the administration of stimulants, which is, from the commencement, necessary in the fever of the Cape Coast, is ill-adapted for either the ordinary or the ardent fever of Bengal, nor, indeed, does it seem to be better calculated for the disease as met with at Sierra Leone; on the other hand, the active remedies, such as venesection, calomel, antimony, &c., which are demanded in Indian practice, are, as a general rule, contra-indicated at Cape Coast. It appears to me, then, that if my belief be correct, that a particular form of fever prevails at each particular station, a great many apparent discrepancies which we observe in authors might be easily reconciled, for we should find, that, while each took every means at his disposal to laud the merits of one particular mode of treatment for 'remittent fevers,' they all forgot the important fact, that the diseases for which they were prescribing were endemics in particular localities, and each caused by local agencies of probably as different a character as was the vegetation, or even the human inhabitants, of such regions.

"The few remaining observations which I have to make with reference to the circumstances which I consider modify endemics in particulars localities must necessarily be very brief.

"That particular forms of disease are met with in particular districts and countries is a truth which I do not suppose any person now-a-days attempts to deny; it is, therefore, unnecessary to do more than refer to elephantiasis, beri beri, dracunculus, cachexia Africana, goitre, cretinism. During the period that I have been stationed in the Punjaub, I have observed more than one wretched victim of this affection; I have been led to believe that it is not unfrequent among the hills of Cashmere. We also find that many maladies are as unquestionably the result of hereditary influences, as, for instance, the various forms of scrofula, mania, gout, etc. etc.....

In support of the statement, that diseases are much modified by the geological formation of the locality, I beg to quote the following from the *Athenæum* of September 11, 1852, which came to my hands while writing these pages. I find it stated there, that 'cholera attacked the greater part of the coal-pit districts of England.' And in another place, that 'the epidemic was not generally fatal in the primary geological formations,—on the granitic or the silurian system.'

"Sir Charles Lyall mentions the disintegration and decomposition of particular kinds of rocks, by which various noxious vapours are occasioned. Dr. Hayne, of Madras, has demonstrated very clearly, that terrestrial emanations unconnected with marsh miasm produce most deadly fevers in certain localities; and Mr. Montgomery Martin, in his article on the topography of Hong-Kong, makes some observations upon this subject so much to the point, that I cannot avoid inserting them. He states, that 'on examining the sites of houses at Victoria, whose foundations were being excavated in the sides of the hills, the strata appeared like a richly prepared compost, emitting a fetid odour of the most sickening nature, and which at night must prove a deadly poison. This strata quickly absorbs any quantity of rainy, which it returns to the surface in the nature of a pestiferous mineral gas.'

"From what I have adduced, then, I trust I have succeeded in showing that the treatment of diseases under different circumstances must be modified accordingly, and that the endemic influences which prevail in particular localities are as distinct in their nature as in the physical circumstances upon which they depend."

II.—CHOLERA AND SMALL-POX IN CEYLON.

From a Report by ANDREW FERGUSSON, M.D.
Deputy-Inspector General of Hospitals.

The town of Colombo was free from this disease from July 30 to October 30. Since the latter date, 42 cases have been reported, and 29 deaths. At Trincomalee, since the 8th November to the 26th, 81 cases occurred, and 65 deaths. The disease revisited Jaffna and its vicinity on the 6th October, and since then 150 cases were reported, of which 86 died.

Small-pox is also very prevalent at Colombo. Since the 13th July 476 cases have been reported.

III.—YELLOW FEVER AT BERMUDA.

We learn from a letter dated December 5, that the total number of cases under treatment at that date among the troops amounted only to 25. The epidemic influence, however, has not quite subsided, as several of the inhabitants, European and native, were still affected.

APHORISMS AND OBSERVATIONS UPON CERTAIN RARE OR PECULIAR DISEASES OF THE ORGAN OF SIGHT.

By W. R. WILDE, F.R.C.S.I.,
Surgeon to St. Mark's Hospital, Dublin.

ON THE ACCIDENTAL DISCOVERY OF PARTIAL AMAUROSIS.

Accidentally discovered impaired vision of one eye is a much more frequent affection than the members of the Profession are aware. The following case will serve as an illustration of the disease to which I refer:—A gentleman while shaving in the morning shuts one eye, and, from not seeing well with the other, is thus left in partial darkness, and he cuts his chin; he immediately experiments upon his vision by closing first one eye then the other; and having satisfied himself as to their different degrees of sight, he rushes off for advice. His story is, that he suddenly became blind while shaving a short time before. Upon examination it will be found, that the eye is to all appearance perfectly natural; that there is no increased vascularity, turgescence, or evidence of congestion; there is no discoloration of iris; the pupil is normal, and obedient to light; the transparent structures are also perfectly natural. The patient usually says, that the vision is obscured either by a uniform mist or haze, or a number of black spots. Sometimes only half an object is seen with the affected eye; at others, the object is only seen when held at a little distance to the outer or temporal side. Double vision, or distorted vision, is seldom experienced. Muscæ may, or may

not be present. When the patient looks with both eyes, he does not experience much inconvenience; but being usually much agitated, and naturally anxious about the recovery of his sight, he is continually testing his vision by covering the unaffected eye. If the patient is of a nervous temperament, and if upon the first examination many questions have been asked with respect to pain, seeing flashes of light, having a sense of fulness in the globe, etc., or other symptoms indicative of more recent disease, he will at the next visit enumerate, among his symptoms, all those about which he had been previously questioned. Generally speaking, however, simple obscurity of vision, so as to prevent the patient reading moderate-sized print, but not sufficient to prevent him seeing large objects, or recognising persons, is all that is complained of. The mere act of wiping "the good eye" with the fingers, often produces the discovery of "the bad eye," as it is termed by the patient. Last week, I was consulted by a gentleman who made the discovery by looking through a telescope, first with one and then with the other eye.

There is always considerable difficulty (especially when any length of time has elapsed since the discovery,) in getting a patient to describe minutely the precise circumstance under which he found out his defect, and it requires rather a strict cross-examination to get at the facts of the case; and even then it is most difficult to show the patient, that as he did not test his vision, he had no knowledge of its amount, the day, or the week, or the month preceding, the moment when, to use his own expression, he "suddenly lost the sight of one eye." Now, what takes place in cases of this description? When was vision lost? Did the defect come on gradually, or was it sudden? The patient does not know, although he will try to persuade the medical attendant that it happened at the moment when he placed his hand over the good eye, or by any other accident he became conscious of his defect. The surgeon does not know, for he has no means to guide him in his diagnosis, but the account of the patient, which is founded upon a misconception. Sometimes the disease is discovered in childhood or youth, but it is then unattended to, and persons grow up conscious of the impaired vision in one eye. Of such cases, there are hundreds in every community, who speak of their good and their bad eye, when casually conversing about their powers of vision. Eight out of every ten cases of strabismus, have more or less impaired vision in the affected eye; yet, if we ask the parents or friends, whether such persons see equally well with both eyes, they will, in most cases, affirm that the vision is unimpaired. If we ask children or young persons so affected, if they see equally well with both eyes, at least one-half will answer in the affirmative; but, if we test their vision, we will find it defective in the proportion already stated. In many of these cases the persons have had convulsions in infancy, or during dentition. I have myself witnessed the discovery of impaired vision in one eye, in the friend of a patient who, hearing me describe the case I am now stating, tested his vision, by first covering one eye, and then the other; and found that, with the defective eye, he saw everything as through a gauze or crape. From all this it follows, that a person may have impaired vision of one eye for a longer or shorter period of time without being conscious of it. In confirmation thereof, I may confidently appeal to those who are in the habit of treating diseases of the eye upon a large scale, feeling assured that they will call to mind many instances in which they have been consulted for well-formed cataract in one eye, and which must have been of many months' standing, but of which the patient was not conscious until the week or the day before.

Partial amaurosis of one eye *accidentally discovered*, is more frequently met with in youth and middle age, say up to forty-five, than afterwards. The left eye is the one for which an opinion is most frequently required. I cannot say that it is more subject to impaired vision than the other; but the right being that most generally used, when but one is employed, as in shooting, minutely examining objects, or looking through optical instruments, &c., the power of the left is less frequently tested, and, therefore, this accidental discovery less likely to be made; moreover, many persons do not possess the power of closing the right eye, and keeping the left open by muscular effort.

Cases such as I have described, must be carefully distinguished from incipient amaurosis, depending either upon disease of the eye itself or the brain, the symptoms of which it is here unnecessary to enumerate. What may be the precise cause or causes of this affection pathological research has not as yet explained. It very seldom depends upon cerebral causes. I never knew an instance in which it could with justice be said to arise from indigestion. It may be often attributed to blows, and even very trivial injuries received long before. I believe sudden excitement or violent muscular exertion may produce it. In these latter, the rupture of some small vessel, either in the retina, the optic nerve, or the optic tubercles themselves, may be the cause. Among the lower orders, when we come to question them about cases of impaired vision discovered accidentally the day or week before, and in which there are no objective symptoms to direct the surgeon to the cause, we will often get them to acknowledge, that they received a blow on the temple of the affected side some months or even years before. In a few instances, those olive-coloured spots, which are often indicative of previous congestion or of choroidal disease, may be observed upon the sclerotic above the cornea. Artificial dilatation of the pupil does not much assist our diagnosis. How far the ophthalmoscope will throw light upon the pathology of this affection, I cannot say.

The prognosis is by no means favourable; very few cases, such as those I have described, get well. The greatest comfort which we can afford the patient is, the promise that the other eye will not become affected. I cannot, at this moment, recollect a single instance in which the second eye became affected after the same fashion as the first. I have tried the usual modes of treatment, such as local depletion, counter-irritation, mercury, tonics, etc., and I have known galvanism, electricity, fumigations, and a variety of such modes of treatment to be employed by others; but I cannot report favourably of their effects.

As soon as the patient discovers the defect, he applies for advice to his ordinary attendant, by whom a lotion or wash of some kind or other is prescribed, and a dose of aperient medicine is administered, consisting of a pill at night and a draught the following morning, the patient being, at the same time, told, that the disease proceeds in all likelihood from the state of his digestive function, as his stomach is out of order, and he is very bilious. After an ineffectual trial of such means, a blister is applied behind the ear, and a course of alteratives, bitters, and alkalies is gone through, in order to correct the acidity of his stomach, stimulate his liver, and give general tone to the system. These having also proved unavailing, he seeks special advice; and then arises the question as to when and how he became blind. If there are symptoms, either local or general, physical or subjective, to treat, they should be met energetically; but to put a man under a long course of treatment, who accidentally discovered, often months before, that he had impaired vision of one eye, is, to use no harsher expression, generally useless. In cases such as those I have described the symptoms do not increase; the amount of vision remains for years as it was when the discovery was first made, and, after a short time, the person, becoming accustomed to the defect, will feel little inconvenience.

The following case is so apposite to the foregoing observations that I insert it:—A gentleman, whom I had known when a child, presented himself for advice about a year ago. He stated, that he had just arrived from India, having got three years' leave of absence from the Company's Service in order to return to Europe, that he might recover the vision of his left eye, which he had lost a year previously. He was in perfect health, and I could not observe the slightest trace of disease in either eye. The history he gave of his case was, that, while standing in a public square with some brother officers one evening, listening to a band, a fly flew into his right eye. While removing it, he consequently obscured the vision of that organ, and was then surprised to find that he could only see objects indistinctly with the left. He immediately sought advice. During the three following months, as shown by a lengthened written statement of his case, he was cupped several times, both on the back of the neck and between the shoulders, (a practice common among the military); was extensively blistered, then salivated, and kept under the influence of mercury for some weeks; took a large quantity of hydriodate of potass, and was afterwards sent to a more elevated region for change of air. Finding that his single symptom of obscured vision did not alter in the slightest from the moment of its discovery, a board of medical men sat upon his case, and, as the result thereof, this fine young man, then in perfect health, and who had just become acclimatised to a warm region, was sent home to consult the oculists of Europe. From the moment he discovered his imperfection to the present, not the slightest change has taken place in his amount of vision; he can still, as he did at the beginning, read large print, although he "sees through a haze."

When a case, such as I have put in the foregoing remarks, presents, I think the patient should be fairly and honestly told what his position is. It is, however, necessary to watch the eye for the month following the *date of the discovery*, lest symptoms might arise which would demand more energetic treatment.

[To be continued.]

CLINICAL REPORTS ON PRACTICAL MIDWIFERY.

No. I.

THREE INSTANCES IN WHICH PREMATURE LABOUR WAS ARTIFICIALLY INDUCED BY THE ERGOT OF RYE IN THE SAME PATIENT,

WITH REMARKS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.
Consulting Physician in Obstetric Cases to the London Hospital, &c., &c.

[Read before the Harveian Society.]

(Continued from page 9.)

No. II.—*A Table, containing the Particulars of Thirty-six Cases, in which Premature Labour was induced by Puncturing the Membranes.*

No.	Name.	Time when Membranes were punctured.	State of Os Uteri at that time.	Child Born.	Hours after Membranes were punctured.	Presentation.	Living.	Dead.	Remarks.
					hrs. min.				
1	Barnes	March 3, 1824, 2 p.m.	Quite close	March 5, 6 p.m.	52 —	Breech	...	Dead	Recovered well.
2	Schofield	July 6, 1 p.m.	Ditto	18th, 8 a.m.	43 —	Head	...	Dead	Ditto. (I delivered this patient by craniotomy. She went afterwards to Malta, with her husband, and I was told she died there in labour.)
3	Barnes	April 2, 1825, noon	Size of a sixpence	3rd, 10 a.m.	22 —	Head	Living	...	Ditto (same patient as No. 1.)
4	Carnaby	Aug. 6, 1 p.m.	Quite close	10th, 4 a.m.	88 —	Head	Living	...	Ditto (child died in the course of the day.)
5	Simmonds	March 16, 1826, 1 p.m.	Ditto	20th, 8 a.m.	91 —	Feet	...	Dead	Ditto (child's heart was beating, but it never breathed.)
6	Frail	March 18, 1827, noon	Ditto	20th, 11 a.m.	47 —	Foot and shoulder	...	Dead	Ditto.
7	Castello	March 18, 1 p.m.	Ditto	21st, 8 a.m.	79 —	Head	Living	...	Ditto.
8	Castello	March 31, 1828, 4 p.m.	Ditto	April 3, 5 a.m.	61 —	Head	Living	...	Ditto (same patient as No. 7.)
9	Frail	April 3, 4 p.m.	Ditto	6th, 3 a.m.	60 —	Shoulder	...	Dead	Ditto (same patient as No. 6.)
10	Jones	April 30, 4 p.m.	Ditto	May 3, 7 a.m.	63 —	Head	Living	...	Ditto.
11	North	May 28, 3 p.m.	Ditto	30th, 10.30 p.m.	55 30	Breech	...	Dead	Ditto.
12	Cox	May 30, 11 a.m.	Ditto	June 3, 6 p.m.	103 —	Head	Living	...	Ditto.
13	Sims	Sept. 27, noon	Ditto	29th, 11 p.m.	59 —	Head	...	Dead	Ditto. (Delivered by craniotomy.)
14	Bawn	Oct. 13, 2 p.m.	Ditto	16th, 5 p.m.	75 —	Head	...	Dead	Ditto.
15	Simmonds	Oct. 26, 3 p.m.	Size of a shilling	28th, 6 a.m.	39 —	Breech	...	Dead	Ditto (same patient as No. 5.)
16	Young	Jan. 31, 1829, noon	—sixpence	Feb. 3, 6.30 p.m. ,, 9 p.m.	78 30 81 —	Head Head	... ...	Dead Dead	Ditto (twins; had taken four doses of ergot without effect; I delivered the second by "turning;" children not more than 6½ months.
17	Buck	Feb. 24, 2 p.m.	Quite close	26th, 6 a.m.	40 —	Shoulder	Living	...	Ditto.
18	Frail	March 22, 11 a.m.	Ditto	24th, 4 p.m.	53 —	Head	...	Dead	Ditto.
19	Wood	May 14, 1 p.m.	Ditto	21st, 8 a.m.	163 —	Head	Living	...	Ditto.
20	Whitcombe	Sept. 10, noon	—sixpence	15th, 10 p.m.	131 —	Feet	...	Dead	Ditto.
21	Barnes	Nov. 29, 1 p.m.	Close	Dec. 4, noon	119 —	Head	...	Dead	Ditto (same patient as Nos. 1 & 3.)
22	Waters	Dec. 26, 3 p.m.	Ditto	31st, noon	117 —	Head	Living	...	Ditto.
23	Simmonds	April 24, 1830, 4.30 p.m.	Ditto	25th, 3 a.m.	10 30	Head	...	Dead	Ditto (same patient as Nos. 5 and 15.)
24	Watkins	May 21, noon	Ditto	23rd, 12 night	60 —	Head	...	Dead	Ditto.
25	Jones	Jan. 2, 1831, 3 p.m.	Ditto	4th, 12 night	57 —	Head	Living	...	Ditto (same patient as No. 10.)
26	Carnaby	Sept. 14, 4 p.m.	Ditto	19th, 2 a.m.	106 —	Head	Living	...	Ditto (same patient as No. 4.)
27	Simmonds	Oct. 10, 1.30 p.m.	Ditto	12th, 9 a.m.	42 30	Head	...	Dead	Ditto (same patient as Nos. 5, 15, and 23.)
28	Castello	Dec. 8, 3.30 p.m.	Ditto	11th, 3.30 p.m.	72 —	Head	Living	...	Ditto (same patient as Nos. 7 and 8.)
29	Rippon	Jan. 29, 1832, 2 p.m.	Ditto	Feb. 4, 1 a.m.	133 —	Head	Living		Ditto.
30	Castello	March 3, 1833, noon	Ditto	6th, 4 a.m.	64 —	Head	Living	...	Ditto (same patient as Nos. 7, 8, 28).
31	Simmonds	May 12, 4 p.m.	Ditto	13th, 3 p.m.	23 —	Feet	...	Dead	Ditto (same patient as No. 27, &c.)
32	Popplcton	Oct. 7, 1836, 1 p.m.	Ditto	10th, 11 a.m.	59 —	Head	...	Dead	Ditto.
33	Simmonds	Jan. 15, 1837, 12 noon	Ditto	17th, 10 p.m.	50 —	Head	...	Dead	Ditto (same patient as No. 31, &c.)
34	Druce	July 2, 2.30 p.m.	Ditto	5th, 5 a.m.	62 30	Head	Living	...	Ditto.
35	Druce	March 14, 1839, 2 p.m.	Ditto	17th, 7 a.m.	65 —	Feet	...	Dead	Ditto (same patient as No. 34.)
36	Pelly	Aug. 28, 1852, 2 p.m.	Ditto	Sept. 2, noon	118 —	Head	Living	...	Ditto.

Considerable discussion has arisen lately in regard to the value of the ergot in obstetrical practice; and some members of the Profession have decried its use—in my opinion, on insufficient grounds. The foregoing Table of 55 cases is extensive enough to justify the deduction of a few general principles, among which may be enumerated the following:—

First. The medicine, though given in tolerably full doses, and continued for a considerable period, produced in no one instance any injury to the woman's health, or other bad effect upon her system. Many of the patients, indeed, took more than twenty doses, at the intervals of four or six hours; one took forty-eight, and another sixty. Vomiting was induced in a few instances, and, in many, the pulse became depressed under its influence, unless when excited by the exertion of labour. All the patients, except one, recovered as well as if they had gone through the most natural labour; and the death of that one was by no means attributable to the drug, for it did not appear to act in any way, either on the uterus or more generally. The os uteri in that case was perfectly close at the time the membranes were punctured; and, when dilatation took place, the shoulder was found

at the pelvic brim; version was impracticable, and delivery was accomplished by decapitation. The operation was performed 136 hours after the evacuation of the liquor amnii, and the patient died in eight days from pelvic inflammation.

Secondly. In by far the greater number of cases uterine action was decidedly initiated by the drug. The analysis above set forth clearly proves this to have been the case.

Thirdly. It seems demonstrated by the Table, that the ergot does exert, in some instances, a prejudicial influence over the fœtus in utero, provided it is given in sufficient quantity; and provided, also, the mother's system is susceptible to, and is brought under its specific action; for of the 55 children born after the administration of the medicine, though 33 were born alive, 5 died in convulsions speedily after birth. Now, in this country, the death of an infant in convulsions within a few hours of its birth is a very rare occurrence; and if we take into consideration the well-known fact, that in those countries and seasons when ergotisme has raged as an epidemic, convulsive seizures, as well as gangrene of the extremities, have been a very common—nay, almost constant—symptom, we cannot withhold our belief that the deaths of these children so soon after their expulsion can be fairly laid to their having imbibed the poison of the ergot while in utero, and its continuing to produce its baneful effects upon their organisation, and to develope its especial influence even at a time when they were no longer subject to its immediate operation. And this idea is strengthened in my mind by the fact, that in many of the 22 cases of still-births the mothers declared to me that they were quite sensible of the moment when the fœtus within them ceased to exist, on account of the sudden suspension of strong convulsive movements on the part of their infant, to which they had for some time previously been subjected.

Fourthly. I can state as a universal principle—though, this, indeed, does not appear from the Table—that whenever the medicine fails to produce uterine contractions, it is equally innocent in respect of any deleterious effect on the economy of the fœtus.

And lastly. When the ergot is used, presuming that it exerts and renders manifest its specific influence over the uterus, it would appear to be the best practice not to persist with the medicine until the time when the child is on the point of being born; but rather to give only about eight or ten doses, and to desist from its use whenever the os uteri has acquired the diameter of half-a-crown or a crown piece; the membranes may then be ruptured, provided the uterine orifice is soft and thin, and the vagina lax, as is usually the case under these circumstances. This counsel is tendered, because, should the uterus continue to contract, the mouth being to a certain extent dilated and thinned, will soon give way to the pressure of the head, and the child will be expelled in a comparatively short time. By acting in this way, prolonged compression on the funis and placenta will be prevented, while, at the same time, the quantity of the medicine taken by the mother will not have been sufficient to occasion any injury to the child's health, in the generality of cases.

That uterine action does not always follow the exhibition of the ergot, when given to induce labour, I am quite prepared to admit; for, although usually successful, I have been sometimes disappointed in my expectations. Thus, in Case 6 of the first Table about 60 doses were taken, and 31 hours elapsed from the time the membranes were punctured to the child's birth; in Case 7, 20 doses were taken, and 114 hours elapsed; in Case 22, 12 doses, and 55 hours; in case 39, 12 doses, and 83 hours; in Case 40, 15 doses, and 108 hours; in Case 42, 12 doses, and 111 hours; in Case 43, 8 doses, and 103 hours. In all these cases, the os uteri was thick and rigid; in none was it dilated to a greater extent than the size of a shilling when the membranes were punctured; and in Case 39 it was quite close; so that, if the medicine produced in them any effect at all, it was to a very trifling extent.

This may be explained by the fact, that some women seem to be insusceptible to the peculiar action of the ergot, as some constitutions are insusceptible to the peculiar action of mercury; while others appear to be most easily brought under its power.

Another source of disappointment—and I myself think a very frequent one—is to be sought for in the grain itself. It soon loses its virtue by keeping, and when stale it becomes perfectly inert; nevertheless, I have found the infusion of the fresh grain more efficacious than any of the tinctures or other preparations kept ready for immediate use.

As might have been expected, in bringing on labour by the ergot, we have the same disadvantages to contend with, in regard to the preservation of the child, which embarrass us when the same object is sought by any other method. The woman may have miscalculated the period of her pregnancy; she may suppose herself further advanced than she really is; and the child, when born, may either be actually not *viable*, or so immature as to be reared with difficulty; or, again, she may have exceeded the date she imagined, and the fœtus may be too large to pass through the pelvis unmutilated. Thus, of the 92 children in the two Tables above, (there being one case of twins,) five were delivered by craniotomy, the patients having been allowed to go beyond the time when the head would traverse the pelvis whole.

But the most frequent cause of disappointment will be met with in the position of the child. It is a well-established fact, that "cross births" are much more frequent, comparatively, in premature labours, whether spontaneous or artificial, than in full-timed pregnancies. For instance, in 34 instances given by Dr. Merriman,(a) in which premature labour was induced, 15 of the children presented preternaturally, and only one of these was saved; and of the 92 children in the foregoing tables, 13 presented with the breech or lower extremities, and 6 transversely; making 19 preternatural presentations. The increased danger which the child must incur when any other part of its body than the head offers itself, will be acknowledged by every one who has paid the least attention to this subject.

7, Portman-square, Dec. 28, 1853.

ON A NEW OPERATION FOR UNUNITED FRACTURES.

By THOMAS WINDSOR, Surgeon.

For this affection so many methods of treatment and operations have been proposed, and so many actually employed, that, at first sight, this part of surgery does not seem to admit of much further improvement; but, on finding that almost every surgeon of eminence differs in his estimation of each operation, and still more that, after one method has failed, another frequently succeeds, we become convinced of the necessity of further improvement.

The method by resection of the fragments was first proposed by White, and "performed by a gentleman of great abilities in his Profession, on January 3, in the present year" (1760); and the case terminated successfully. As to the results generally of this method, we may state, that a few cases ended fatally, that some were not improved, but that the majority succeeded.(b)

Lately, Mr. Jordan has performed a new operation, which he founded on the following experiments by Syme. The first experiment consisted in exposing the radius of a dog, and removing an inch and three-quarters of it along with the periosteum; and, in the other leg, removing a corresponding portion without the periosteum. In six weeks the cut extremities of the radius from which a portion had been taken, together with the periosteum, had only extended towards one another in a conical form, with a great deficiency of bone between them, and in its place merely a small band of tough ligamentous texture. In the other, where the periosteum had been allowed to remain, there was a compact mass of bone, not only occupying the space left by the portion removed, but rather exceeding it.(c)

Case.—George Dickins was admitted an in-patient of the Manchester Royal Infirmary, under Mr. Jordan, with ununited fracture of the humerus, November 7, 1853; aged 55, resides at Macclesfield, and seems a robust, apparently healthy old man.

Since he had typhus—thirteen years ago—he has been constantly in good health, has lived well, has been in the habit of drinking large quantities of beer, but not spirits. Eight months since, he fractured the humerus, about the middle of its shaft. This was treated by a surgeon, who, rather more than three months after, used the pegs (Dieffenbach's method). This, however, did not appear to answer; and, on November 11, Mr. Jordan performed the following operation:—First, he made an incision down to the fractured part; secondly, separated the periosteum from the extremities of the bones; thirdly, sawed off the ends of the bones, leaving the periosteum; fourthly, placed the ends of the bone in apposition, and replaced the periosteum.

Since then, the case has been treated as one of compound fracture.

(a) Synopsis, p. 172.
(b) See the Compend. de Chir. Prat. par Denonvilliers et Gosselin, Vol. II., p. 269.
(c) See Trans. Royal Soc. Edin., Vol. XIV., p. 158; and Goodsir's Observations, p. 63.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATIVE OF THE TERMINATIONS AND TREATMENT OF PLEURISY, WITH EFFUSION.

[We continue the series of cases of pleurisy from last week, and shall now take up the examples of spontaneous evacuation of the effused fluid. Among these will be found several, in which paracentesis was resorted to previous to the spontaneous opening being formed. On this account, as well as because want of space prevented our concluding the part of the subject reported on last week, the division at first proposed is not strictly adhered to in the following cases, some of the last of which are examples of cure by absorption. It is hoped that no material inconvenience will be caused by this, as it is intended to reserve the general comments for the conclusion of the entire series.]

KING'S COLLEGE HOSPITAL.

CASE OF PLEURISY WITH EFFUSION, ETC.

Case 26.—*Latent Encysted Empyema.—Evacuation through the Bronchial Tubes.—Profuse Expectoration of Fetid Pus.—Recovery.*—Geo. Goodman, aged 26, a pale and unhealthy-looking man, was admitted on Sept. 16, 1853, under the care of Dr. Budd. The history which he gave of his illness, and the symptoms from which he suffered during the first three weeks that he was in the hospital, referred solely to the urinary organs. He suffered much constitutional fever and great pain in the lower part of the abdomen. The urine repeatedly contained small quantities of blood and pus. For this condition the appropriate remedies were prescribed, and with much benefit; towards the end of the period alluded to, however, it was noticed, that there was a manifest fulness about the right hypochondrium, and that the liver descended much lower down than natural. There were also numerous enlarged veins seen coursing in the abdominal parietes, over that part. There had been no attack of severe pain in the chest, and the cough had been but trivial; respiration, however, had been very hurried. Opiates to procure rest had been freely given, and, by a prolonged administration of mercury, slight ptyalism had been induced. The interesting thoracic symptoms commenced suddenly in the night of the 10th of October, by the expectoration of a very large quantity of ill-smelling, frothy pus. After this, the cough became more troublesome, but the pain in the right side of the chest and abdomen was much relieved. There was no vomiting present; the tongue was red, and rather dry; the pulse 78, of moderate power; respirations 28.

Oct. 12.—The spitting of pus, which ceased soon after the first attack, again commenced yesterday afternoon, and, in about an hour, nearly two quarts of abominably offensive matter were brought up. On examination of the chest, it was discovered, that there was complete dulness over the lower third of the right side, where, also, there was scarcely any breathing-sound heard; pulse 106; respirations 27. To sustain the patient's strength, a good diet, with wine and bark, was ordered, and it was directed that the chloride of lime should be kept at hand, in order to correct the intolerable stench of the expectorated matters.

In the evening of the 13th the spitting of pus again came on, and continued through the night, a very large quantity being brought up; it quite ceased about eight in the morning, and the usual bronchitic sputum took its place.

Oct. 17.—The patient feels much better; the pain and sense of obstruction and fulness about the right hypochondrium have disappeared; the enlarged veins, also, are no longer visible. No pus has been brought up since the 13th; appetite improving; pulse 90. There is still almost complete dulness over the lower part of the right chest, and the respiratory sounds are deficient.

21st.—During the last three days, there has been continued expectoration of semi-purulent matter in considerable quantity, but without smell. The liver has now quite resumed its natural position, and the abdominal fulness has subsided. It appears that air has entered into the pleural sac, for there is now amphoric resonanee on percussion over the lower part of right chest posteriorly, where before it was quite dull.

Nov. 2.—The expectoration, which remains purulent, and without smell, has much diminished in quantity. A new sign is present this morning, helping to a diagnosis as to the probable source of the fluid. On placing the stethoscope a little in front of the lower angle of the scapula, a very distinct whistling sound is heard, especially during forced expiration or coughing, as if from the air passing through a small aperture from the lung into the pleural sac, or *vice versâ*. The man suffers much from hectic night sweats, etc., but is, on the whole, improving. Pulse 80; respirations 24. The same full tonic regimen is being continued.

This patient gradually improved after the last note, and quite ceased to expectorate pus. With the exception of some persisting dulness over the seat of disease, all physical signs disappeared; his general health had also very much improved when he left the hospital in the last week of December. We are indebted for the interesting particulars of his case to the notes taken by Mr. Kealy, one of Dr. Budd's clinical clerks.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF PLEURISY WITH EFFUSION, ETC.

Case 27.—*Empyema.—Spontaneous Evacuation Externally between the Sixth and Seventh Ribs in front.—Favourable Progress.*—George Kingiton, aged 8, was admitted on February 2, 1852, under Mr. Stanley's care, on account of what was supposed to be a superficial ulcer on the left side. He was of fair complexion, but beyond a general delicacy of expression did not look ill. The ulcer had formed from the bursting of an abscess a few weeks before admission, and some months prior to that there was the history of an attack of severe pain in the side. The ulcer had pouting lips, and the suspicion having been excited of a diseased rib, the probe was employed and found to pass with the greatest ease into the chest for a depth of four inches. It was now discovered that the lower three fourths of the chest were quite dull on percussion, motionless, and without any respiratory sound. To the level of the third rib in front, and not quite so low behind, there was a clear percussion note and tolerably good vesicular respiration; neither the resonance nor the breath murmurs were, however, nearly so loud as on the opposite side. The heart beat nearly in its natural place. The orifice of the sinus was between the sixth and seventh ribs, in a line with the nipple. The discharge was copious, thin, and sero-purulent. The lad's health had suffered remarkably little. He had a good appetite, was fairly fleshed, and in nowise hectic. As there was nothing further for surgery to do, Mr. Stanley did not long keep him in the hospital, but during the two or three weeks he was under observation a perceptible diminution in the quantity of fluid was apparent. Mr. Stanley ordered that he should be kept on as nutritious a diet as he could digest, and that the chest should be carefully protected from cold. There seemed every reason to hope, that in course of time the pleura would empty itself, and the case have a favourable issue; but, as unfortunately the boy did not return to the hospital after his discharge, we are unable to state anything as to his subsequent progress.

Case 28.—*Empyema of the Right Chest.—External Abscess communicating with the Chest.—Puncture.—Favourable Progress.*—The following case, like the preceding, which it closely resembles, is unsatisfactory, because we are unable to state its conclusion. James Spelding, aged 5, a fair complexioned and very cachectic child, was admitted on July 23, under the care of Mr. Paget. There was a large subcutaneous abscess over the front of his right chest, from which, on a puncture being made, a large quantity of thin pus escaped; the opening did not heal, but remained as a sinus, communicating with the interior of the chest. The whole right side was motionless, flattened, contracted, and quite dull to percussion. Auscultation, however, detected beneath the clavicle a short, soft inspiratory murmur, and both behind and laterally over the lowest lobe there was a harsh tubular sound heard. Whether these were transmitted sounds, or whether they resulted from the lung having been bound down by adhesions to these regions, it was impossible to determine. When the external swelling had subsided, the sinus was seen to enter the chest about an inch below and a little external to the nipple; the discharge of pus was not very profuse, and it gradually decreased. The left side appeared quite healthy; percussion was very clear in every part, and loud puerile respiration was audible. The child constantly lay on his right side, with the right shoulder somewhat under him, so as to throw out the opposite side of the chest as much as possible. He remained in the hospital for nearly two months, during which the chest seemed to be gradually contracting; and great improvement in the general health resulted from the use of cod-liver oil and small quantities of wine.

THE BROMPTON HOSPITAL FOR CONSUMPTION.

CASES OF PLEURISY WITH EFFUSION, ETC.

Case 29.—*Phthisis.—Bursting of a Vomica into the Pleura(?)—Empyema and Pneumothorax.—Thoracentesis.—Relief.—Expectoration of Pus.—Death from Tubercular Meningitis.—Autopsy.*—Robert Taylor, aged 32, a gardener, of healthy family, admitted under the care of Dr. Hamilton Roe, Jan. 21, 1850. He had suffered for about a year with the ordinary symptoms of phthisis, hæmoptysis excepted, and four months ago he had been confined to bed for a month with inflammation on the chest, during which attack, he had pain in the left side, and was blistered. Since that time, he thought he had a little gained strength. He complained of shortness of breath, slight indigestion, and occasional strong palpitation, but had no pain in the chest. His expectoration was white and frothy, and moderate in quantity. No night perspirations; appetite pretty good; cough not troublesome; pulse 88; respirations 28 in the minute. On examination of the chest, there was found to be complete dulness of the left side, extending as high as a line drawn level with the nipple. The heart was pushed over to the right, and its apex beat to the right of the sternum. The dulness of the left side might be made to alter its position by changing that of the patient, and, on succussion, a splashing sound was produced. There was heard also, on auscultation, a sound very like metallic tinkling, but it was synchronous with the pulse, and appeared to be caused by the disturbance of the fluid by the heart's action. The diseased side did not appear to expand at all, but merely rose a little during inspiration; it measured, just below the nipples, eighteen inches and a-quarter, while the right measured only seventeen inches and a-quarter. A draught, containing three grains of the iodide of potassium, and eight grains of nitrate of potash, was ordered to be given three times daily, and he was put on ordinary diet.

This treatment was continued until February 18, with some benefit to the patient's general health, but without any influence in diminishing the quantity of fluid in the chest. Dr. Roe having, therefore, determined that paracentesis should be resorted to, the operation was performed by Professor Fergusson, the Surgeon to the Institution. The puncture was made with an ordinary trocar, in the middle of the lateral region, beneath the fifth rib, and upwards of ninety ounces of thick, creamy pus were evacuated. While it was flowing, the man became rather faint, but a glass of wine soon revived him, and he was sent to bed in a satisfactory condition. A pill of calomel and opium (a grain of each) was given.

February 19.—Has slept fairly, and feels comfortable. Pulse 74. There is a metallic tinkle to be heard with each inspiration.

23rd.—He has progressed well since the operation, with the exception of yesterday, when, on account of pain in the side, cupping to ℥vj. was ordered. After losing about an ounce of blood, however, he became faint, and the operation was not persisted with. To-day he is better, and almost free from pain. Pulse 80.

March 30.—Since last note, in spite of the exhibition of cod-liver oil with tonics, the patient's condition has not improved. He is more weak, for two or three days past has suffered from pain in the chest; the splashing on succussion, and the metallic tinkling during expiration, are still present, and the lowest part of the chest is dull on percussion. This evening, just after taking supper, he was siezed with retching, and brought up, after some efforts, about four ounces of pus. He stated, that he felt as if it came from the left side, and that it had nearly choked him.

April 2.—Yesterday he again coughed up about three ounces of purulent matter.

14th.—For the last ten days he has been much troubled with headache and frequently recurring sickness. The latter symptom has been relieved by creosote, and the headache is also now absent; he is, however, slightly delirious. This afternoon, during vomiting, a pint of pus was brought up.

15th.—Slept well through all last night. No headache; pupils contracted; complains of much thirst; tongue furred; pulse 72.

19th.—The delirium has been increasing for several days, and he now appears to be insensible, and does not answer questions.

22nd.—Death took place this morning during an attack of convulsions; for several days the head symptoms have been increasing. He has been delirious, at times convulsed, and at others insensible. There has been no paralysis, but, during the convulsions, the head has generally been drawn to the right side. The remedies employed have been blisters and purgatives.

Autopsy.—On opening the chest, the left lung was found collapsed to about the size of a small cocoa-nut; the pleural sac contained much air and a small quantity of pus; it was lined in all parts by thin, shreddy, false membrane. Water having been poured into the chest, air was blown into the trachea by a pair of bellows, when bubbles were produced, showing that there existed an opening from the lung into the cavity of the chest. The heart was pushed over into the right chest. The right lung, excepting some small scattered tubercles, was healthy. The collapsed left lung was infiltrated in all parts by softened tuberculous matter; it was so much disorganised that the fistulous communication with the pleura could not be traced. Brain: Substance soft, and the membranes much congested. On the arachnoid covering the vessels in the fissure of Sylvius were small spots of tubercle; the same condition affected that overlying the posterior part of the left middle lobe. There was more fluid than natural in the lateral ventricles, and the membrane lining them was rough, with minute tubercular deposits. There was tubercular ulceration in the ileum, and a small abscess in the appendix vermiformis.

From the fact, that air existed in the pleural sac, in the above case, at the time of Dr. Roe's first examination, and that phthisis had previously been present, it seemed likely that a cavity might have previously opened into the pleura and thus caused the inflammation. No proof of this was derived from the autopsy, nor did the man's history of his symptoms materially tend to support it; the only other explanation was, that air had been generated in the pleura by decomposition of pus.

Case 30.—*Advanced Phthisis.—Acute Pleurisy.—Purulent Effusion.—Death in Fifty Hours.—Autopsy.*—The following is an example of a class of acute cases in which paracentesis can be of no avail, death resulting, not from any obstruction to respiration, but from the sheer violence of the inflammatory action. No doubt the pleurisy had been induced by the extensive tubercular disorganisation which the lung had undergone. The circumstances were very suspicious of a cavity having ulcerated into the pleura; but the autopsy showed that such had not been the case. We are indebted for the notes of it, as also of the preceding one, to Mr. Trotter, now of St. Mary's, but formerly one of the resident Medical officers to the Brompton Hospital. William Glen, aged 27, admitted March 23, 1850, under the care of Dr. Hamilton Roe, having been ill with chronic phthisis for three years. He had lost flesh, but was not very much emaciated, and suffered from but very slight hectic. There were the physical signs of a large excavation in the right apex. The cod-liver oil and other remedies were prescribed, and improvement was commencing, when, on April 8, he was suddenly seized with severe pain in the right side. A few hours later, a loud friction sound had become audible, and the symptoms were those of peracute inflammation. In spite of the use of leeches, blisters, etc., an antimony mixture, and calomel and opium pills, the disease progressed, and he sank rapidly. Death took place early in the the morning of April 10, about fifty hours after the acute symptoms set in. At the *post-mortem*, the pleural layers of the left chest were found universally adherent by bands of firm membrane. The whole was intensely inflamed, and coated with soft flakes of semi-purulent lymph; between the meshes of false membrane were about ten ounces of sero-purulent matter. There was no air in the pleural cavity, nor any discoverable ulceration of the visceral layer. The lung itself was extensively tuberculous, and contained many cavities; its apex was hollowed out into a large chamber, the walls of which consisted of little more than thickened pleura. The left lung and the bronchial glands were also the seats of tubercle, but none was found in the abdominal organs.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

CASES OF PLEURISY WITH EFFUSION, ETC.

Case 31.—*Subacute Pleurisy with Effusion.— Cure by Absorption. Six Months?)*—Harriet Simpkin, aged 28, a stout but not robust woman, presented herself as an out-patient, on December 2, 1851, under the care of Dr. Peacock. She had walked a distance of two miles to the hospital, but was complaining of severe pain in the chest, and looked very ill. Two years previously she had been an inmate of St. Thomas's, for "inflammation of the chest;" but since then she had regained her health, and her present symptoms were only of short duration. She had for about three weeks been feeling ill, and suffering from stitch-like pains in the side. These had been much

aggravated for two days past, and attended by repeated shiverings. On examination, the left side of the chest was found to be filled with fluid up to the lower border of the second rib. Measurement showed the left side an inch larger than the right; the heart was pushed a little to the right, but not much displaced; the intercostal spaces were not obliterated. There was distinct œgophony, with occasionally an obscure friction sound, to be heard posteriorly about the level of the fluid. Right side of chest healthy. Pulse 108, sharp, but compressible; tongue clean, and red. Ordered, haust. salin. cum antim. ℥j., every six hours. A calomel and opium pill, (two grains, and half a grain), to be taken three times daily. Cupping to eight ounces.

The same plan of treatment, with the addition of repeated blisterings, was persevered in for five days with very little change in the symptoms. On the occurrence of ptyalism, however, the pain in the side quite ceased, and it was found, on measuring, that the girths of the two sides were equal; there was, however, no alteration in the extent of dulness present. The mercury was suspended, and the administration of iodide of potassium, with diuretics, commenced. From this time the improvement was slowly progressive, and no relapse of inflammatory symptoms occurred. In the course of a few weeks the woman was able to resume her domestic duties, but there was little, if any, sensible diminution in the amount of effusion. Counter-irritation, both by means of blisters, and of applications of a strong solution of iodine, had meanwhile been efficiently kept up. At the end of three months there was clear percussion as low as the nipple; but beneath that level the signs of fluid still existed. In the course of another month absorption had further progressed, but was not complete. The woman had considerably regained her health, and did not suffer much from dyspnœa; she was accordingly allowed to discontinue her medicine, which, for the past six weeks, had consisted of the iodide, with sarsaparilla.

This patient having left London, there has not been an opportunity for making a recent examination as to the state of her chest. Her friends, however, state, that she is now (two years after her illness) in moderately good health, though still much more delicate than before the attack. As while she was under observation, no contraction of the chest occurred, and the lung was evidently re-expanding, there is every reason to believe that the cure has been perfect, and not attended by material injury to the latter organ.

Case 32.—*Pleurisy, with Effusion of the Left Chest, Cured by Absorption, with Collapse of the Lung.—Death a Year afterwards, from the Pressure of a Tuberculous Gland on the Right Bronchus.*—Benjamin Andrews, a fair-complexioned boy, of very healthy parentage, was admitted on Oct. 20, under the care of Dr. Birkett. He was thin, pale, and looked very ill; he walked into the room setting up the right shoulder, and throwing the right chest prominently forward in a way which made it evident, before he was undressed, that some obstruction to respiration existed on the left side, His clothes having been removed, the left chest was seen to be contracted, and comparatively motionless, while the right was rounded, and very full. Owing to a curvature in the dorsal spine, the convexity of which was to the right, measurement did not show so great a difference in size as the eye had anticipated, the right side being but one inch larger than the opposite. There was flattening beneath the clavicle, and the intercostal spaces were depressed. The heart's apex beat beneath the left nipple. The percussion-note over the whole right chest, and somewhat to the left of the sternum, was normally clear, and the resiliency good. The left side, laterally, posteriorly, and anteriorly, to within an inch of the sternum, was dull on firm percussion; when struck sharply, however, a very distinct tympanitic or box-like note was elicited. In either method, an entire want of healthy resiliency was noticeable. Auscultation revealed a very loud vesicular sound over those regions of the chest resonant to percussion, but, over the others, breathing was bronchial and attended by much rhonchus and large crepitation. The diagnosis formed by Dr. Birkett of an absorbed empyema, and consequent solidification of the lung, was quite borne out by the history. It appeared that, exactly a year ago, the boy had suffered from a cold on the chest, attended with much pain, which confined him to bed for a fortnight. Since that he had always been ill, and very short of breath, but had gradually improved until within the last few days, when his dyspnœa had become much more urgent. He had never had any expectoration worth mentioning. Dr. Birkett ordered the cod-liver oil and tonics, with nutritious diet.

A few days afterwards, the boy rather suddenly became much worse, and a week later he died. The symptoms preceding death were those simply of intense dyspnœa. There was no general fever, very little cough, and no expectoration. He lay in bed, tossing restlessly from side to side, and making gasping efforts at inspiration. The countenance was pale, but dusky, and usually bedewed with perspiration. So extreme was his distress, that, for three days preceding his death, it was not practicable to examine the state of the chest.

At the autopsy, when the sternum with the attached costal cartilages was removed, no part of the left lung was brought into view. The right lung was bulging and prominent, and extended considerably across the middle line of the chest; the heart lying entirely to the left of the sternum. The diaphragm was placed obliquely across the floor of the thorax, being pushed down on the right side by the enlarged lung until its convexity was nearly obliterated, and, on the left, drawn upwards much above its natural level. The left lung was found, on further examination, as a collapsed and carnified mass, adherent in all parts to the parietes of the chest and to the diaphragm, and extending from the apex of the chest to the upper edge of the fourth rib. The adhesions were extremely thick, more especially over the diaphragm, where they were almost cartilaginous. The right lung was very large and crepitant throughout, although its posterior lobes were slightly congested. On its anterior surface were some small patches of emphysema, and in its lower lobe a single circumscribed mass of crude tubercle. It did not collapse until its tissue had been wounded. The trachea entered the thorax in a direction a little slanting to the left side, and the root of the lungs, heart, and great vessels lay entirely in the left chest. The appearance of the carnified lung when cut was dense and solid, as if quite impervious; inflation, however, proved, that the central portions were still capable of expansion, but no air entered to within three-quarters of an inch of its circumference. The bronchial tubes were normal in calibre, and there was neither softening nor deposit in the pulmonary parenchyma. The heart and abdominal viscera were healthy. Thus far, although the appearances found had coincided well with the state diagnosed during life, yet nothing had been seen to account for death. All, indeed, indicated, that, as far as practicable, nature had effected a cure, and that the morbid processes had not only ceased, but been already remedied to a considerable extent. A further dissection of the parts subsequently made unravelled the mystery. Around the lower part of the trachea was a cluster of very large tuberculous lymphatic glands, and beneath its bifurcation was one the size of a pigeon's-egg, which pressed up directly upon the right bronchus. This tube having been laid open, it was seen to have been diminished by the pressure to a very small calibre, and much flattened in form. The gland was infiltrated with opaque white tubercle, which was apparently just commencing to soften in many spots. (The parts were exhibited to the Pathological Society a few weeks ago).

This case is of great interest, not only on account of the very singular manner in which death had been produced, but as an example of the imperfect way in which chronic pleurisy had been cured by the natural process. There was nothing whatever in the nature of the adhesions formed to favour the idea, that the fluid had been pus. As a proof, then, that the slow absorption of even a serous effusion may be attended by almost complete loss of the lung involved, the moral of the case is so far clearly in favour of the early resort to paracentesis in similar instances. An interesting question arises as to whether lungs which become carnified from long compression ever recover their permeability. In the above, it was certain that the central portions had done so, possibly during the spasmodic efforts at inspiration which were made during the last few days of life. On this point the following case, although fortunately not rendered conclusive by a *post-mortem*, is particularly instructive.

Case 33.—*Latent Pleurisy, with Extensive Effusion—Incomplete Absorption at the End of Four Months.*—Benjamin Burton, aged 18, a robust young man, had continued at work as a blacksmith until June 2, 1853, the time of admission; but for three weeks previously he had felt languid, and been short of breath. The left pleura was full of fluid, and the side distended, measuring nearly an inch larger the other; the heart beat beneath the right nipple. He looked well; had no pain or fever; when quiet no dyspnœa whatever. Dr. Risdon Bennett, under whose care he was, ordered a pill, containing a grain of pil. hydr., and two of pulv. scill., to be taken night and morning, and a saline draught, with three grains of iodide of potassium, three times daily. These prescriptions were regularly persevered in for three months; and, in addition, most efficient counter-irritation was kept up, by means of large blisters, and repeated applications of a strong solution of iodine. Absorption progressed gradually, but slowly, and, at the end of that period, it was nearly complete; the lad felt so well that he could not be persuaded longer to refrain from work. As the lung

expanded, a loud friction sound became audible above the level of fluid. This continued in different parts of the chest for more than a month without intermission; and at one period was so loud that the patient complained of hearing it himself. There was no doubt but that the lung perfectly recovered itself as absorption progressed; the side did not contract at all below its natural capacity.

Case 34.—*Latent Pleurisy, with Great Effusion.—Absorption in Ten Weeks.*—George Pittman, aged 8, a delicate-looking boy, was admitted, under Dr. Birkett's care, on May 18, 1853, having been ill a month. He had suffered from pricking pains in the side, and short breath, but had continued at school. The left pleura was full, the sides of equal measurement, and the heart beneath the right nipple. Vocal fremitus was very distinct on the right, quite absent on left; yet bronchial breathing and bronchophony were heard over the left lateral region. (Conduction through fluid.) Salines were prescribed, and the solution of iodine freely applied. Absorption soon commenced, but progressed slowly, and was not complete until July 6, about ten weeks from the beginning of the illness. Cod-liver oil and tonics were ordered, and the boy, who remained under observation until Sept. 21, quite regained his health. The lung had perfectly recovered itself, and there was no falling in of the side.

Case 35.—*Phthisis.—Acute Pleurisy with Effusion.—Explorative Thoracentesis in the Sixth Week.—Subsequent Spontaneous Evacuation Externally.—Partial Recovery.*—William Smith, a law clerk, aged 26, of delicate constitution, was admitted under the care of Dr. Bentley, on January 22, 1853. For many months he had been losing flesh, and suffering from cough and frequent slight hæmoptysis. A week ago he had been seized suddenly with sharp pain in the left side, which had obliged him to give up his employment. The pain at the time of his admission had subsided; but his breath was very short, and he looked ill. He had, however, that morning walked more than a mile to the hospital. On examination, there was found complete dulness of the left chest below the level of third rib, entire loss of vocal fremitus, and of respiratory murmurs, well-marked œgophony, but no friction-sound. Beneath the clavicle were cavernous respiration, gurgling, and pectoriloquy. The right chest appeared healthy.

A large blister was ordered to the chest, a saline mixture to be taken three times a-day, and small doses of the hydr. c. cret. and pulv. Doveri. The blister was subsequently repeated; a turpentine embrocation rubbed into other parts; and the same general plan of treatment was continued until February 12 (three weeks), when, as what there had been of constitutional fever was quite subsided, it was changed for a less depressing plan. The iodide of potassium (gr. iii.) out of sarsaparilla was ordered three times daily, and the cod-liver oil night and morning. The tincture of iodine was also freely painted over the chest. Under the latter measures his health much improved; but very slight, if any, diminution in the quantity of effusion was effected.

On February 26, Dr. Bentley decided that paracentesis should be performed. The patient's condition at that time was as follows:—Pulse rather sharp, but compressible, about 110; tongue clean, but glazed and red; appetite poor; occasional slight night sweats. Physical signs as at first, excepting that occasionally some bronchophonic resonance of voice might be detected over the part which was dull to percussion; it was, however, not more loud than transmitted sounds often are. The complete absence of vocal fremitus up to the lower border of the third rib in front was most marked; above that level, as well as on the opposite side of the chest, it was very distinct. The percussion-note over the apex of the lung was trunk-like, and the sounds, as before, indicative of a large cavity. The heart beat just under or a little to the left of the sternum. The measurements of the two sides were equal.

The operation was performed, in Dr. Bentley's presence, by Mr. Hutchinson, the Clinical Assistant to the Hospital; the part selected was in the middle of the lateral region, between the fourth and fifth ribs, about an inch and a-half below the line where absolute dulness commenced and vocal fremitus became lost. The instrument used was a very small trocar and canula, the orifice of the latter being covered by a valve of moist wash-leather.(a)

The chest having been entered to about the depth of an inch the trocar was withdrawn, and there immediately escaped, in a full stream, about three drachms of clear straw-coloured serum, after which no more could be obtained. Thinking that the canula had been obstructed by bands of adhesion, as it felt quite fixed, Mr. Hutchinson re-introduced the trocar, and pushed the instrument half an inch further. The escape of some small bubbles of air, followed by a few drops of blood, told that the lung had been pierced, and the canula was accordingly at once withdrawn, and the wound closed.

A sharp febrile attack followed the puncture, during which the sputa were again tinged with blood; no rigors occurred, and there was very little local pain. The physical signs underwent no alteration, and the wound closed by the first intention. No treatment was adopted, with the exception of the application of two sinapisms to the chest. On the third day afterwards, the patient was quite as well as he had been prior to the operation, and the remedies which he had been previously using were resumed. These measures were persevered in with but little benefit to the general health, and no change in the local condition, until the end of March, when a large abscess, attended with much inflammation and pain, formed over the lower part of the chest, immediately below the nipple. Fluctuation having become very apparent, and there being a doubtful impulse communicated to it during coughing, a free puncture was made into it about a week after its commencement, and a large quantity of thin pus escaped.

The opening having been deferred a day or two too long, the skin about its edges subsequently ulcerated, and a large unhealthy-looking sore was formed; by degrees, however, it contracted, and partially cicatrised, leaving a sinus, which, up to the present time, still communicates with the interior of the chest. The discharge, for the first two months, was very profuse, frequently six or eight ounces a-day; it was thin, flaky, and seropurulent. The man's health was supported, and, indeed, much improved by a nutritious diet, with beer and wine, the cod-liver oil, sarsaparilla, and iodide being regularly persevered in. Local counter-irritation was kept up by means of the iodine solution and occasional small blisters. During the summer he was able to get into the open air a good deal. On August 20, the following note was made, "Has been five weeks in the country, and is much improved in health; cavernous breathing, trunk-like percussion note and loud gurgling over the upper third of left lung, where there is also great flattening. The wound looks healthy; it is deep and puckered, and its border adheres to the rib. The discharge is not more than ℥ss per day. Percussion is still dull over the lower part of the chest. He can walk several miles a-day without discomfort, and weighs (although a little man) seven stones and a-half." On Oct. 29, "There is not the slightest duskiness or lividity about the lips or face; his complexion is clear, and he would be taken, by sight, for a healthy man. Is stouter than he ever was in his life before, can walk easily ten miles a-day, and weighs seven stones twelve pounds and a-half."

At the last date this patient ceased to attend the hospital, returned to his usual occupation, and gave up taking the oil. He has since relapsed somewhat in general health; but the medicines having been now resumed, he is again improving, and continues in his employment, which necessitates a long walk every day. The sinus is still open, and discharges daily a small quantity; there is some dulness below the level of fourth rib, indicating either that fluid yet remains, or that the pleural layers have been much thickened. It would appear that the large cavity in the upper part of the lung is gradually contracting.

There can be no doubt, but that in the above case, the puncture, although at the time perfectly justifiable, has been seriously injurious. In all probability it served to convert a serous pleuritic effusion into an empyema; for, although neither rigors nor severe pain in the side occurred, yet the constitutional disturbance was quite sufficiently well marked, to allow of the supposition that such a process was going on; and as the fluid evacuated by the canula was clear serum, it is very unlikely that there existed at that time a large collection of pus in the chest. As regards the cause of failure in the operation, no doubt the instrument entered a small encysted chamber shut off from the rest of the sac by false membrane, and where the layer of fluid separating the lung from the parietes was very thin. The man being the subject of phthisis, had, in all probability, had pleurisy frequently before. The case affords an excellent example of the good effects derivable from long continued "analeptic" treatment.

Case 36.—*Encysted Empyema Cured by Evacuation through the Bronchial Tubes.—Fetid Expectoration*—Joseph Brown, aged 48, a shoemaker, very much out of health, was admitted, under Dr. Birkett's care, on July 6, 1853. He stated that he had been in good health until the previous Christmas, when he was suddenly attacked by severe pain in the left chest, which obliged him to confine himself to bed for several days. When he recovered he found that his breath was shorter than before. In

(a) For a description and figure of a canula thus guarded, see *Medical Times and Gazette* for Jan. 1, 1853, p. 25.

May following he suddenly began to expectorate, and had ever since brought up large quantities of the most fetid pus. The quantity had of late considerably diminished, but the sickening fetor continued, and had been most annoying both to himself and all about him. His own impression was "that he had broken something in his inside." Auscultation revealed but little; there was free respiration over the front of the chest on both sides, and over the right posteriorly; over the lowest part of the left behind, however, there was a deficiency of vesicular respiration, and occasionally a loud gurgling crepitation. Percussion over the same part elicited a comparatively dull sound. There were no indications for treatment excepting to improve the general health, and a draught containing the sulphate of iron with quinine was accordingly ordered.

Within the first fortnight of the man's attendance the expectoration and the fetid smell ceased, and they did not again recur during the period (nearly three months) that he remained under observation. He was discharged, very much improved in general health, on September 28.

It must be acknowledged, that in the above case the diagnosis of an expectorated empyema was founded almost entirely on the history given by the patient. It was, however, made with some confidence, since the occurrence of profuse fetid purulent expectoration is extremely rare in connexion with any other morbid condition. The cessation of the discharge was probably accidental, and due to the canal of exit having become stopped. There were no evidences of fresh accumulation, and what little fluid perhaps remained would probably be absorbed. The following is a more conclusive example of the same event:—

Case 37.—*Evacuation of an Empyema by the Bronchial Tubes. — Profuse Fetid Expectoration Continued for Three Years. — Partial Recovery.* — Louisa Rushworth, aged 18, was admitted, under the care of Dr. Birkett, on June 29, 1852. She was tall, thin, and pale, but had not the appearance of a person very ill; countenance a little dusky; fingers clubbed; pulse soft and feeble, 115; skin cool and flaccid. None of her family were known to have ever been phthisical, and she had seven healthy brothers and sisters. The history of her complaint was as follows. Eight years previously she had hurt her chest severely in a fall, which left, however, no apparent ill consequences. Three years and a-half later she was suddenly seized while walking in the street with hæmoptysis, which was rather profuse at the time, and for a month afterwards continued to recur on any slight exertion. After this her cough gradually got worse, and the expectoration increased in quantity, and acquired a fetid smell. For the last two years it had been, as at present, liable to be brought up suddenly on slight coughing efforts in large quantities, and having the character (as described) of creamy pus. In April, 1852, she had been confined to bed for two days with an attack of very severe pain in the right chest; but prior to this there had been no acute symptoms referable to that side, though there had often been pricking pains. She habitually slept on the left side, and had done so for a long time without knowing any particular reason for it; she believed her left side to be the diseased one. On auscultation it was found, that there was free vesicular respiration in every part of the left lung, and that percussion over that side elicited a healthy resonance. Over the right chest in its upper third, loud harsh inspiratory murmur was heard, mixed with some large crepitation; over these parts percussion was almost normally clear, and the voice resonance was scarcely increased. On passing lower down in the chest, the percussion note became gradually more dull, until, in the lowest third, it was completely so. Posteriorly, the dulness was very well marked, and extended upwards as high as the spine of the scapula. Over the dull parts no respiratory sound could be heard, nor was there any vocal resonance. The vocal thrill was also entirely absent; but on this sign there could not be much emphasis placed, as it was very indistinct, even on the healthy side.

This young woman remained under Dr. Birkett's care, as an out-patient, for upwards of a year, during which time, under the continued administration of cod-liver oil and tonics, she very much improved in health. Many subsequent careful examinations of her chest tended to confirm the observations at first made. The conclusion arrived at, that an empyema of the left pleural sac was emptying itself through the bronchial tubes, was rendered almost certain, by an opportunity which was afforded, a few days after her admission, of inspecting the matters recently spit up. While under examination, a severe fit of coughing occurred, and at least half a pint of thick, greenish, homogeneous pus was expectorated, the odour of which was most fetid. From the lessening in the area of dulness, and from the great relief afforded to the dyspnœa, there was reason to believe that the cavity was gradually decreasing in size, and the lung recovering itself. The expectoration also became much more scanty, and so far lost its fetor, that the patient, at the time of her discharge, was able to undertake the duties of a barmaid in a tavern, where she is still employed. It should be stated, that while under Dr. Birkett's care, several slight attacks of hæmoptysis occurred, never, however, sufficiently severe to require treatment. There was almost constantly heard over the left scapula loud crepitation, which, from its location and character, was probably produced in the sinus through the lung tissue, by which the empyema communicated with the air-tube. Dr. Birkett thought it not improbable that some tubercular disease of the lung co-existed with, and had perhaps preceded, the pleuritic affection. The manner in which the latter had insidiously come on must be noted as remarkable, since not only was there no history of a sudden rupture and escape of pus, but it was not known at what exact date the original inflammation had occurred.

THE QUEEN-STREET DISPENSARY.

CASES OF PLEURISY, WITH EFFUSION, ETC.

Case 38.—*Encysted Empyema.- -External Opening.—Subsequent Communication with Bronchial Tubes.—Pneumothorax.—Profuse Expectoration of Pus.—Recovery.*—The subject of the following case was under the care of Dr. Bentley, in consultation with whom he was also frequently seen by Dr. Peacock. To the latter gentleman we are indebted for the following particulars. Samuel Peacham, aged 52, was engaged on Saturday the 11th of December, in his usual occupation as a warehouseman, and, while endeavouring to move a heavy sack of flour, missed his footing and fell, the sack falling partly upon him. Although not appearing to be much hurt at the time, yet he immediately afterwards felt a pain in the left breast, at a part which had not been struck in the accident. The pain continued, and on the following Monday he was seized with severe rigors, which were succeeded by an increase of pain. Dr. Bentley now saw him for the first time, and made a careful examination of his chest, which, however, failed to elicit any evidence of disease. Pain was referred to a tolerably circumscribed part about the junction of the 2nd and 3rd ribs, with their cartilages. Ten leeches were ordered to be applied, and to be followed by poultices.

On the 16th, the symptoms had become more severe; there were present general fever, great difficulty of breathing, and all the physical signs of pleuro-pneumonia. V. S. ad ℥x. ℞ Pil. cal. cum antim., j. ter die. Under this treatment, followed by a blister, great improvement took place, and at the end of a month the man appeared to be quite convalescent. On the 9th of January, however, he was again attacked with rigors, followed by heat of skin, and afterwards by profuse perspiration, which symptoms continued to recur in paroxysms for several successive days regularly every evening. On the 10th instant, a soft, fluctuating swelling was observed in front of the upper part of the left chest over the precise region to which pain had previously been referred. Percussion over the lower half of the chest and over the whole laterally, was naturally resonant, and it was clear that there was no free effusion into the pleural sac. It having been decided in consultation, that the external swelling should be opened, the operation was performed by Mr. Poland by means of a bistoury passed upwards under the border of the pectoral muscle. On the withdrawal of the instrument, only a small quantity of pus escaped, but during the following four days a free discharge took place into the poultices, which were kept constantly applied. The wound then closed, and immediately afterwards an increase in the symptoms of pectoral disease took place; the patient complained of dyspnœa, and much pain shooting through to the shoulder blade. Two or three days after the wound had closed, the expectoration, which had hitherto been very scanty, suddenly became profuse, and consisting apparently of nearly pure purulent matter. The amount brought up during each twenty-four hours for the next three days varied from half a-pint to a pint. The cough was frequent and harassing, and the patient suffered from profuse night perspirations, and great prostration of strength.

On the 23rd of January, the following note of his condition was made:—Pulse quick and feeble, 120 to 130 per minute; cough almost constant; pain referred to the centre of, and a little below the left infra-clavicular region, where the external swelling is also situate; matters expectorated consisting of bright yellow pus, containing large air bubbles. The tumour is now

about the size of a small egg, and gives on compression a peculiar gurgling sensation; during coughing it distends, as also during forced expiration, a distinct impulse being communicated to the hand by the cough. Around the swelling there is entire dulness on percussion, and the left side generally is less resonant than the right. On auscultation the respiratory sounds are heard feebly over the whole side, being of a vesicular character above the clavicle, and at the root of the lungs bronchial, and almost cavernous over the part opposed to the swelling, where also the resonance of the voice and cough is of similar character. On making the patient cough, a loud gurgling noise is heard over this part.

From the above date the symptoms gradually abated, and by the middle of February the expectoration of pus had quite ceased, the cough also had nearly disappeared. The external wound had cicatrised, and the surrounding swelling quite subsided; the man's health being much improved, he was able to walk about, and there were no remaining indications of disease within the pleural cavity. Discharged Feb. 16.

This case occurred more than two years ago, and is of especial value, because we are able to record the result of a careful auscultatory examination of the patient's chest by Dr. Peacock, rather more than a year after the date of recovery. There was then marked contraction of the affected side in all its diameters, the shoulder being also somewhat depressed. Respiratory sounds were distinctly heard in all parts, but they were decidedly more feeble than on the sound side; the percussion note was also less clear, and a greater sense of resistance was communicated to the finger. He appeared to be in excellent health, and was regularly at work. He had neither cough nor expectoration.

Case 39.—*Pleurisy and Empyema.—Evacuation a few Weeks afterwards by the Bronchial Tubes.—Expectoration of Pus continued for nearly Two Years.—Partial Recovery.*—William Hull, aged 12, a rather stout and florid boy, but flabby and strumous-looking, was admitted on March 17, 1848, under the care of Dr. Bentley. It appeared, that he had suffered from a chest affection for a year and a-half, his first illness having commenced with pain in the left side, dyspnœa, and slight cough. Within a few weeks of the occurrence of these symptoms, his expectoration was stated to have become increased in quantity, and to have consisted of a thick yellow fluid (pus), which was brought up in gushes, with slight hacking cough. The latter symptom had continued to be a well-marked one during the whole subsequent course of the disease. During the first year, he had progressively lost health, but for the last six months, until within a fortnight, he had very much improved. *Present condition.*—He complains of pain in the left side and back; has a cough, which is especially troublesome at night, but which is not attended by any marked degree of dyspnœa. Contrary to his former custom, he now habitually lies on the left side. His appetite is good, but he frequently vomits his meals. The expectoration of matter usually occurs two or three times each week, and is mostly followed by relief of pain, and a feeling of increased capability for exertion. Both the pain and expectoration have been considerably increased during the last two weeks. Pulse 100, small and feeble. He has no night sweats, or diarrhœa, but it has been noticed, that he frequently looks flushed in the evenings. There is very decided contraction of the whole left side of the chest; the shoulder droops considerably; the sternum has the appearance of being prominent, and turned towards the right side; and there is a slight lateral curvature of the dorsal spine, the convexity being towards the left. The ribs of the lower half of the left side are much approximated, while those on the right are widely separated. The defective expansion of the left and increased dimensions of the right side are very conspicuous, whether viewed from before or behind. On percussion, an unnaturally clear resonance is elicited over the whole right side, while over the lower two-thirds of the left, anteriorly, laterally, and behind, the sound is perfectly dull; on approaching the apex, whether in the axilla, the supra-spinous fossa, or beneath the clavicle, an imperfect resonance may be produced. The vocal fremitus is so indistinct on the sound side, that no comparison, in this particular, can be instituted between the two. The inspiratory murmur is scarcely of due loudness over the right side, and in some parts a slightly increased expiratory sound is heard. On the left side, there is some vesicular breathing heard in the infra-clavicular region, but in all other parts, anteriorly and laterally, no sounds whatever are audible, excepting those of the heart, which are transmitted with great distinctness. Over the whole of the back there is decided bronchophony, almost amounting to pectoriloquy, and around and beneath the inferior angle of the scapula there is a distinct metallic sound with the respiration, cough, and voice, the latter being distinctly echoed after each syllable.

March 13.—About six ounces of thin pus were brought up to-day, excepting in not being quite so yellow, exactly resembling that of a common abscess. It is mixed with a few air bubbles. There were yesterday heard over the whole of the left chest behind loud gurgling and various mucous sounds. An emetic was ordered, and to-day the moist sounds have almost disappeared, a loud amphoric and metallic sound having replaced them.

The above particulars, which are from notes kindly supplied to us by Dr. Peacock, sufficiently mark the peculiar features of the case. We regret to be unable to give its termination, as the boy was lost sight of after a few weeks' attendance, during which the urgent symptoms for which he had applied were subdued, and he was much improved in health. There appeared some reason to hope that he might ultimately recover, with, of course, the affected lung permanently destroyed.

LIST OF SCIENTIFIC MEETINGS.

This Evening, January 14.—Medical Society of London. *Subject*:—"On the Sanitary Influences of Purulent Discharges." By Mr. Rogers Harrison. Eight o'Clock.
——— ——— Guy's Hospital Physical Society. Eight o'Clock.
——— ——— Westminster Medical Society. Eight o'Clock.
Monday, January 16.—Chemical Society. Eight o'Clock.
——— ——— Statistical Society. Eight o'Clock.
Tuesday, January 17.—Royal Institution. *Subject*:—"On Heat." By Professor Tyndall. Three o'Clock.
——— ——— Pathological Society. Eight o'Clock.
——— ——— Linnæan Society. Eight o'Clock.
Wednesday, January 18.—Microscopic Society. Eight o'Clock.
——— ——— Geological Society. Half-past Eight o'Clock.
Thursday, January 19.—Royal Institution. *Subject*:—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.
——— ——— Royal Society. Half-past Eight o'Clock.
——— ——— Hunterian Society. Eight o'Clock.
——— ——— Harveian Society. Eight o'Clock.
——— ——— Abernethian Society. Eight o'Clock.
——— ——— Medical Society of King's College. Half-past Seven o'Clock.
Friday, January 20.—Royal Institution. *Subject*:—"On Electric Induction.—Associated Cases of Static and Current Effects." By Professor Faraday. Half-past Eight o'Clock.
——— ——— Western Medical and Surgical Society. Eight o'Clock.
Saturday, January 21.—Royal Institution. *Subject*:—"On the Chemistry of the Non-metallic Elements." By Professor Miller. Three o'Clock.
——— ——— Medical Society of London. *Subject*:—"The Principles on which the Treatment of Cholera should be Based." By Dr. Snow. Eight o'Clock.
——— ——— Guy's Hospital Physical Society. Eight o'Clock.
——— ——— Westminster Medical Society. Eight o'Clock.
——— ——— Royal Botanic Society. Quarter to Four o'Clock.

Medical Times & Gazette.

SATURDAY, JANUARY 14.

THE PUFF BIOGRAPHICAL.

When the ingenious Mr. Puff enumerated before his sneering but diverted audience the various arts of practitioners in panegyric or professors in the art of puffing, and dilated, with all the affectionate partiality of an author, upon "the puff direct, the puff preliminary, the puff collateral, the puff collusive, and the puff oblique, or puff by implication," he evidently thought the art he professed had been brought to a state of perfection. Poor Puff! He would have straightway hanged himself could

he have foreseen how he would have been surpassed in the latter half of the nineteenth century by the invention of the puff biographical.

Some three or four years ago, a certain versatile Contemporary, no doubt finding it necessary to add some new attraction to keep the last few sparks of life together, and satisfied with anything which imparted a show of light even though it were but a phosphorescent gleam of rottenness, began the publication of a series of *so-called* Biographies of living members of the Profession, illustrated by hideous caricatures, dignified by the name of likenesses. This plan has since been taken up by rival hands, and executed in a manner yet more contemptible. Week after week has one of these biographical sketches and portraits appeared in one or other of the rival books of Medical beauty, issued in different parts of the Strand; and, strange to say, the subjects have not only been young, pushing surgeons, or "distinguished" specialists, but some of the *dii majores* of our art have undoubtedly assisted to perfect the practice of the professors of this new species of puff. There can be no question of the truth of this charge; for the sketches have generally contained such family details as the subject of the portrait, his brother, or his wife, could alone have supplied. One "distinguished ophthalmic surgeon" is descended from a family which held lands in Wiltshire since 1437, and is collaterally connected with the Fitzbattleaxes. Other surgeons and physicians, whose position should have placed them above temptation, inform the world who was their wife's maternal grandfather, where their father lived, and what a distinguished Oriental scholar or practical chemist he was; whom their grandfathers married; how many brothers and sisters they had; how an elder brother made important inventions in clearing lace or bleaching starch; where the future head of the Profession went to school; and how, in the golden age of innocence and apples, when a good little boy in frock and trousers, he got a prize and was paraded through the streets in triumph with fife and drum; where he lodged when first he began practice; where he first put his name on the door of his residence; when he moved into a larger house; how, when his banker failed, he let his first floor; who his first cousins were, and how they became first cousins by marrying an aunt; what celebrated persons he numbered among his acquaintances; and how he is "animated by strong religious feelings, and delights in Sacred literature." These are the men who parade before the world copies of private notes sent to them, to say nothing of specimens of private note-books, and statements of the yearly amount of their fees. When all this appears in connexion with a copy of a daguerreotype, taken but a few days before the publication of the biography, is there not some ground for the suspicion that the information was payment for the fulsome eulogium which follows upon the classical treatises, the celebrated physiological researches, the steady and successful operations, the lightness of hand, the never-failing coolness, the fertility of resource of one—upon the "keen glance, tempered by commiseration," and the firm heart, which "owns some touch of pity, while the *lady's hand* performs its office with unerring precision" of another — upon the refined mechanical taste of a third, to whom nature has not been sparing of her favours,—upon the judgment displayed by a lover of the arts in "the design and erection of his suburban residence," with full details of this *bijou*, its spacious hall, tesselated floor of polished marble, the grouping of the statues, the classic *bassi rilievi*, the graceful antique vases, combined at the "Sabine farm, where the Mæcenas of Wimbledon delights to pass the summer evenings in the society of an amiable and accomplished wife." Disguise is absurd. The bargain, if not expressed, must have been understood, and the measure of quackery is filled up, after a description of the acquirements of the sitter for the portrait, by an account of the line of practice he principally adopts, and the numbers of his patients; particulars of his mild and affable bearing, polite, agreeable, unaffected manners; and an advertisement that he may be found daily, Sundays excepted, at number something, Blank-street or square, from nine to one—or, that having "overcome his unjust prejudice against specialists, he has fitted up his residence for the reception of patients." If any doubt could exist for a moment as to the nature of the transaction, it would be set at rest at once by the treatment those men receive who have sufficient good taste to despise the puff in any form, and sufficient moral courage to refuse the charming of the puffer. The delightful villa on the banks of the Thames is then converted into a mansion, where the rooms are "of a questionable fragrance, something between musty and musky;" and the stern moralist is told to "dye his curtains, French-polish his tables, and dry his carpets in the sun." We hear no more of agreeable manners, but a great deal about a "sacerdotal cut," a "solemn countenance, and unwrinkled white neckcloth;" and, as a warning to all who would rather not have anything disagreeable said of them, the recusant is denounced as a "strait-laced, artificial, emasculated ascetic."

Seriously, the Puff Biographical is gross quackery. It must be stopped. The books of beauty are circulated among a gullible public, and must serve one unworthy end of their publication,— injuring the modest, meritorious man who would rather starve than be looked upon as the "literary companion and helpmate" of the biographers or their employers, and assisting the pushing man who is not afraid to increase his fees by advertising his Norman descent and charming affability, even though he lose his own self-respect, and the esteem of all whose good opinion is worth having.

We trust that these remarks will not be supposed to apply especially to Mr. Gay. He but followed the example set by men in a far higher professional position than himself, and he and they must be judged by their Professional brethren, not by the ignorant lay Committee of the lowest of our Hospitals.

PUBLIC MEETING OF THE PROFESSION.

It will be seen by a glance at the Report we publish in another column, of a meeting held in the Hanover-square Rooms on Wednesday, that the Medical officers of the Metropolitan Hospitals and Dispensaries have determined that the recent outrageous proceedings of the Committee of the Royal Free Hospital shall not be allowed to pass without a free public discussion. The meeting was merely a preliminary one, yet upwards of forty gentlemen assembled without any public notice; and numerous letters were received from Physicians and Surgeons of hospitals, expressing their regret that they could not attend, and approving of the objects of the meeting.

It is clear from an enumeration of the various Institutions represented at the meeting on Wednesday last, that the movement has commenced purely on public grounds. St. Mary's Hospital was represented by Drs. Sibson, Chambers, Sieveking, Markham, and Handfield Jones; Messrs. Baker Brown, Smith, and Lane. St. George's by Dr. Barclay. The Middlesex by Mr. Moore, Mr. Campbell de Morgan, and Dr. Stewart. King's College by Mr. Lee. St. Bartholomew's by Mr. Holmes Coote. Charing-Cross Hospital by Mr. Avery. The Westminster by Mr. Holthouse. St. Thomas's by Mr. William Adams. The Orthopædic by Mr. Tamplin and Mr. Brodhurst. The Metropolitan Free by Messrs. Child and Ludlow. The Hospital for Women, by Dr. Tanner; the Central Ophthalmic by Mr. Haynes Walton and Dr. Taylor; while different Dispensaries were represented by Messrs. Nunn, Ancell, Harvey, H. Smith, Greenhalgh, etc. Two of the members of the Court of Examiners of the Apothecaries' Company,

Dr. Semple and Dr. Druitt, set an example, on the part of the General Practitioners, which, we trust, will be followed by leading members of the Colleges of Physicians and Surgeons at the General Meeting next Wednesday, and that many of the leading men of the Profession who have expressed themselves very warmly in private, will not be deterred from doing so in public by the fear of some scurrilous attack by a Contemporary.

The great object of the meeting, as expressed in the advertisement, is, to maintain the independence of our order, and to protect public officers from impertinent interference with their private affairs. The conduct of the Committee of the Royal Free Hospital towards Mr. Gay having led to the necessity for the meeting, it will of course be exposed, with the result, as we sincerely hope, of putting an end for ever to any such prostitution of power, to suit unworthy private purposes.

As to the re-instatement of Mr. Gay, we think that neither he nor any man who values his public or professional character could connect himself in any way with the Royal Free Hospital, as long as it is managed by its present Committee. If the Governors wish to see men attached to their hospital who will be met by the Profession and respected by the Public, they must pass a vote of censure upon the present Committee, elect a new one, and entirely re-organise their medical and surgical staff. On no other terms could Mr. Gay, or any other respectable man, consent to see his name connected with the Royal Free Hospital.

THE LONDON WATER SUPPLY AND THE CHOLERA.

The Companies who are purveyors of water to London, have secured the right of sending us, until August, 1855, "the mixture as before," when three of them are bound to leave out all the old ingredients, and send in the aqua pura in an unsophisticated state. Two other Companies may, after that period, go on for another year in the old way, so that those persons who live in the regions supplied by the Grand Junction, the West Middlesex, and the Southwark Companies, and begin to pine for the fine flavours of former years, may recover their lost enjoyments by going to the districts supplied by the Chelsea and the East London, who have the privilege of giving the *quantum sufficit* of animal and vegetable matter; and if the acquired taste should require its old gratification for another twelve months, it will be necessary only to pass into the territory of the New River Company, who retain the privilege of dosing their customers with the Lee until the 30th of June, 1857.

We think that the Water Companies, although they have the undisputed right of distributing their liquid poison until the periods we have noticed, might be induced to forego that right, and, as an act of generosity, to give the millions who are their present customers a taste of the blessings which are in store for those who may live to drink a glass of London water as it is to be served forth in all parts of this Metropolis by the 30th of June, one thousand eight hundred and fifty-seven.

Our business is with the Water Companies, to whose especial favour we must be considered as addressing ourselves in this article, and one or two more which are to follow on this subject, and who, we hope, will be induced to concede to the appeals of the professional men and the philanthropists of London the benefits which could not be secured by the Legislature.

The Water Companies must be well aware that the attempts of the Faculty, and of Sanitary reformers, with reference to the cholera, will be of comparatively small effect, unless those Companies come forward generously and heartily to lend their co-operation. We can point to a multitude of cases, showing that so long as the people are not supplied with pure water for domestic use, all the attention they may give to personal cleanliness, to the purity of their dwellings, to their diet and clothing, will prove unavailing, and bad water will neutralise all their efforts to shield themselves from the pestilence, under which they must perish.

We cannot forbear noticing the case just given by the Registrar-General in the last Weekly Return, and furnished by Mr. Lewis, the Registrar of Isleworth :—

"On Thursday, 24th ultimo, 4 deaths from malignant cholera, proving fatal in a very short time after the first attack, were registered, which had occurred in three new houses at North Hyde. In a block of three houses, situated on the canal, where 3 of these fatal cases occurred, there are well-paved yards, dust-bins, etc., and the dwellings are kept perfectly clean. In another block of eight cottages there are large gardens instead of paved yards, all apparently very clean. The persons attacked had been fed and clothed sufficiently; the only thing complained of was the want of water. There is but one pump to eleven cottages, and the water obtained from it is so bad, that the mother of the two children who had died could not use it. Lately she procured some for washing her house, but the stench was so intolerable that she threw it away. As a substitute, she used the water from the muddy canal both for housework and drinking. A pailful of this water looked as if a handful of flour had been thrown into it."

There is no occasion for much comment on this particular case, as it will be admitted to speak with sufficient distinctness for itself. Instead, however, of multiplying cases of this kind, we would call the attention of the Companies to the discovery resulting from investigations which have been made with the greatest care, and, we may add, impartiality, namely, that "*the impurity in the water with which the inhabitants of London in the several districts are supplied is in* nearly *a direct proportion to the mortality from cholera.*"

We are perfectly aware, that there is something to be said as to the impossibility of presenting any two districts of the Metropolis which are perfectly equal in all respects except in the supply of water. In the Weekly Returns, this impossibility is readily admitted, and the advocates of things as they are may take the full benefit of the admission. "For example, to measure the effect of good or bad water supply, it is requisite to find two classes of inhabitants living on the same level, moving in equal space, enjoying an equal share of the means of subsistence, engaged in the same pursuits, but differing in this respect,—that one drinks water from Battersea, the other from Kew. If such a district as that of Russell and Tavistock-squares, or such a rookery as that of St. Giles's was in 1849, had extended from the river to Hampstead, the effect of elevation would have been less marked, though still considerable." For these and other reasons, it follows, that the water-supply as well as other elements which enter into the sanitary conditions of a neighbourhood, must be more or less "marked;" and there may be a considerable difficulty in indicating the exact amount of influence exerted by any one of these elements. There are, however, facts enough to justify the law as it is laid down, in the guarded manner in which it is presented. A Table connected with this subject has already told, with some force, on the Water Companies, and we shall, probably, in our next call more particular attention to the practical effects which that Table should produce.

AMERICAN PIRACY OF ENGLISH WORKS.

We have lately seen a handsome American edition of Mr. Haynes Walton's excellent treatise on Operative Ophthalmic Surgery, published at Philadelphia, and edited by Dr. Littell, who has added a few notes, and professes to have corrected some inaccuracies; but his comments are merely transcripts from the reviews in the British Medical periodicals. The engravings are good copies, but are decidedly inferior to the original. This edition, we are informed, sells largely in the British Colonies, at a price at which it would be impossible to publish any work by which the author was remunerated. It is a decided contravention of the

law of copyright to introduce pirated editions into our colonies, and we have no doubt that this might be easily checked; but it is surely most unfair that American publishers should continue to enjoy the benefits of the labours of British authors and the enterprise of British publishers; and we trust that the law of international copyright will be extended to America during the ensuing Parliamentary Session. In the mean time, much good might be done if strict orders were issued from the Colonial Office, to enforce the rules already promulgated to the officers of Customs in our Colonies and foreign settlements against the admission of pirated editions of British works. These rules have never been acted upon. Indeed, they have been entirely disregarded by the officials in several of our possessions abroad. We happen to know that, even at Gibraltar, Malta, and the Ionian Islands, the great majority of our authors are read by means of the pirated copies of Galignani, Tauchnitz, or some American publisher equally reputable. It is rare to see a copy of Byron with the name of John Murray on the title-page, or of Macaulay with that of the Longmans', while the works of these authors, and those of Dickens and Scott—indeed, of all our best writers—are on every table and in every library, as productions of the French, German, or American piratical publishers. A little united exertion on the part of the London publishers might stop this, as all that is wanted is enforcement of the law.

THE LATE DISMISSAL OF MR. GAY, FROM THE ROYAL FREE HOSPITAL.

MEETING HELD AT THE HANOVER-SQUARE ROOMS.

In consequence of the great sensation which has been caused by the late abrupt and unjustifiable dismissal of Mr. Gay from the Free Hospital, it has been thought proper that some steps should be taken by which the feelings of the Profession might be evinced on this subject; and, for this purpose, a preliminary meeting was called by some of Mr. Gay's friends; when, although it was originally intended to be a private one, a large number of gentlemen, connected with the various public Institutions, attended. There were present:—

Drs. Sibson, King Chambers, Tanner, Sieveking, Barclay, Greenhalgh, Taylor, Semple, Druitt, Handfield Jones, Markham; Messrs. Avery, William Adams, Ancell, Baker Brown, Brodhurst, Holmes Coote, Borlase Childs, Holthouse, Harvey, De Morgan, Moore, Nunn, Ludlow, Lonsdale, Hunt, Milton, Walters, Bower, Borham, Hill, Reece, Berry, Shute, Haynes Walton, Henry Smith, Henry Spencer Smith, Henry Lee, James Lane, Dr. Patrick Stewart, and others.

Mr. Borlase Childs took the chair.

Mr. Henry Smith acted as Honorary Secretary.

Mr. Childs addressed the meeting at length, stating the circumstances of Mr. Gay's dismissal, which he considered arbitrary and unjust. He was sure that they did not wish to indulge in any personal feelings whatever, as a great principle was involved which interested deeply the whole body of medical officers to public institutions. He should first lay before the meeting the correspondence and published facts, which would put them in possession of the whole circumstances connected with the affair.

Before proceeding further, Mr. Ancell wished to ask whether Mr. Gay's dismissal was legal.

Mr. Haynes Walton stated, that he thought that the Free Hospital Committee can, according to their peculiar rules, dismiss any of its officers, but that the dismissal must be sanctioned by the Governors, as was the case here.

Mr. Holmes Coote then rose, and, in an eloquent speech, denouncing the conduct of the Committee of the Royal Free Hospital, which he stigmatised as *abominable*, proposed the first Resolution:—

"That we deem the conduct of the Governors of the Free Hospital, in dismissing Mr. Gay from his office in that Institution, to be utterly at variance with the principles on which members of the Profession can hold office in public institutions, insulting to the whole Medical Profession, and in its tendency subversive of that freedom of action which is essential to the performance of the duties of the officers of Medical Charities."

Dr. Druitt quite agreed with Mr. Holmes Coote in his view of the conduct of the Committee of the Hospital, and was happy to second the Resolution, which was carried unanimously.

Mr. de Morgan wished to know from any of Mr. Gay's friends whether that gentleman was anxious to be re-instated, because he considered that it would be better to try the question by the proper legal tribunals of the country.

Mr. Haynes Walton believed that Mr. Gay had expressed an opinion that he could not, under any circumstances, connect himself again with the institution.

Mr. Baker Brown considered that the question of law should be deferred to the general meeting of the Profession.

Dr. Semple then moved the second Resolution, which was seconded by Mr. Hewett Moore, and carried unanimously:—

"That a meeting of the Profession be called on Wednesday, January 18, at the Hanover-square Rooms at 3 p.m., for the purpose of considering the best means which can be adopted to protect Mr. Gay from the consequences of a decision which this meeting unhesitatingly denounces as unjust."

Mr. Baker Brown having made some observations strongly condemnatory of the conduct of the Committee, proposed the following Resolution:—

"That this meeting resolve itself into a Committee to carry out with the utmost energy the foregoing Resolution."

Mr. Hunt having seconded it, it was carried unanimously.

Mr. Henry Lee addressed the meeting, and stated, that he had not been made acquainted with the circumstances attending Mr. Gay's dismissal; but, now that he had heard read the letter of Mr. Wakley to Mr. Gay, it gave him the key-note to the whole proceedings.

Mr. William Adams moved the next Resolution:—

"That a sub-Committee of not less than six be formed, with power to add to their number,"

which, on being seconded by Dr. Tanner, was carried unanimously.

Mr. Harvey Ludlow was unanimously elected to act as Secretary to the Committee.

Thanks having been voted to the Chairman, the meeting separated.

REVIEWS.

On Fatty Degeneration. By the late W. F. Barlow, F.R.C.S. Pp. 92. London. 1853.

Mr. Barlow was well known to the Profession as a most laborious and indefatigable cultivator of medical science, and his early and unexpected death has cast a gloom over a wide circle of Professional and private friends. The last work on which he was engaged was a compendious treatise on fatty degeneration, a subject with the literature and practical details of which he was thoroughly acquainted. His researches on this subject were first communicated to the Medical Society of London, of which he was a distinguished and much respected member; and afterwards, in a more expanded form, they were published in the pages of this Journal. As the facts and reasonings of Mr. Barlow must be still fresh in the minds of our readers, we think it will be sufficient to state, that the present little volume contains the whole of Mr. Barlow's published papers on fatty degeneration, with some additions, and that they are now presented to the public by his father. We are only echoing the general opinion upon the merits of this contribution to pathological science when we state, that it contains a great amount of information derived from various sources, and illustrated by the author's own observations and experience, and that it is clothed in language always correct, and not unfrequently elegant.

The Pathology and Treatment of Pulmonary Tuberculosis; and on the Local Medication of Pharyngeal and Laryngeal Diseases, Frequently Mistaken for, or Associated with, Phthisis. By J. H. Bennett, M.D., F.R.S.E., etc., etc. 8vo. Pp. 142. Edinburgh. 1853.

The contributions of Dr. Bennett to the pathology and treatment of tuberculosis have been numerous and valuable since 1841, when his first treatise on Cod-liver Oil appeared. The whole of these are now collected, and form the volume before us.

The great aim of the author is to show that spontaneous cure of phthisis is much more frequent than is generally supposed, and that we can imitate the curative process of nature by art. These arguments are supported by numerous cases and dissections, the general plan of treatment recommended being not tonic or stimulating, but *analeptic*, (from *ἀναλαμβάνω*, to restore), our efforts being directed to repair the faulty nutrition of the body, by attention rather to the digestive than to the respiratory system.

We do not doubt that future historians of the healing art will give full credit to Dr. Bennett for his share in the introduction of cod-liver oil into British practice; but the real author of the improved modern system of treating phthisis is Sir James Clark, for it was he who first drew attention to the dependence of this disease upon the gastric derangements which induce faulty assimilation of nutriment, and an unhealthy condition of the blood, consequent upon this faulty assimilation, leading to imperfect growth and morbid exudations.

To those who still follow the old palliative system of treating phthisis, to all who wish to understand the most modern doctrines of the pathology of the disease, and to all who are desirous of studying the principles upon which cod-liver oil is exhibited in its treatment, we can recommend a careful perusal of Dr. Bennett's work.

Asiatic Cholera; its Cause and Cure Discovered and Demonstrated. By Thomas Harvey, Esq. Pp. 44. London: 1853.

According to Mr. Harvey, atmospheric air is purified by ozone. Ozone, according to Dr. Faraday, is allotropic oxygen. Diminish the quantity of oxygen in the air, and that fluid becomes impure; impurity of the air generates Asiatic cholera. Again: Dr. Faraday has shown that oxygen is magnetic; and a Mr. Mather, of South Shields, has shown that "when electricity is magnetic, vitality is depressed, and when positive it is excited." The patient in cholera is cold; cold is the absence of heat; combustion is caused by the chemical combinations of oxygen; oxygen is the cause of heat; the absence of oxygen is the cause of cold; the absence of oxygen is the cause of cholera: the cause of cholera is, therefore, discovered and demonstrated! After this discovery of the cause, the discovery of the cure follows as a matter of course. The remedy for cholera is oxygen gas: oxygen gas can easily be procured by heating the black oxide of manganese till it becomes white (?), and collecting the product in bladders; and the patient must breathe it till he gets well. But enough of this. Mr. Harvey, who is an amateur in medicine, must study chemistry, physics, and physiology rather more deeply before he ventures upon such difficult ground as the discovery of the cause and cure of cholera.

Handbook of Inorganic Analysis; One Hundred and Twenty-two Examples Illustrating the most Important Processes for Determining the Elementary Composition of Mineral Substances. By F. Wöhler, Professor of Chemistry in the University of Göttingen. Edited by A. W. Hofmann, Ph.D. F.R.S., etc. 8vo. Pp. 240. London. 1854.

This is a work rather adapted for the professed chemist than for the Medical man, but it contains one chapter of great importance to the Medical chemist, that on the examination for arsenic in cases of poisoning, which is clear, precise, simple, and complete.

Veterinary Medicines; their Actions and Uses. By Finlay Dun, Lecturer on Materia Medica at the Edinburgh Veterinary College, etc. 8vo. Pp. 412. Edinburgh. 1854.

This is an excellent text-book for veterinary students. We can only recommend it to such of our own readers as treat their own horses when ill. They will find in it a very full account of the medicines used in veterinary practice, and their actions on various domesticated animals.

Parisian Medical Society.—The following gentlemen were elected office-bearers for the ensuing year, at the usual annual meetings held for that purpose:—*President*—Robert Bowman, Esq., M.D.; *Vice-President*—Charles Taylor, Esq., M.R.C.S. Eng.; *Secretary*—John K. Barton, Esq., M.B., T.C.D., L.R.C.S.I.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

THE EMPLOYMENT OF PERCHLORIDE OF IRON IN THE TREATMENT OF ANEURISM.

M. Petrequin, of Lyons, recommends, in those forms of aneurism, where the ligature cannot be applied between the tumour and the heart, a combination of the operation of Brasdor (the distal operation) with the injection of coagulating fluids. A patient had an aneurism of the right subclavian artery. M. Pétrequin having tied the axillary at the lower border of the first rib, punctured the tumour, pressure being made upon the innominate artery, and then injected eight or nine drops of the perchloride. The tumour diminished in size after the injection. Although there was subsequent suppuration at the part where the sac was punctured, there was no hæmorrhage until the ligature began to separate; then blood flowed from the lower extremity of the artery below the clavicle, and the patient died. But the fatal result in this case arose from circumstances unconnected with the use of the perchloride, and perhaps to be avoided upon another occasion, by putting the ligature round the artery at a yet greater distance from the seat of disease.—*L'Union Méd.*

The *Gazette Hebdomadaire*, of December 16, contains some practical rules to guide surgeons in the use of this powerful coagulating agent. No arteries should be selected except those in which a complete suspension of the current of blood can be maintained for a considerable time both above and below the tumour. Cretaceous degeneration of the walls of the vessel (no uncommon occurrence in aneurism) would prove a serious impediment.

It should always be ascertained by the issue of a jet of arterial blood, that the canula has fairly entered the sac.

None but the neutral perchloride of thirty degrees, prepared with the utmost care, should be used, and of this, rather too little than too much should be injected at a time. When several successive injections are required, it is right either to follow them up in rapid succession, before inflammation has supervened; or to allow a long interval to elapse, that the tumour may completely recover from the effects of the operation. M. Lenoir injected several times at one sitting, and this is pronounced the better practice. When the injections are repeated at short intervals, the state of the tumour and the changes in the blood should be ascertained by the touch only, and not by removing pressure from the trunk above to see whether the action of the heart will reproduce pulsation.

The canula must not be withdrawn until one or two back turns of the piston have been made. Pressure should not be removed from the vessel, and certainly not from the superior part, for five to twenty minutes at least, and even longer pressure to a slighter degree may be maintained, so as to retard, though not to completely intercept the current of blood.

M. Diday observes, that in England many aneurisms are cured by compression alone; and the Editor of the *Gazette Hebdomadaire* remarks, that the results so afforded are of such importance that he intends giving a detailed history of this method," which, though very little known in France, is in reality of French origin.—*Gazette Hebdomadaire*, December 11.

[We do not wish to deprive our neighbours of a merit, which, if proven, appears to us singular, namely, the discovery of a method of treatment which, in common use in England, is not yet understood in its place of birth.—Ed.]

The perchloride has been used by M. Debout in varices. Pressure is exerted above the tumour for ten to fifteen minutes, and rest is strictly enforced. Afterwards a band is tied round the limb, to be relaxed as inflammatory swelling comes on. The results are stated to be favourable. Of six cases, five were cured.—*Bull. de Thér., Sept.*, 1853.

FOR WHAT MEDICINE IS INDEBTED TO THE SPANIARDS.

By J. G. AVILES.

The author endeavours to show, that the light opinion entertained by the French (and, we may add, other civilised nations) of Spanish medicine is unfounded. He cannot, however, continue his notices beyond the beginning of the 18th century, since when no good fruit of any kind has been produced. In 550 the Cæsarian section was performed twice; and a Spanish Jew, Abiabar, operated upon the King of Aragon, aged 70, for cataract in both eyes, with perfect success.

The Moors had a medical police; Gehrar in 1021 ordered all charlatans to quit the country, and established a medical college, which had authority to grant degrees upon proper examination. John, of Castile, followed this example, and the examining physicians and surgeons were named "Alcaldes Examinadores." The same was done in Arragon in the 14th century. In the same year were established the two great rival schools of Cordova and Toledo, of which the most celebrated teachers were Avenzoar, Averroës, and Albucasis. Here studied Gerberto, Adelardo, etc., and all the other great Christian physicians of the West. Avenzoar directed attention to partial paralysis, and to the operation of tracheotomy. Averroës observed the metastasis of rheumatism. Villanova and Raymond Lully prescribed calcined sea-weed for scrofula. One of the most brilliant of Spanish discoveries was the moral treatment of the insane, and the construction of proper asylums. [We have heard a sad account of Spanish lunatic establishments.—Ed.] In 1409, an asylum was founded in Valencia, in 1425 in Saragossa, in 1436 in Seville, in 1483 in Toledo. Spain claims the merit of founding the first quarantine upon Mallorca in 1471. In 1067 a special hospital for diseases of the skin was established in Palencia. In 1488 the Society of San Cosne y San Damian of Saragossa obtained permission to carry on dissections. The School of Montpellier was founded by the Spaniards. In the 15th century, Queen Isabella founded the first military hospital. In the 16th century, there were above thirty Universities; and, as syphilis then began to spread, the Spaniards first investigated it, and recommended the administration of mercury.

By Spaniards were introduced guaiacum, sarsaparilla, quinine, sassafras; bougies were invented by them; they introduced clinical lectures; discovered the circulation of the blood!! the Linnæan system (properly belonging to Laguna and Alfonso Herrera); the antiphlogistic treatment of measles many years before Sydenham; the lateral operation by Francisco Diaz; the operation of trepanning by Andrés Alcazar. Petechial typhus was elucidated in many monographs, and termed tabardillo. Pathological anatomy was encouraged by Porcell, who first opened bodies which had died from plague. A rational system of treating ulcers was founded by Francisco, of Areo. Ponce de Leon taught the dumb to speak, and the blind to read; and the expedition to Mexico by Hernandes gave rise to many valuable observations upon intermittent fever. The investigations of Morton upon chronic pneumonia and tuberculosis were preceded, according to the same authority, by Caspar Caldera de Heredia. Tobacco and chocolate were prepared for the first time about this epoch. In the eighteenth century, Navarette traced vessels direct from the stomach to the bladder; Andrés Pequer directed attention to chronic enteritis (his work was the basis of that subsequently written by Broussais); and lastly, the great surgeon, Antonio Gimbernat, appeared, whose name is ever associated with an expansion from the crural arch, which is generally the seat of stricture in a femoral hernia.—*Gac. de Madrid*, 271, 272. 1852.

[How comes it, (supposing Avillés to be correct in his history of all these discoveries,) that, since the sixteenth century, science has steadily and unceasingly languished in Spain, until it threatens to become extinct? Let her Rulers answer the question, for it is most assuredly the case, that at present there is no medical literature which will repay perusal. There remains, however, to the Spaniards the reminiscences of past glory, and a certain impenetrable self-sufficiency, which has superseded the energy and industry of their forefathers.—Ed.]

GENERAL CORRESPONDENCE.

MR. GAY'S DISMISSAL FROM THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you inform me who is the Mr. Halsewell who took so active a part against Mr. Gay in the late disgraceful transaction at the Free Hospital?

Of course, there was some other motive than the one assigned for so important a step as that taken by the meeting of Governors. Perhaps a more intimate acquaintance with the leading performers would afford some explanation of an act which, in its present state, is to me unintelligible. I only know that, if such a precedent is to be established, no medical man in the country can consider any appointment which he may hold to be safe.

I am, &c. F.

[To the Editor of the Medical Times and Gazette.]

Sir,—Although in no way connected with the Free Hospital, I feel that the resolution carried by a small section of the Governors of that Institution, to dismiss Mr. Gay upon a frivolous charge, is both an outrage upon common decency and an offence to the Profession.

A Committee of nine seems to have been the *primum mobile* of the whole transaction. That we may better understand its mainspring, I would suggest the publication of the names, addresses, and occupations of the members composing it. I have looked in vain for such an announcement in the pages of an excellent contemporary, who has ever been the bulwark against nepotism, and the determined and disinterested foe of jobbery. Will you unmask the clique by whom an honest man has been wronged? I am, &c. A Constant Reader.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is stated, in the *Medical Times* of last week, that, at the late meeting of Governors of the Royal Free Hospital, I voted for the dismissal of Mr. Gay. I request that you will allow me to state, that such was not the fact, as I had finally left the meeting an hour before any Resolution respecting Mr. Gay was put to the vote. I am, &c. J. F. Clarke.

Gerrard-street, Soho, Jan. 11, 1854.

[A Correspondent informs us, that he *saw* Mr. T. Wakley, jun., vote at the meeting of Governors, when Mr. Gay's dismissal was confirmed, and that "he took a most active part in whipping in." This colleague of Mr. Gay, though not a member of the Committee, attended three out of the five meetings where the affair was discussed; and a Correspondent adds, on what ground we know not, "there can be no doubt that he drew up the questions about the biography." Three of the immediate connexions of Mr. T. Wakley are on the Committee,—his father, his father-in-law Mr. Blake, and Mr. Westmacott, who is Mr. Blake's partner. These facts, and the letter of Mr. Wakley, sen., published in our article last week, form an interesting commentary on the denial in the *Lancet* last week of the interference of the Wakleys in this disgraceful business.—We recommend the following circular to the attention of our readers.—Ed.

"Hanover-square Rooms, Jan. 12, 1854.

"Dear Sir,—I am requested by 'the Committee,' which has been selected from the friends and supporters of Mr. Gay, to inform you that a Public Meeting of the Medical Profession is appointed to take place at the Hanover-square Rooms, on Wednesday, January 18, at three o'clock p.m., to protest against the dismissal of that gentleman from the Surgical Staff of the Royal Free Hospital, and to adopt such measures as may be rendered expedient by the circumstances.

"The Committee are very desirous to obtain for Mr. Gay the unequivocal support of the Profession in this crisis; believing the decision that has removed him from a post which he has filled for seventeen years, alike to the advantages of the hospital and with credit to himself, to be not only unjust, but in direct violation of the principles upon which every Medical officer of a similar institution holds his office.

"I am, therefore, desired earnestly to request your attendance at the meeting which is to be held at the Hanover-square Rooms, on Wednesday next, at the hour I have already mentioned.

"Believe me to remain, my dear Sir,

"Very faithfully yours,

"Harvey Ludlow, Hon. Sec."

DIETETIC TREATMENT OF PATIENTS AFTER OPERATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I wish to offer a few observations respecting the dietetic treatment of patients after important surgical operations, which I have for some time adopted in the Dorset County Hospital. If you think they possess interest, I shall be obliged by your publishing them in your Journal. I am quite aware that half the surgical practice of a small hospital, only numbering forty-five beds, affords but a narrow field for observation. Still, if the plan I advocate should arrest the attention and kind consideration of gentlemen who have ampler means of testing its efficacy, the end I propose will be attained. My object is to

prevent the depression of the system which occurs after an operation, and thereby escape the subsequent re-actionary fever; and I carry it out in this way. I allow a pretty liberal supply of wine during the operation; after it, and on the same day, I order four ounces of wine with beef-tea; on the subsequent day from four to eight ounces, according to the state of the patient; beef-tea and a mutton-chop for dinner. The latter they seldom or never refuse, if told that it was ordered for them; and so on till the cure is completed. I seldom give any medicine except an opiate for two or three nights if required, and a small dose of oil about the third or fourth day. The result of this practice is, that for the last six years, since which time I have adopted it, I have not lost a single case after an operation. The pulse usually continues at about 80; no heat of skin or fever, unless there has been previously considerable loss of blood or irritative fever. During this period I have performed the operation of amputation twenty times,—11 of the thigh, 4 of the leg, and 5 of the arm and hand; 6 of these have resulted from accident. I have tied the subclavian both above and below the clavicle, the axillary, and brachial arteries, with a fair proportion of other operations, one of which, as it was rather a singular case, I will give a short detail of. Maria Hopkins, aged 33, attended at the hospital with a soft, movable tumour, of about the size of an orange, in the right breast. She received not the slightest relief from treatment, and as she suffered severe lancinating pains from it, and her health began to fail, I advised her to come in and have it removed, which she did. On detaching the tumour from the surrounding parts, a funnel-shaped process was found to pass from it and attach itself to the rib, through the centre of which it perforated. The rib was divided with a Hey's saw on each side, a short distance from the opening, and the portion of rib removed carefully with the elevator; it was then discovered that a portion of the tumour was situated underneath it, lying upon the pleura, but not attached to it. In a cavity, about two inches long and one wide, the ends of the rib were slightly elevated, and sawn through on each side, a little beyond the margin of the cavity, and the whole tumour removed. The wound was brought together in the usual way, and healed without any unpleasant symptom. The operation was performed nearly five years ago. There has been no return, and the part where the rib was removed quite as firm as before; evidently bony matter has been supplied by the ends of the divided rib. The tumour contained cerebriform matter. I am, &c.

Dorchester, Dec. 2, 1853. W. D. Tapp, F.R.C.S.

MEDICAL MEN AND EMIGRATION.

[To the Editor of the Medical Times and Gazette.]

Sir,—I think that it would be advisable, if some Member of Parliament introduced into the House of Commons, early in the ensuing Session, a short Act, relative to the employment of Medical Practitioners in the mercantile service. A rough outline such as this might be the heads.

Emigration.—And whereas it is a notorious fact, that upwards of 1000 of our fellow-countrymen leave our shores daily for foreign or colonial climes,—frequently 600 or 800 souls in one vessel, according to tonnage; it is a lamentable fact, also, that their lives are allowed to be tampered with by any ignorant druggist's errand-boy who presumes to call himself surgeon; the consequence of which is, that the mortality is alarmingly great, if any ship-fever or epidemic arises during the voyage out.

Now, be it enacted, by and with the advice of Her Majesty's Imperial Parliament assembled, that it be unlawful for any of Her Majesty's Mercantile Marine to proceed to sea under the Revenue seal of her Customs, without a duly-qualified surgeon to each and every ship containing 100 emigrants and upwards.

That the diploma of the Surgeon be attached to the ship's papers for the voyage out or home, according to agreement; and that he ranks next in command to the captain—moral command.

His duties, by Act, would be, to see that all emigrants come every morning before him clean and in health; and that those who may be sick he afterwards visits daily. If any insubordination arises, let him be assisted with the aid of the captain, and see that cleanliness, etc., be implicitly complied with.

Let it further be enacted, that the salary shall be equivalent to the duration of the voyage, per week or month, according to a fixed scale fixed by this Act.

And likewise a penalty to any owner, agent, or captain, of any vessel taking any but qualified men out with them when they have 100 emigrants or upwards.

Also, let a list of names of qualified men be hung up on a placard, belonging to the clearing-out department of the Customs, in all ports, so that both Medical men wishing situations, and merchants' Medical men, may know where to find each other.

On the average, each vessel takes 500 emigrants; so that two vessels depart daily, and would require two Medical men per day for emigration. The returns home would be frequent, and so this would be employment for the junior members of our Profession, as well as add to the safety of our own flesh and blood to other lands. I am, &c.

R. D. Statter.

61, Bedford-street North, Liverpool, January, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

January 7, 1854.

Dr. Forbes Winslow, President, in the Chair.

HEALTH OF TOWNS.

M. Junod made a communication respecting the health of towns. He had remarked, that the Western districts of London, and of all large cities, are more healthy than the Eastern or other districts, and accounted for it on the following principles:—1st. Westerly winds are the most prevalent, and are accompanied by a lower state of the barometer; and, as they blow over the country districts and arrive first at the western part of towns, they supply a pure atmosphere. When they reach the eastern localities, they become loaded with smoke and other deleterious substances, and are, consequently, less pure. 2nd. The inhabitants of the West are usually in good circumstances, and have most conveniently constructed houses. 3rd. Cemeteries, workshops, and slaughter-houses, are usually congregated at the Eastern parts. 4th. The afternoon is the part of the day when every class seeks recreation in the open air; and, as at that period every one seeks the setting sun, the inhabitants meet the pure western breezes blowing fresh from the country. He then recommended that these principles should be borne in mind in the construction of every town, so that the inhabitants might enjoy the pure atmosphere, while their manufactories and charnel-houses should be separated from them, and placed altogether in the Eastern districts.

LITHOTRITY.

Mr. Coulson exhibited a bladder taken from a man aged 83 years, who had been lithotritised forty-eight times during twenty years. Relapses from lithotrity are known to be more frequent than from lithotomy, in the proportion of one in ten of the former to one in sixty of the latter. Whether in this case the relapses had been due to fragments of calculi forming nuclei for new formations, or simply to the continuance of the constitutional disposition which had at first produced them, Mr. Coulson was unable to affirm. Mr. Coulson first saw this case in May last, and then, on eight several occasions, crushed a large lithic acid calculus, the *débris* of which weighed an ounce. The patient left St. Mary's Hospital on June 9; but, on November 26, again returned, with symptoms of vesical irritation. The bladder was again injected, and the stone detected, but could not be seized by the lithotrite. Having failed also in two subsequent attempts, the patient was sent home, and there died from a cold on Dec. 30. On a *post-mortem* examination, the calculus was found lodged in a sac on the right side of the fundus, and the bladder itself contracted around it, so as firmly to enclose it.

Mr. Coulson then referred to the importance of examining the urine in these cases, after the manner of Dr. Golding Bird, so as to detect the characteristic exudation corpuscles. Dr. Bird lays great stress on the value of this indication; and Mr. Coulson had met lately with two cases in which the presence of stone was successfully indicated by the corpuscles, although a manual examination had failed to detect it. The large organic globules can hardly be distinguished under the microscope from pus globules. They exhibit several nuclei on the addition of acetic acid. The urine is pale, looks as if a little gum had been deposited in it,—an appearance quite characteristic on agitation. The specific gravity is lower than usual; does not coagulate by heat, and, on the addition of one-third in bulk of liq. potassæ, becomes transparent, and more or less gelatinous, so as sometimes to be poured from the tube with difficulty. The differential diagnosis from purulent urine is the absence of albumen, and from mucous urine the gelatinisation with liq. potassæ.

OVARIAN CYST.

Dr. Semple presented an unusually large ovarian cyst, from which he had three months before death withdrawn two gallons of albuminous and lymphy fluid. The patient had died from exhaustion.

CANCEROUS STOMACH.

Mr. Borlase Childs exhibited a portion of cancerous stomach taken from a policeman, aged 58 years. The patient had been a publican for fifteen years, and subsequently a policeman for a like period, and during the past ten years had suffered much from pyrosis and vomiting. The fatal attack occurred at two a.m., accompanied by sudden pain, vomiting, and prostration, and subsequent low peritonitis. A *post-mortem* examination showed the presence of a yellow lymphy fluid in the peritoneal cavity, and a matting together of the intestines. The stomach had been microscopically examined.

Mr. Richardson called the attention of the Fellows to two instances of

FIBRINOUS CONCRETION.

One in the heart of a child, which had died rapidly from superoxydisation of the blood, and was, in Mr. Richardson's opinion, a particularly well marked instance of this cause of death; and the other from the heart and great vessels of an elderly lady, who had been moribund for a period of about ten days.

Dr. Fuller then read a paper on the

EXCRETIONS AS GUIDES TO THE ADMINISTRATION OF REMEDIES IN RHEUMATISM AND RHEUMATIC GOUT.

Dr. Fuller began by stating, that no great advance can take place in our knowledge of disease, nor any material improvement in its treatment, unless we endeavour to discover the primary cause of each morbid action, and trace its influence in modifying and deranging the various functions of life. After briefly illustrating this important truth, he proceeded to point out how close a relationship the amount and character of the various excretions must neccesarily bear to the condition of the general system, and how certain an index they afford to the energy of those processes by which the effete materials of the body are got rid of. Hence he deduced the inference, that no plan of treatment can be proposed with a well founded rational prospect of success which is not based on a due regard to the different excretions, and varied with their varying condition. He then proceeded to apply this general law to the elucidation of the treatment of rheumatism and rheumatic gout, and showed, that inasmuch as these disorders depend on the presence of a morbid matter, the product of imperfect or faulty assimilation, a proper action of the excretory organs is more than usually necessary. The alterations commonly produced in the character of the excretions by the existence of rheumatism and rheumatic gout were next alluded to, and some remarkable exceptions pointed out; and the author stated his opinion, that the chief aim of treatment shruld be, by producing, as far as possible, an increase of those exoretions which are scanty or deficient, to make each and all of the excretory organs assist in eliminating the materies morbi, and to endeavour by close attention to the character of the excretions to correct their morbid condition. He then referred to the good effects resulting from treatment regulated according to these views, and mentioned many facts to prove and illustrate the ill success which attends every mode of treatment in which the condition of the excretory organs is not attended to. Having thus established the general principles he would enforce, his next endeavour was to point out the means by which they can best be carried out. He premised that if all the excretions are scanty or suppressed, and if at the same time the pulse be full and bounding, venesection will not only relieve the general tension of the system, and alleviate the pain and general distress, but will be followed by action of the excrctory organs. He then proceeded to discuss each of the excretions separately, and, in regard to the perspiration, stated his conviction that much mischief is often done by interfering with Nature's mode of operation. No bath should be administered so long as perspiration takes place naturally; but, if the skin is dry or acting sluggishly, a bath is essential to stimulate its action. He strongly recommended a water-bath of 100° Fahrenheit, rendered alkaline by potash or soda; but, in the event of its being impracticable to make use of a water-bath, the vapour or hot air-baths may be substituted. In either case the effects of the bath should be sustained by guaiacum and Dover's powder, or tartarised antimony and saline diaphoretic medicines. The only exceptions to this general rule are met with in persons of a weakly constitution, or towards the close of lingering cases. In such instances the perspiration is sometimes very profuse, but loses its distinctive empyreumatic odour and much of its peculiar acid character, and is accompanied by a soddened state of skin, a quick, feeble, irritable pulse, and not unfrequently by an eruption of sudamina. Tonics, such as quina and sulphuric acid, are then requisite, instead of diaphoretics and salines; and as soon as all feverishness has subsided, the cautious administration of iron is almost always beneficial. The urine was next appealed to, and made to furnish its quota of evidence. Dr. Fuller insisted strongly on the fact, that the mere appearance of the urine, its colour, clearness, or turbidity, affords no clue to its real condition—to the amount or character of its solid ingredients, which can only be ascertained by careful examination. This he proved by reference to facts, and then went on to show that the amount of solid matter excred by the kidneys is usually much diminished, and that diuretics are necessary to increase their action. A most important question is, as to what diuretics should be employed. A statc of congestion and irritation exists consequent on the abnormal condition of the blood, and the exhibition of ordinary diurctic medicines, which operate merely as renal stimulants, is more likely to increase that congestion, than to cause an increased flow of urine. Hence, cantharides, squills, nitric ether, scoparium, and other similar remedies, are of little or no service; while alkalies and the neutral salts, such as the acetate of potash, and the potassio-tartrate of soda, which correct the condition of the blood, are most active in producing diurcsis. So also are the preparations of colchicum. Water also proves of service, by promoting absorption of the salts, and assisting, not only in the excretion of the solid matters, but in their subsequent solution. The condition of the urine as to specific gravity, cloudiness, and acidity, was shown to be the best practical test as to the dose in which alkalies should be administered, the frequency of their repetition, and the propriety of persevering in their use. The alvine evacuations were next referred to: the necessity for strict attention to their character was pointed out, and the peculiar conditions which call for the administration of different remedies, were clearly indicated. Dr. Fuller insisted upon the powerful cholagogue influence of aloes, and the acetous extract of colchicum, in these cases, and urged the administration of these remedies in conjunction with blue pill or calomel, whenever it appears desirable to excite an increased flow of bile. The principles of treatment already laid down were next applied to chronic rheumatism, and subsequently to rheumatic gout; and it was shown that, in the latter form of disease, the treatment requisite to produce the desired ends, needs considerable modification, according to the stage of the disorder and the constitution of the patient. A disregard of this fact, together with the practice too prevalent in the present day of prescribing each medicine separately, constitute, in Dr. Fuller's opinion, the chief cause of the frequent failure of the treatment ordinarily employed in rheumatism and rheumatic gout, and form additional grounds for a close daily examination of the excreta, inasmuch as such an examination proves, that no two cases are alike, but necessarily require remedies differing widely in their character, no less than in the dose and the period of the attack at which they should be administered.

In the discussion which followed, the main object of the paper was somewhat merged in the general consideration of treatment.

Dr. Semple was a strong advocate for the use of lemon juice in sthenic forms of rheumatism, and stated that, under that treatment, conjoined with the strictest antiphlogistic regimen, his patients did well in two or three weeks. He, however, attached great importance to the use of very low diet, believing that the food had a direct tendency to produce the lithic acid upon which the continuance of the disease depends. On recovery, he permitted his patient to return very slowly to a meat diet, and had observed that relapses were not unfrequent in such cases as had resumed the use of animal food too early. He was also accustomed to produce sleep by the frequent repetition of one-grain doses of opium in the form of pil. saponis. c. opio. Not only had his cases speedily recovered under this plan of treatment, but the complication of diseased heart had been infrequent, and, when it did occur, the exhibition of calomel, colchicum, and similar remedies, appeared to have produced double their ordinary effect. He conceived the simplicity of this plan of treatment to possess no little merit. In early life he had adopted the various modes of anti-rheumatic treatment then in use, but had learned that bleeding, calomel, colchicum, and similar remedies, either did not relieve the disease, or, if they removed it, they placed the patient in great danger from exhaustion.

Dr. Lankester directed the attention of the Fellows to the

empiricism which had hitherto attended the treatment of rheumatism, as shown by the laudation of such varied modes of treatment as the tartar emetic, the bark, the colchicum, with or without opium, and the lemon juice. He thought it quite time that the Profession discarded such a procedure, and based its treatment upon rational principles. He considered Dr. Fuller's plan to be of the latter kind, since it endeavoured to give a reason for every step which it advised. He remarked upon the fundamental difficulty which attends an attempt to compare the efficacy of various modes of treatment, viz., the want of sufficiently-extended minute and uniform statistical details of many cases, and counselled those Fellows who make this subject their especial study to seek to obviate it. He also greatly approved of simplicity in treatment, but thought it might be carried to too great an extent, since our object, as Practitioners, is not merely to ascertain the effect of any isolated drug, but to cure our patients. He had also some doubts as to the propriety of adopting a very low diet.

Dr. Webster commended Dr. Fuller's object, but believed that he had omitted to notice a more important subject, viz, the diathesis of the disease, and the constitution of the patient. He considered that the sthenic forms of the disease require a very distinct mode of that treatment from those of an asthenic character. He then referred to two indications which had always guided him in his treatment of rheumatism. If the patient found comfort in a warm bed, as is common in the asthenic form, he gave stimulants, acids, bark, and iron; but if, on the contrary, a deficiency of perspiration produced increased pain, he had given diaphoretics and antiphlogistics. He referred to the great variety which had existed in the remedies for rheumatism, and stated, that, with respect to lemon-juice, he had heard of many cases in which it had failed. He attached value to the use of opium, and was inclined to believe that Dr. Semple had relieved his patients rather by the opium than by the lemon-juice.

Dr. Theophilus Thompson combated Dr. Lankester's views in reference to the abandonment of empirical modes of treatment at the present day, believing that the period is yet distant in which it would be proper to discard the use of a remedy because we do not know the precise mode of its operation. After paying a just tribute to the merits of the paper, he stated his belief, that Dr. Fuller had given too much prominence to the state of the excretions, and would rather give greater attention to the general condition of the patient, but yet not to the exclusion of attention to the excretions. He conceived that the state of the excretions could not guide us in this disease, since it is met with equally in many other diseases, and it associated with many varied states of the system. He always separated the antiphlogistic from the neuralgic or dyspeptic elements of the disease; but yet found it needful in many instances to act empirically. Thus, in the case of a medical friend who had daily examined his urine with every aid from chemical science, and had carefully, but unsuccessfully, followed its indications in the treatment of his disease, he advised him to discontinue his attentions, and to take opium, in 1½ gr. doses. After taking 105 grains of opium in four days, the patient was able to attend to his professional duties. He had also seen much benefit result from the use of lemon-juice, with or without opium, although Dr. Fuller, and other intelligent and able practitioners, had attached but little value to it.

Dr. Fuller, in reply, remarked upon the inattention which had been given to the precise object of his Paper, and stated, that he had not referred to the treatment of the disease, nor to the atmospheric or constitutional conditions under which it occurs. He was quite aware, that we had no specific remedy for the local assimilation which induces the disease, or there would be an end to the present contrariety of treatment. He believes, that the lemon-juice treatment had been injurious both to the patients and to the Profession. He was also of opinion, that very low diet is unfitted to a majority of cases.

PHYSIOLOGICAL MEETING.

Dr. Routh in the Chair.

Dr. Crisp informed the Society that he had discovered valves in the splenic veins of two other rare animals—the Docobock and the Rocky Mountain deer; and expressed an opinion, that the discovery of these valves would ere long tend to elucidate the function of the spleen. He also exhibited a portion of cooked sheep's spleen, in which the Malphigian bodies had become white from the coagulation of the contained albumen.

Dr. Lankester then referred to Virchow's discovery of cellulose in the amylaceous bodies met with in the brain, spinal cord, and nerves of sense, as proved by the re-action of sulphuric acid and iodine, and informed the Fellows that Mr. Busk had repeated the experiment on the brain of a young man who had died from cholera, and had found true starch granules.

Dr. Cogswell reminded the Society of the experiments performed by him at a recent meeting, showing that the action of common sulphuric acid as a test for starch is dependent upon the admixture of nitric or hydrochloric acids.

Dr. E. Smith called attention to the fact of true starch granules having been so frequently met with in the urinary secretion, and that even when the urine had been passed direct into the bottle in which it was examined. He admitted the great probability of such admixture being an accidental circumstance; but having repeatedly found isolated granules, after having taken every possible precaution to prevent their introduction from without, he thought the fact of value in connexion with the equally unexpected discovery of cellulose and starch in the brain and in the bodies of some of the lower animals.

Dr. Lankester considered it highly probable that the admixture was accidental, and could not admit the contrary until the starch itself had been discovered in the bladder.

Dr. Routh thought that the discovery of true cellulose and starch in animals to be highly improbable, for, if starch be placed with serum, it will be converted into sugar within twenty-four hours. If, therefore, starch has been discovered, it must have been surrounded by a protective envelope, or the examination must have followed speedily upon its formation.

Mr. Richardson then read a paper on

THE PROCESS OF CALORIFICATION IN ANIMAL BODIES.

He entered at great length and with considerable ability into the various theories which had been held to account for the causes of animal temperature, but did not bring forward any new facts.

Dr. Lankester was fully satisfied of the correctness of the chemical theory, and would be indisposed to admit the influence of the nervous force over purely physical actions. Sir B. Brodie's experiments had no value, except as showing that the nervous power was necessary to the integrity of the system. Dr. Playfair had given much support to the chemical theory in his affirmation, that a proportion exists between the size of the lung, the amount of animal heat, and the degree of muscular power, as shown in the case of birds, in which, with unusual muscular power, there is the most extended respiratory apparatus, and a temperature as high as 110° to 116°. He then intimated that hydrogen plays no unimportant part in the production of animal heat, since in fats found in all kinds of fish and flesh there is an excess of 9 equivalents of hydrogen over the 1 equivalent of that gas, which unites with the 1 equivalent of oxygen to form water; and it is well known that fats do support combustion in the lungs. In reference to the action of the skin when the body is exposed to great heat, he had no doubt whatever that free perspiration is intended to eliminate the rapidly-formed effete matter; and that when from any cause, as that of excess of vapour in the air, this function cannot freely proceed, some other organ must take on the eliminating process, or disease will ensue. The influence of a cold is of the latter character.

Dr. Winn believed that the production of heat mainly depended upon the chemical action referred to; but affirmed, that certain conditions occur, for which that theory does not account. For instance, in pneumonia, the function cannot be so perfectly maintained as in a state of health, and yet the temperature is very elevated. He had shown, many years ago, that this increased temperature is probably owing to elasticity of the arteries, and had proved by experiment, that if an ox's artery be repeatedly elongated, the thermometer will rise 1° or 2°.

Dr. Crisp informed Dr. Winn, that the elasticity of arteries in reptiles is equal to that of hot-blooded animals. The amount of muscular power is no precise measure of the animal heat, or the flea and the dragon-fly, travelling at the rate of 200 miles per hour, would, in proportion to its size, have a more elevated temperature. Dr. Davey had affirmed, that the sympathetic nerve is the source of this heat; but no unwonted development of that system had been detected in birds. He believed in the chemical theory, and affirmed, in opposition to the late Mr. Barlow, that the fat from the combustion of which heat is derived is a natural production, and is constantly met with in wild animals.

Mr. H. Lee agreed with Dr. Winn, that there are certain conditions of the system as to heat which cannot be accounted for by the chemical theory. The limbs of a dying person become

cold, while the trunk retains its natural warmth; and he had observed, that the body of a patient suffering from injury to the head, became and continued colder than the surrounding media.

Dr. E. Smith related the experience of the inhabitants of warm climates in reference to the value of the action of the skin. He had observed, when travelling near the Gulf of Mexico, that, while riding on the high rolling prairies, with the temperature of the sun's rays at 120° or 130°, no inconvenience was experienced beyond that of direct burning, for the lungs acted freely, and the clothing was constantly dripping with perspiration. This was owing to the dryness of the atmosphere; but, whenever he crossed the wooded bottom of a river, and was entangled for a time in the trees and mud, the respiration became laborious, and the perspiration, instead of flying off rapidly, rolled down in streams. This was attributable to the lessened evaporation resulting from increase of moisture in the air, and the absence of the breeze. When the perspiration was free there was a less rather than a greater tendency to the action of the kidneys. Those persons who live in low, marshy places in hot countries, do not readily eliminate the effete matter by the skin and kidneys, and therefore become liable to fever. In the Russian winters the inhabitants are said to have a custom of entering into ovens heated to 240° before setting out for the chase, and, as the air is dry, and the perspiration free, the effect is exhilarating.

Dr. Gibb gave similar experience in reference to cold, and affirmed, that while he could enjoy the intense cold of Canada, because it was dry, he had suffered much from the comparatively trifling but damp cold of this country. He also called attention to the fact, that emigrants from this country bear the first year's cold of Canada with impunity, but in the next season suffer to a greater extent than those who have been acclimated.

Mr. Rogers Harrison referred to the experience of men and horses in racing, to show that the animal heat does not absolutely correspond to the degree of muscular exertion. A man or an animal, to run with the utmost speed, must have been previously entirely deprived of fat, that is, of the substance by which, on the chemical theory, the animal heat is produced.

Dr. Chowne agreed with some of the speakers in the belief that conditions do exist which cannot be accounted for on the chemical theory. Thus, a cholera patient will become colder than the surrounding medium; and it would be easier to warm a marble block, than to raise the temperature of his body. He believed, that the vital principle must be presumed to have some influence in the production of heat.

Dr. Cogswell quoted John Hunter's expression in reference to the stomach, and reminded the Fellows, that the human body is not a mere furnace. Moreover, vitality should not be confounded with nervous force, as he had shown on a previous occasion in reference to muscular fibre. It was worthy of remark, that Napoleon's Italian soldiers suffered less than others in the Russian campaign.

Mr. Richardson, in reply, strongly recommended attention to Samuel Metcalfe's almost unknown Work on caloric. He also stated, that if the chemical theory does not account for every fact, it is because we cannot collect all the products of combustion. The function of combustion is even more perfect in pneumonia than in a state of health; and therefore the temperature of the room should not exceed 55° or 60°. The coldness observed in the dying, and in persons suffering from injury, is probably attributable to the failure of the circulation. In racing animals, the muscular waste is in proportion to the amount of respiration and circulation; for if such animal runs violently, there is no increase in the fibrin of the blood; but if he remains at rest, and yet the breathing be accelerated, that substance does increase in quantity. The coldness in cholera cases is because the internal fire is extinguished. The body will not absorb warmth; we must re-kindle the dying embers.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 4, 1854.

WM. FERGUSSON, Esq., F.R.S., Vice-President, in the Chair.

Mr. Mitchell Henry read the report for the session ending October, 1853, which afforded most satisfactory evidence of the continued progress and prosperity of this Society, which now numbers 217 members. The meetings had been fully attended. A feeling of universal satisfaction had been expressed at the last publication of the Society's Transactions in the form of a complete volume; and the financial department was in a most satisfactory condition, there being a balance of nearly 90*l.* in the hands of the Treasurer. The Council could not permit the late Surgical Secretary, Mr. Pollock, to retire from the office he had held for the past four years, without expressing the grateful sense they entertained of the valuable services he had rendered to the Society during that period.

Mr. Jones exhibited some

HYDATIDS FROM THE PERITONEUM.

Part of these were from a tumour in the sub-peritonea cellular tissue of the right hypochondrium; these were found floating in pus, but the liquid contained in the hydatid sacs themselves was clear and pellucid. The others were from the pelvis, from between the bladder and rectum, and were floating in the ordinary hydatid fluid. There were three forms of bodies which had been found in the cases under notice. 1st. The fully developed hydatids; 2ndly. A cheesy mass, consisting of hydatids in course of cure; and, 3rd, a small firm body, with convoluted surface and of doubtful nature, probably either an undeveloped hydatid sac, or a contracted one undergoing a process of cure. It was an interesting question how the germs of these growths had obtained entrance; and if by the circulation, why they fixed at these points rather than any others.

Mr. Hutchinson asked if any pus had been found in the hydatid sacs themselves. It had been asserted by Rokitansky that hydatid sacs sometimes suppurated; but this did not appear to be the fact, the suppuration being in the sac containing the hydatids, and not in the hydatids themselves.

Mr. Jones said, that there was no pus in the hydatid sacs themselves.

Mr. William Adams had several times seen the firm tumours with convoluted surfaces, spoken of and exhibited by Mr. Jones, in cases of hydatid tumours, and he considered them to be shrunken sacs, which had contracted on the hydatids within.

Dr. Bristowe thought it more probable that the hydatids had grown faster than the sac containing them, and that the sac had not itself actually shrunk.

Mr. Adams did not think that the hydatids would continue to grow under such a pressure.

Mr. W. Adams exhibited a

CONGENITAL TUMOUR,

Removed from the subcutaneous fat of the forearm of a child. This was interesting, from the rarity of tumours in infancy and uterine life. In this case it was undoubtedly congenital, and had been placed under treatment within a week after birth. Iodine had been applied without benefit; it increased rapidly in size, and was at length removed. It was ovoid in form, and encysted, though not very distinctly so. It was not very vascular, and on section presented a white, slightly fibrous appearance. On microscopic examination, it was found to consist of nucleated fibres mingled with numerous clusters of fat-cells; there were no caudate or fusiform cells. Mr. Paget had also examined it, and considered it an illustration of the fact, that the growths of early life are more varied in their structure than those of later years.

Mr. Hutchinson asked if the vessels were more numerous in the fatty part of the tumour. Mr. Quekett had observed this in a similar tumour, where the fatty deposit was still more marked.

Mr. Adams had not observed this fact in the present case; it would have been rather difficult to investigate it properly.

Dr. Bristowe presented a drawing of a

VEGETABLE FUNGUS FROM A CAVITY OF THE LUNG.

The patient had died from an attack of bronchitis. No tubercle was found in either lung; but in the apex of the left were two communicating cavities, and on the septum between them was a small patch of brown powder, which, on microscopic examination, was found to consist of a fungus, with its mycelium and thickly-placed pedunculated sporules. At first sight, the fungus looked like common mucor, but the sporules were free, and not enveloped in a membrane. The body was not examined for twenty-four hours after death; but, as the size of the patch did not increase visibly during twenty-four hours' subsequent exposure to the air, it had in all probability commenced its growth during life. The cavity had probably not been moistened much by the bronchial secretions. Similar cases had been observed by Dr. Hughes Bennett and others.

Mr. Hutchinson inquired whether any foreign body was found in the cavity. Mr. Paget had found a quantity of orange pulp in one tuberculous cavity.

Dr. Bristowe had not observed anything of the kind in this case.

The balloting papers for the election of officers having been examined,

Mr. Fergusson said, that, in the absence of their President, it became his duty to announce the fact, that the members proposed by the retiring Council had been elected. He took this as a pleasing proof of the unanimity prevailing in the Society. He knew of no Society which better carried out the wishes of its founders, or in which there was such perfect good feeling. This he considered a proof that the Council had done their duty. The financial statement was highly satisfactory, and the balance in the hands of the Treasurer was yet larger than the preceding year, which, however small the increase, was a conclusive proof of prosperity. The important position taken by this Society was universally acknowledged, and no one, however great his amount of knowledge might be, could attend these meetings without feeling himself wiser for his visit.

Dr. Semple commented on the importance of this Society, the only one in the Metropolis whose objects were entirely practical; and he begged to propose a vote of thanks to the President, Council, and other officers.

Mr. Lee seconded the Motion. Societies did not rise and flourish without a cause, and much of the success of this Society was owing to the labours of its officers.

Mr. Fergusson, as a member of the Council, returned thanks for the vote. The Council were anxious to promote the objects of the Society. They were all much indebted to Mr. Pollock. and to the Secretaries, Dr. Quain and Mr. Mitchell Henry; also to many others who had worked hard to further the interests of the Society. Those who retired would do so with regret, and those who were re-elected would do their best to preserve it in its present prosperous condition.

The following gentlemen were elected office-bearers for the ensuing year :—

President : B. G. Babington, M.D., F.R.S. *Vice-Presidents :* James Copland, M.D., F.R.S.; Thomas B. Peacock, M.D.; H. Bence Jones, M.D, F.R.S.; *Henry Jeaffreson, M.D.; John Avery, Esq.; William Fergusson, Esq., F.R.S.; Edward Stanley, Esq., F.R.S.; *Prescott G. Hewett, Esq. *Treasurer :* Alexander Shaw, Esq. *Council :* C. J. B. Williams, M.D., F.R,S.; Henry Fuller, M.D.; William Brinton, M.D.; Charles John Hare, M.D.; C. Handfield Jones, M.D.; Joseph Ridge, M.D.; *E. H. Sieveking, M.D.; *James Bird, M.D.; *William Baly, M.D., F.R.S.; *J. S. Bristowe, M.B.; James Dixon, Esq.; John Gay, Esq.; Charles Brooke, Esq., F.R.S.; William Adams, Esq.; Carsten Holthouse, Esq.; Edwin Canton, Esq.; *Joseph Hodgson, Esq., F.R.S.; *George Pollock, Esq.; *Henry Gray, Esq., F.R.S.; *R. R. Robinson, Esq. *Honorary Secretaries :* Richard Quain, M.D.; Mitchell Henry, Esq.

[The gentlemen whose names are marked with an asterisk have not previously held the same office.]

MEDICAL NEWS.

APPOINTMENTS.

MEDICAL.—The Governors of the County Hospital at Lincoln, at a general meeting held on the 5th inst., elected John C. Torry, M.D., physician to that hospital, vice E. P. Charlesworth, M.D., deceased.

NAVAL.—*The China Squadron.*—Surgeons : T. R. Pickthorne, of the Spartan, to the Winchester; J. Browne, of the Rapid, to the Spartan; A. Gordon, of the Serpent, to the Rapid; H. Slade, from the Bittern to the Hermes, vice J. M'Leod, invalided home. Assistant-Surgeons : G. Gordon, of the Minden, to the Bittern, as acting-surgeon; G. Sibbald, from the Spartan to the Minden, vice Gordon; J. W. Bradshawe (additional of the Winchester), to the Spartan, vice Sibbald; A. E. Mackay, from the Minden to the Fantome, vice Bent, deceased; R. Picken, M.D., from the Lily to the Minden, vice Mackay.

Surgeons : Robert T. C. Scott (1841), to the Royal George, 120, screw steam-ship, at Devonport; Samuel Donnelly (1842), from the Juno, 26, at Chatham, to the Euryalus, 50, screw steamship, at Chatham; George A. Nicolls, M.D. (1848), to the Juno, vice Donnelly.

MILITARY.—7th Regiment of Foot : Staff-Surgeon of the Second Class Augustus Purefoy Lockwood to be Surgeon, vice Mitchell, promoted on the Staff. Hospital Staff : Staff-Surgeon of the First Class Charles Whyte to be Deputy Inspector-General of Hospitals, vice Shanks, deceased. Surgeon John Mitchell, M.D., from the 7th Foot, to be Staff-Surgeon of the First Class, vice Whyte, promoted. Assistant Staff-Surgeon Patrick Sinclair Laing to be Staff-Surgeon of the Second Class, vice Lockwood, appointed to the 7th Foot. Frederick Moore Smith, gent., to be Assistant-Surgeon to the Forces, vice Laing, promoted on the Staff. Thomas Macdougall Bleckley, gent., to be Assistant-Surgeon to the Forces, vice Lightbody, promoted. William Henry Brice, gent., to be Assistant-Surgeon to the Forces, vice Roosmalecocq, deceased.

NAVAL.—Owing to the presence of so large a squadron at Beicos Bay, and the apprehension of any epidemic arising, sick quarters have been established at Therapia, under the medical superintendence of Surgeon Rees, of the flag-ship, assisted by Assistant-Surgeon Cotton, M.D., of the Arethusa, and Assistant-Surgeon Irwin, of the Britannia. This is a most desirable step, as the season of the year and the distance from Malta forbid the transport of sick men to the hospital there.

DEATHS.

HUGO.—Nov. 9, at Fernando Po, of fever, Charles Sayer Hugo, Esq., (17th May, 1847,) Surgeon of H.M. steam-sloop Alecto, aged 30.

PORTER.—Jan. 5, at 145, Bishopsgate-street Without, Thos. Porter, M.D., in his 62nd year; M.D. University and King's College, Aberdeen, 1850; M.R.C.S.E. and L.S.A. 1816; Medical Officer of the East London Union.

HARVEIAN SOCIETY OF LONDON.—At the meeting on the 5th of this month, the election of officers of the Society for the year 1854 took place. The following gentlemen were elected : —*Prcsident*—W. Coulson, Esq. *Vice-Presidents*—R. Hutchison Powell, M.D.; G. Hamilton Roe, M.D.; Francis Sibson, M.D., F.R.S. *Treasurer*—Joseph Ridge, M.D. *Honorary Secretaries* —W. J. Anderson, Esq.; C. Handfield Jones, M.D., F.R.S. *Council*—J. Birkett, Esq.; W. Samuel Britton, Esq.; William Camps, M.D.; Thomas King Chambers, M.D.; Henry William Fuller, M.D.; J. Charles Langmore, M.B.; F. H. Ramsbotham, M.D.; Alexander Ure, Esq.

STATISTICAL SOCIETY.—At the meeting of this Society on the 19th ult., a paper was read "On the Duration of Life among Medical Men," by Dr. Guy. The author stated that the sources whence he derived the facts which had been employed in obtaining the average results contained in this communication, were : 1. The ages at death of such English Medical men, chiefly physicians and surgeons, as had by their writings and high professional reputation, secured for themselves a place in the pages of "Chalmers' Biographical Dictionary;"—2. The ages at death of such English Medical men (also chiefly physicians and surgeons) as have found a place in the less select obituaries of the "Annual Register," from 1758 to 1843;—and 3. The ages at death of English Medical men (chiefly physicians and surgeons) recorded in the pages of the "Biographical Dictionary" up to the year 1815, added to the ages at death recorded in the obituaries of the "Annual Register" from that date up to the year 1852 inclusive. The object of combining the facts derived from these two sources was to bring the data down to the latest period, as well as to increase the number of individual facts from which the average results were to be deduced; and he drew the following general conclusions from them :—1st. That the duration of life is greater among physicians and surgeons than among the general practitioners of medicine and surgery;—2nd. That this greater longevity of physicians and surgeons is only in part explained by a less amount of exposure to contagious diseases and other professional risks;—3rd. That the duration of life of members of the Medical Profession (being chiefly physicians and surgeons), does not differ materially from the duration of life of the clergy, being somewhat less when the comparison is made between the less distinguished members of the Medical Profession and clergy whose deaths are recorded in the same obituaries; and somewhat greater when the comparison is limited to the more distinguished members of the two Professions;—4th. That the duration of life of Medical men has somewhat increased during the last three centuries. An animated discussion followed the reading of the paper, in which Colonel Tulloch, Dr. Farr, Dr. Curtis, Dr. Birch, Dr. Camps, and Mr. Neison took part.—*Athenæum.*

CHEMICAL SOCIETY.—At a meeting of this Society, on Dec. 5, a paper was read by Mr. Henry M. Witt, Assistant in the Royal College of Chemistry, "On Analysis of the Ash of Lemon-juice." The author observed:—The juice of the common lemon (*citrus*

medicus) being employed remedially and dietetically to a very considerable extent at the present time, and much difference of opinion existing with respect to its active constituents, must necessarily render its chemical composition a subject of interest to medical men. The following are the results of an analysis of the ash of the juice, made in the laboratory of the Royal College of Chemistry, under the superintendence of Dr. Hofmann, and at the request of Dr. Bence Jones. The proportion of citric acid in the juice has long since been determined, but the author is not aware that, hitherto, any complete examination has been made of the inorganic constituents. The ash was obtained by evaporating to dryness the juice carefully expressed from 200 lemons, and igniting the carbonaceous residue in a platinum dish. The details of the analysis would be out of place in this abstract; suffice it to state, that the ash was found to contain in 100 parts—

Potassa	44·34
Soda	2·16
Lime	7·61
Magnesia	3·34
Sulphuric Acid	12·47
Carbonic Acid	19·66
Chlorine	1·23
Phosphoric Acid	7·56
Phosphate of Iron	1·06
Silica	·57
	100·00

These constituents may be assumed to be thus combined—

Carbonate of Potassa	57·725
Carbonate of Soda	2·265
Sulphate of Potassa	9·293
Chloride of Sodium	2·026
Sulphate of Lime	13·935
Phosphate of Lime	3·687
Phosphate of magnesia	9·086
Phosphate of Iron	1·06
Silica	·57

The juice was found to contain ·36 per cent. of ash; hence the following table shows the proportion of the several inorganic constituents in an ounce troy (480 grains) of the juice :—

	Grains.
Potassa	·767
Soda	·038
Lime	·131
Magnesia	·058
Sulphuric acid	·215
Chlorine	·022
Carbonic acid	·339
Phosphoric acid	·130
Phosphate of iron	·018
Silica	·010
Total mineral constituents in an ounce troy...	1·728

In conclusion, it may be observed, that it is not for the chemist to form an opinion respecting the share which these inorganic constituents, either collectively or individually, may or may not have in its therapeutic action—that must be left to the Medical Practitioner to decide; it would, however, seem rather improbable that so small a quantity as ·767 grains of potassa, or even 1·728 grains of total mineral matter, in an ounce of lemon-juice, could act otherwise than homœopathically, unless a very large quantity of the juice was administered.

Institute of Actuaries.—At the meeting on Jan. 2, a Paper was read "On the Rates of Mortality Prevailing Among the Male and Female Lives Assured in the Eagle Assurance Company during Forty-four Years ending 31st December, 1851," by Charles Jellicoe, Esq., V.P. The calculations had reference to 7419 persons (5493 males and 1926 females) traced, on an average, through a period of about 8½ years each. The expectation of life in each case come out as follows :—

Age.	Males.	Females.	Males and Females.
25	35·5	35·4	35·7
35	28·2	29·1	28·7
45	21·7	23·8	22·6
55	15·4	17·6	16·3
65	10·2	11·8	11·0
75	5·8	7·0	6·5

Cholera in the Metropolis.—Only two deaths were registered as caused by cholera in the week ending Jan. 7.

Cholera in the Provinces.—No further cases of cholera have been reported to the authorities in any of the parishes into which Edinburgh is divided. The disease may be said to have disappeared from Dundee; but in Glasgow it is still rather severe, there having been on Tuesday, Wednesday, and Thursday last, 49 new cases of cholera, and 38 of diarrhœa, with 17 deaths.—*Scotsman.*

Humboldt has just brought out the first volume of his minor writings, on Geognostic and Physical Phenomena.

Murderous Assault on a Medical Gentleman.—A serious assault was committed on the evening of Friday last, near Milngavie. Dr. William Logan, a practitioner there, formerly in Balfron, was on duty betwixt the hours of eleven and twelve, and, while returning home on foot, was assaulted by a desperate ruffian. He seized Dr. Logan by the throat; resistance was made, and the parties went down. The doctor's hat went off, but, after finding it, he retired from his assailant. He had not gone far, however, when he found that he was stabbed in the groin; he called at the first farm-house, where he still remains seriously ill, under Dr. Lawrie, from Glasgow. The ruffian has been lodged in gaol.

Deleteriousness of the London Gas.—Dr. Letheby, in detailing before the City Court of Sewers some of the results arrived at by him in his late analytical researches on the gas supply of London, said: "In the course of the investigations which I have been making during the last two years, I find that some of the Companies are supplying gas to this Metropolis which in the course of a few years will tend to damage very much the atmosphere and the property in it, for it is so highly charged with sulphuret, that I am able to obtain 21 grs. of oil of vitriol from 100 cubic feet of gas, which is getting into the atmosphere. Then, again, there is a quantity of ammonia, which holds in solution a large quantity of tar, and whenever there is a leakage in the streets it oozes out. During the last fifty years, when it has got into the public roads, it has rendered the soil near to it so offensive, that you can hardly move the pavement without doing a great deal of harm. What it may be in twenty years hence I cannot say, but I think it will be almost unsafe that you should then disturb the pavements at all. There is not a library in the Metropolis, the books on the upper shelves of which are not tumbling to pieces from this cause; and there is no controlling power over the different Companies, because the public are not aware of the presence of these impurities. I think nothing is so important as that the chemical qualities of the gas should, from time to time, be tested. Testing gas at the works is all nonsense, because, after travelling two or three miles, it undergoes such a change, that there is no comparison between the quality of the gas supplied to the public and at the works. Whatever is destructive to inert matter must necessarily be more injurious to living matter."

The Suspected Murder at St. Fergus.—The "Dr. Smith," charged with the murder of farmer Macdonald, has taken the course of precipitating his trial by "running letters." The result will be, that, as the prisoner has thus challenged his trial within forty days, it will have to take place at Edinburgh, the Aberdeen circuit not meeting till spring.

Mortality Notabilia.—1444 deaths were registered in London in the first week of the year. Of these, 656 were deaths of children under 15 years of age; 431 were of persons between 15 and 60 years; and 353 occurred to men and women in advanced life, who had completed 60 years and upwards. In the ten corresponding weeks of the years 1844-53, the average number of deaths was 1262, which if raised according to increase of population, becomes 1388. Though the mortality at this season is usually high, the present Return shows an excess of 56 above the correct average. The deaths exceed the births by 71. 679 male, and 694 female, births are registered: total, 1373, against 1566 in the corresponding weeks of 1845-53.

Meteorology.—The mean temperature of last week was 30·2°. It fell as low in the first week of 1849, and the deaths were then 1131. It fell to 29·4° in the week ending Jan. 2, 1847, when the mortality was as high as that of last week. Mean height of barometer 29·041, with much variation during the week. The temperature was 5·6° *below* the average of 38 years. Dew-point temperature 28·6°. Lowest temperature of Thames (6 days) 32°. Wind, variable; sum of horizontal movement of the air for the week, 650 miles. Rain in inches, 1·21. Electricity was positive, with tension weak and variable.

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TO CORRESPONDENTS.

So much inconvenience has arisen from the practice of printing private copies of papers for Authors, that the Proprietors have established the rule—which can never in any case be broken—that no private copies of papers published in this Journal can be hereafter printed from the type used for the Journal.

[To the Editor of the Medical Times and Gazette.]

SIR,—The paragraph headed "Murder of a Physiciau," in your paper of to-day, is incorrect. A paragraph of this sort found its way into a local paper—the "Ayr Advertiser,"—but was most promptly contradicted by a Glasgow paper—the "Daily Mail,"—of the 30th ult. Mr. Patrick was attended in his illness by the Surgeon of the Police in Glasgow, Dr. Easton, who distiuctly stated that death was not due to external violence.

I am, &c. W. B. HAMILTON, M.D.

Dalry, Ayrshire, January 7, 1854.

A FRENCH IMPOSTOR.

[To the Editor of the Medical Times aud Gazette.]

SIR,—May I be allowed, through the medium of your Journal, to caution the Profession against a Frenchman who for the last year or two has been levying contributions on Medical practitioners, and is in the habit, it appears, of making use of my name, and of showing a note from me to substantiate his positiou. I am totally unacquainted with the history aud antecedents of this individual, and his use of my name is a deliberate fraud. About two years ago he called ou me, representing himself to be an ex-interne of the Paris hospitals, exiled from political motives, and requested me to assist him in finding some means of gaining a living. Feeling interested in his misfortunes, and considering myself bound to succour an ex-colleague in distress, I promised to do all in my power for him as soon as he had procured from Paris the credentials required to substantiate his assertions. As these credentials were never presented to me, aud I was not again troubled with a visit, I presume that they were not obtainable, that the statemeut was a falsehood, and that he himself is unworthy of sanction or assistance. So many iuquiries and complaints from Medical men have reached me respecting this person, that I have thought it imperative to make these facts generally kuown. I am, &c.

60, Grosvenor-street, Jan. 7, 1854. HENRY BENNETT, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—Perhaps you, or some one of your uumerous Correspondeuts, will kindly inform me in what Pharmacopœia I can fiud the formula for the underwritten pill, which has twice within the last two years beeu prescribed for patients of miuc (by an out-town consulting physician at a druggist's shop)—patients of diametrically opposite class, sex, age, habits, and disease, and which (pardou my ignorance) I believe can only be prepared by the "drugster" above:—℞ Pil. pro prand. cum capsici xxiv. Sumat j. inter-prand. o. dic. I am, &c. FRED. MANBY.

East Rudham, Jan. 9, 1854.

Mr. Lane's Cases of Cleft Palate have been received.

Dr. Bell, Garstang, should seud more details of the case,—the age of the child, duration of the affectiou, accompauying symptoms, etc.

Mr. Holmes Coote's paper shall appear very soon.

Alfred Hill, Esq.—Dr. Hofmaun's course of lectures will be continued, and, we believe, completed, in the present Volume.

A Lover of Fair-play will have an opportunity of publicly expressiug his statements respecting the recent proceedings at the Royal Free Hospital.

Dr. M. J. R.—We are obliged to defer the publication of the paper at present. It shall be returned if our Correspoudeut wishes to have it.

Dr. Gibb.—We uever iusert communications seut to other journals.

[To the Editor of the Medical Times and Gazette.]

SIR,—As one of the thousands of my iudignaut professional brethren who have witnessed with disgust the late proceedings at the Free Hospital, I cannot refrain from sending you a line or two concerning the couduct of a uew "Goveruor" who was present ou the occasion. That he is thoroughly ashamed of his men and their manuers, I am forced to conclude from his recent couduct. I allude to Mr. Clarke of the "Lancet." At the London Medical Society's rooms, after busiuess on Saturday last, he was attacked by some members, and called to account for his conduct, it having beeu rumoured that he voted against Mr. Gay. Now, Sir, he said, he did not vote. It was then extorted from him, that he had paid £10 to be able to attend, aud to have the power of voting. Being still harder pressed, he declared, that he had a dinner party at home, and left before the voting began. So much for that.

At the Medico-Chirurgical Society's last meeting, the same subject was on the *tapis*. He was asked if he voted? No, was the answer. What did you go for? To report, he replied. Did you report? No, I did not; but that matters nothing!!!

£10 to be a governor to vote, and *not* to vote!!!

£10 to be a reporter, and *not* to report!!!

But I believe he has relented aud repeuted, aud I do venture to hope will behave better for the future. W. C.

City, January 11, 1854.

P.S. A friend at my elbow suggests, that his vote would have been given if wanted. Is it so? W. C.

W. Michell Clarke, Esq.—The cases have been received; they shall appear in due course.

— *Clapp, Esq.*—Thauks for the case. We must, however, leave it for a future series.

A Reader.—Certainly. In all cases of the kiud, no harm can be done by the expeuditure.

COMMUNICATIONS have been received from—

Dr. PARKES; Dr. WALSHE; Dr. O'CONNOR; Dr. RUSSELL; Dr. WOOD; Dr. HUXLEY; Dr. HUBBARD; Dr. BRYSON; Dr. MCWILLIAM; Mr. TOYNBEE; Dr. MACKENNA; J. F. STRAKER, Esq.; Dr. BARTON, Paris; HOLMES COOTE, Esq.; Dr. BENCE JONES; H. M. WITT, Esq.; ALFRED HILL, Esq.; Mr. W. MACKENZIE; J. Y. ANDERSON, Esq.; HONORARY SECRETARY OF THE HARVEIAN SOCIETY; J. B. BROWN, Esq.; D. J. DUIGAN, Esq., R.N.; Dr. RUSSELL; J. T.; J. L. LAWRENCE, Esq.; Dr. HAMILTON; Dr. HENRY BENNETT; F. MANBY, Esq.; Dr. BELL; Dr. M. J. R.; Dr. GIBB; Mr. DEBENHAM; Mr. TURLE; Mr. LAWRENCE; Mr. SUMNERS; Mr. WILSON; Mr. DIX; Mr. COCKERILL; Mr. MARRIOTT; Mr. JOHNSON; Mr. COMPLIN; WM. CLAPP, Esq.; W. M. CLARKE, Esq.; G. W. CALLENDER, Esq.; — HUMPHRY, Esq.; Mr. MORRIS; J. F. CLARKE, Esq.; T. R. JONES, Esq.; A READER, etc.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January 7,* 1853.

CAUSES OF DEATH.	JAN. 7. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks
ALL CAUSES	656	431	353	1444	12615
SPECIFIED CAUSES	652	427	352	1431	12549
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	234	35	15	284	2495
SPORADIC DISEASES:					
2. Dropsy, Cancer, aud other Diseases of uncertain or variable seat	12	33	23	68	544
3. Tubercular Diseases	57	124	10	191	1860
4. Diseases of the Brain, Spinal Marrow, Nerves, and Seuses	81	40	50	171	1455
5. Diseases of the Heart aud Blood-vessels	4	30	23	57	488
6. Diseases of the Lungs and of the other Organs of Respiration	135	90	127	352	2542
7. Diseases of the Stomach, Liver, and other Organs of Digestion	29	27	15	71	649
8. Diseases of the Kidneys, etc.	1	8	1	10	115
9. Childbirth, Diseases of the Uterus	..	10	..	10	97
10. Rheumatism, Diseases of the Boues, Joints, etc.	1	6	5	12	93
11. Diseases of the Skin, Cellular, Tissue, etc.	2	..	1	3	21
12. Malformations	4	1	..	5	35
13. Premature Birth and Debility	39	3	10	52	289
14. Atrophy	37	1	..	38	189
15. Age	..	..	66	66	664
16. Sudden	2	..	1	3	251
17. Violence, Privation, Cold, and Intemperance	14	19	5	38	762
CAUSES NOT SPECIFIED	4	4	1	13	66

MORTALITY IN PUBLIC INSTITUTIONS for the week ending January 7:—

	Males.	Females.	Total
Workhouses...	78	80	158
Military and Naval Asylums ...	4	...	4
General Hospitals	32	12	44
Hospitals for Special Diseases ...	...	...	...
Lying-in Hospitals	1	2	3
Lunatic Asylums	4	4	8
Military and Naval Hospitals ...	3	...	3
Hospitals for Foreigners, etc. ...	3	2	5
Prisons	...	...	...
	125	100	225

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.
Regius Professor of Physic in the University of Dublin.
[Edited by ROBERT D. LYONS, M.B., M.R.I.A.]

Lecture I.

Gentlemen,—It has long been my wish to deliver in this hospital a course of clinical lectures on Fever. There are many reasons, as we shall presently see, why a course of this kind will be of value to you; and this institution is particularly well adapted for this branch of study, in consequence of our having fever wards attached to the General Hospital. Among the many circumstances which render Dublin, in my opinion, one of the most advantageous places for medical and surgical study, is this, that here we have fever wards in connexion with some of the medical and surgical hospitals. I do not know, except in Edinburgh, of the existence of a similar arrangement.

Although, in the ordinary course of our clinical lectures, we have repeatedly had occasion to refer to fever, I have never before attempted giving a distinct oourse upon the subject, my reason for which was, that I did not feel myself competent to do so. But now, after a close attention to the fever wards of this hospital since the year 1827, I think that I have sufficiently matured my opinions on the subject of fever, to justify me in venturing to teach to a medical class the outlines of our knowledge on this subject.

In contrasting the opinions which I now hold on the subject of fever with those which I ventured to deliver when I was a much younger man, and engaged in lecturing on the Practice of Medicine in the School of Park-street, I find that there is considerable difference between my present opinions—which have been gradually and, as it were, imperceptibly forming and growing, and those which I entertained so long ago;—this proves the great necessity of not venturing to teach such important subjects as the nature and treatment of fever, until our judgment has been matured by a long and practical experience.

I am particularly anxious to draw the attention of the surgical student to this branch of medicine; for when we consider the enormous extent to which fever prevails over the world, and also that it is in itself a special study, we cannot help believing that the surgical student who has not learned fever, no matter how ably he may have been educated in surgery, and in the history of idiopathic diseases, has really but half learned his business. The surgical student who has not been taught fever, is in this position: the doctrine of the universality, or of the extraordinary importance, whichever you will, of inflammation, has been impressed on his mind in every way in which it could be impressed; the ordinary practice, in the commencement of a course of surgery, being to occupy the student for many weeks with the history of inflammation. Inflammation is thus placed in the foremost rank: it the first and great thing to which his attention is directed, and naturally, to the young mind, it appears that it is the key to all medical and all surgical knowledge. It is further impressed upon his mind by the surgical works that he reads—not merely the practical works on surgery, but the systematic works; and it is still more impressed upon him by the kind of experience which he gets during a considerable part of his studies. That experience, is experience obtained in a surgical ward, in a surgical hospital; and it is very natural indeed, that, under these circumstances, he shall believe in the universality and importance of inflammation. He sees in a surgical ward acute ophthalmia; he secs the effects of an injury; he sees the process of reparation of a wound; he sees the process of cicatrization, and he sees little else; and having gone through his medical studies, he finds himself in this position, that he knows nothing but inflammation. In fact, he has been taught only inflammation, he has seen little else but inflammation, and he *believes* in little else than inflammation. A great many students are educated in this way, and they go forth to the world ignorant of two facts in practical medicine and surgery, the importance of which cannot be overrated. The first is, the existence of an enormous number of acute and dangerous diseases which are not inflammatory,—

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of diseases, as I said before, which are acute, which are dangerous, and still further, which are febrile. The idea has never been impressed on the mind of the student,—that there may be a local disease, an acute disease, a febrile disease, a most dangerous disease, and that that disease shall be not only not inflammation, but something the very opposite of inflammation. When we consider that it is in the various forms of fever that these conditions are met with, and when we recollect the enormous extent to which fever prevails over the world, we are justified in declaring, that when we compare the inflammatory local diseases with the non-inflammatory local diseases, the former fall immeasurably short of the latter in number and importance. The other great fact, putting aside what I have now said with respect to the existence of this large class of diseases which are not only not inflammatory, but something the opposite of inflammation, is that the student has not learned the danger of exclusive antiphlogistic treatment as a rule in the management of ordinary idiopathic inflammation. In consequence of not having to deal with those local diseases which require, not the lancet, not starvation, but, on the contrary, tonics and wine, he has never become accustomed to the use of stimulants and tonics, and hence in the management even of the ordinary inflammatory diseases he is timid in the use of those measures, and he is too often rash in the adoption of the common rule of antiphlogistic treatment.

If we consider the origin of the doctrine which has so long prevailed in our schools of surgery and of medicine, though not to so great a degree in the schools of medicine as in those of surgery, that inflammation is the cause of so many diseases; and when we look back on the causes of the general adoption—the blind adoption, I may say—of the antiphlogistic treatment, we find that these unfortunate conditions of opinion sprang from many sources. Among the chief of these causes was the superaddition of the inflammatory doctrine to that of solidism, so that the ruling dogma of the day was the doctrine of solidism *plus* the doctrine of inflammation.

In order to get a clearer notion of this matter, let us go a little back. Before pathological anatomy became a science, it was held that a large number of diseases depended on alterations of the fluids. But when anatomy was directed to the investigation of disease, medical opinion rapidly underwent a change, and solidism succeeded to humoralism. Disease was then an alteration of the solids, the living tissues of the body. Now, I wish to impress strongly upon you, that solidism, as it was then presented, soon came to mean more than its original name would imply.

For the same mode of investigation which established the frequency and variety of alterations of the solids, showed that in a large number of cases a common character prevailed, which was recognised as the result of an inflammatory action. Thus, in the early, I might even say, the middle periods of pathological anatomy, solidism implied not only that disease was an alteration of structure, but that that alteration was of inflammatory origin. This paved the way for the introduction of the so-called physiological doctrine, which referred all diseases to alterations of vitality, not general as affecting the whole system, but local, not differing by any special characters, but in degree only. A disease was then either a *plus* or a *minus* vitality in the affected organ, and its symptoms were explained by the sympathies of that organ; but, as so many diseases were attended with vascularity, deposition, and increased sensibility, it was inferred that the vast majority of local affections, indeed all important diseases, were examples of an augmented vitality in the part. This doctrine spread rapidly, and there were many reasons why it should do so. It was specious, simple, and had for its founder a man of extraordinary energy and eloquence. In this world any doctrine that has an energetic and eloquent apostle will not want for converts, and Broussais was a man of great talent, experience, and practical knowledge. He was, however, deficient in reasoning power, and, in my opinion, he was also a very imperfect pathological anatomist. The doctrine became popular from the facility which it promised in the treatment of disease; for as the great majority of diseases were symptomatic of the *plus* vitality of some organ, we had only to discover the part in which this excessive life was seated, and to remove it, of course, by an antiphlogistic treatment.

When the investigations of this pathological anatomist and his followers were directed to the examination of fever cases, it was found, on the Continent more especially, that local disease frequently existed in the gastro-intestinal tube. At once, then, the doctrine followed, that fever formed no exception to the rule; that it was symptomatic of a *plus* vitality of the gastro-intestinal tube; and you were led to believe that fever could be at once

cured by leeching, by starvation, by poultices to the belly, and such means.

It is curious, that there are some circumstances connected with fever which greatly tended to prop up this doctrine. We shall see, by and by, that an essential condition of fever is periodicity; that it is a disease which has a tendency to spontaneous termination at a given time. It is like a paroxysm of ague, only prolonged, as it were,—this will give you the best idea of fever. This mysterious law of periodicity implies, that the system has a power of curing itself, that is to say, that the diseased action will spontaneously subside. This is termed crisis. Now, it is found, that there are a variety of circumstances which interfere with the operation of this extraordinary law of spontaneous cure. One of these is the existence of a local irritation in any part of the system.

We see this remarkably exemplified in cases of ague. You will very often find, that in cases of intermitting fever, the treatment by bark will not succeed; and when you come to inquire what is the cause of this, you find that there is some local inflammation present. If you can remove that local inflammation, then the treatment by bark succeeds. Broussais appealed strongly to the following fact,—that in cases of fever, after free depletion of the abdomen, the patients speedily recovered. So they did; but the nature of the fact was misinterpreted. Those patients had a local secondary disease in the intestine, which interfered with, or prevented, the operation of the law of periodicity. When you modified or removed that local disease, the law of periodicity came again into action, and the patient recovered. The fever did not subside because it was symptomatic of a disease of the intestine; but it subsided because the disease of the intestine being removed or modified, it was reduced to its normal state, as it were to its state of simplicity, and then the law of periodicity was enabled to act. This doctrine was received extensively on the Continent, extensively in America, and in England and Ireland, but not so extensively in the schools of the two latter countries. There was a much greater reluctance to the reception of the physiological doctrine in this country and in England than on the Continent, or in America, and this is highly creditable to the British and Irish medical mind. Many reasons might be adduced to explain why this was so, but we shall not enter at length into them. I may, however, observe, that English medicine had received a great degree of excellence from the writings of the old masters in England, from the writings of Fothergill, Sydenham, Haygarth, and other men of that order. Those great medical observers had, unknowingly, taught the true medical philosophy. They had taught a rational eclecticism, and hence they implanted in the minds of British medical investigators great reserve and great caution in the reception of new doctrines. Still, however, upon the younger members of the Profession the doctrine had a wonderful influence. A large number of the junior members of the medical and surgical profession in this country, during the last quarter of a century, or perhaps, the last half century, were strongly imbued with this doctrine, and went forth to practise over the world, influenced by this theory of inflammation being the sole cause of diseases, and believing that the whole practice of medicine was reduced to the removal of local inflammation. Another cause, however, I cannot help noticing here. About this time, owing to the unhappy and calamitous division of the Profession into medicine and surgery, arose those corporate distinctions that have done so much to retard the progress of science in these countries: exclusive schools of surgery sprang up, and consequently, as I observed at the commencement, a large and increasing number of young men were educated without having ever seen a case of fever. They were educated in surgery; they were educated in a surgical ward, and were sent forth naturally advocates of inflammation, because they had seen nothing else. They had seen nothing but inflammation; they had been taught nothing but inflammation; they knew nothing but inflammation; and thus, ill-prepared, they went forth to combat fever,—that disease which numbers more victims than any other,—over the wide dominions of the British Crown, in America, in the West Indies, in Asia, in Africa. These men in hundreds, I may say thousands, went out ignorant of the fearful enemy they had to encounter, and trusting, in the teachings which compared the ordinary phenomena of ophthalmia, or those of the healing of an incised wound, or those of the cicatrization of an ulcer, with the symptoms of that terrific group of diseases which embraces the plague, the yellow fever, the bilious remittent, the malignant ague, and the typhus fever. There is nothing more difficult, gentlemen, than for a man who has been educated in a particular doctrine to free himself from it, even though he has found it to be wrong. There is something in the human mind which renders the reception of a doctrine, if it be a bad one, a most dangerous circumstance. It is like the imbibition of a particular poison or miasma. We find, that some men who have been once exposed to the miasmata which induce intermitting fever, will, for the whole course of their lives, be incapable of getting rid of that poison which has been once received. And thus it is not only with the material, but with the immaterial world. Thus it is not only with physical, but with moral or intellectual impressions.

There is nothing more difficult than to unlearn. This fastening of false doctrine in the mind is one cause; but there are other causes too. The indolence of many men will prevent them taking the trouble to unlearn. The pride of many men has the same effect; and, above all things, there is this, that a very large number of students, not only of surgery, but of medicine, although they were taught the technicalities of the Profession, the alphabet of their Profession as it were, were not taught what is infinitely more important, namely, how to teach themselves. Now, this is the principal, and ought to be the grand object of every teacher of medicine. I believe that no man can be fully and entirely taught anything. He must teach himself. And what the teacher has to do, and what I have ever set before myself as my highest duty, is to endeavour to teach you how to teach yourselves.

We can easily anticipate what the result of all this must have been; and, I believe I am not saying too much, when I declare, that a large proportion of the fearful mortality to which our gallant army has been subjected in the colonial service, has been owing to the circumstances to which I now draw your attention,—the fact of the medical officers going out with erroneous doctrine fastened in their minds. This name of inflammation is a most unfortunate one. It is a great misfortune that the term was given to the process in question. It gives you the idea of a fire which must be quenched by its opposite, water; it gives you the idea of a heat which must be quenched by its opposite, cold; it gives you an idea of vascularity—fulness of the blood-vessels—which must be met by measures which will empty those vessels. It gives you the idea of a fever, an excitement which is only to be met by abstinence, by starvation, or, as the French term it, by *diète absolue*, which means no diet at all. The fact is, gentlemen, that the formula of *contraria contrariis* has as little title to respect in legitimate medicine as that of *similia similibus* in quackery. Both are false; and I really believe that any exclusive application of either formula is both ignorant and mischievous in the highest degree. The next great error was, that although the surgical student had plenty of opportunities of seeing symptomatic fever, he had no opportunity of seeing the essential fever, and he naturally confounded the two together. And hence, here and abroad, for many years the abuse of the antiphlogistic treatment was carried to an extent which it is frightful to contemplate. Conditions of the system which required wine, bark, stimulants, careful nutrition, were met by the lancet, by leeches, and by starvation. I remember when I was a student of the old Meath Hospital, there was hardly a morning that some twenty or thirty unfortunate creatures were not phlebotomised largely. The floor was running with blood; it was dangerous to cross the prescribing hall for fear of slipping. Patients were seen wallowing in their own blood, like leeches after a salt emetic; and these disgraceful scenes continued to be witnessed for many years. The terrible symptoms of typhus fever were met by opening the temporal artery, or by a large application of leeches to the head; and over and over again it happened that the patient died while the leeches were upon his temple—died as surely, and almost as suddenly, as if shot through the head. An eminent apothecary in this city assured me, that when he was serving his apprenticeship there was hardly a week that he was not summoned to take off a large number of leeches from the dead body. This was not an uncommon thing. I mention these circumstances to show you to what extent, even in our own country, the abuse of this doctrine has been carried. It is not so now. Those who have been in the habit of attending fever hospitals in this country will bear me out when I say, that the lancet is an instrument very seldom indeed employed in our wards.

We must now pass in review the chief phenomena of fever. Let us take as a fair type of it, and I am sorry to say that this country is an excellent locality for its study, and has long been so. Fever is to be looked on as a disease to which we can only give a negative character—a disease of which we can say what it is not, not exactly what it is. It is a disease which in its essence may be termed a non-anatomical disease; that is to say,

it is a disease which has no known or constant anatomical character. This is the first great point to be impressed upon your minds.

And why do we say this? Because we meet in every epidemic of fever a large number of cases in which, after the general symptoms have run through their course, in such a way as to justify the belief that they present exquisite and perfect specimens of the general disease, the patient dies, and the most skilful pathological anatomist may dissect the brain, the spinal marrow, the nerves, the pulmonary and gastro-intestinal mucous membranes, the structure of all the solid viscera,—every organ you please, and find no anatomical change. I believe, then, that we may go thus far and say, that when the fatal diseases of the world are considered, the malady which destroys most men is a disease in which there is no anatomical character. You all naturally ask, "If this be so, how did the French school come to commit the extraordinary error of declaring, that in every case of fever there was an anatomical character." The reason is simply this, that they committed a great error in medical philosophy,—that of inferring the nature of a disease from the observation of its phenomena in one locality. Had Broussais and his followers studied fever in the wards of the Dublin hospitals, or had they gone abroad and examined fever in the West or the East Indies, or on the coast of Africa, we would have heard nothing of the doctrine that fever was symptomatic of this or of that local disease.

We find, moreover, *that fever is a disease of periodicity*, that it runs a certain period, varying in different epidemics and different individual cases. We find, further, that it is a disease in which a double danger affects the patient. One of these dangers is, that of death from simple depression; for so far from fever being a disease of *plus* vitality, it is a disease of *minus* vitality—a general condition, if we may so speak, of *minus* vitality, which of itself is often quite sufficient to destroy life, and the patient may die, and very often does die of debility alone. The poison of fever has thus a directly depressing influence on the system. But there is another condition,—and this is what I wish to draw your attention to very strongly,—that, in the course of that special mode of life which we call fever, a liability exists to the production of secondary diseases. You will get a good general notion of this by considering the ordinary phenomena of a case of small-pox. The patient is taken ill; he has shivering, pain, fever, and he remains in this state for several days. And then we observe vesicles appearing on the surface, those vesicles filling with pus, afterwards drying, and then disappearing. No man will say, that the fever was symptomatic of the eruption. It is exactly the reverse: the eruption is the result of the fever. So it is in typhus. The local diseases are generated by the general. There is this difference, however, between what we term continued fever and the exanthemata: that while in the latter the local disease is almost always, but not necessarily always, accompanied by certain characters, as, for example, in variola there is a certain kind of eruption, in scarlatina—in measles a certain condition of the skin,—it is not so with respect to the secondary diseases of typhus. Now this is a most remarkable circumstance connected with continued fever, that the secondary diseases are inconstant. They are doubly inconstant, in their seat, and in their amount; and, in the same epidemic, we see the greatest possible varieties in the seat and in the amount of those secondary affections. However, between the exanthemata and typhus fever there is this point of resemblance, that the secondary affection is utterly incompetent to explain the general phenomena of the disease. So that we may say, with regard to the secondary affections in typhus fever, that they are inconstant and incompetent to explain the disease. But they are of very great importance. It may be asked, what are those secondary diseases?—are they inflammation? The present condition of medical science furnishes this answer:—they are not inflammation in a vast number of cases, when you consider them in their early stage, but in many instances, after they have existed in this non-inflammatory state for a certain time, there comes on a re-active irritation, and we have then a mixed condition. This is the history of the ulcerations of the intestine. In the beginning we find tumefaction and infiltration, but without any appearance whatsoever of inflammation. It has been proved, that in a vast number of cases the disease goes no further, and there is retrocession of the swelling and of the infiltration, just as we see retroeession of the eruption of small-pox; but, in others, the parts into which this typhoid matter has been infiltrated take on a reactive inflammation, and then we have a combination of the essential disease and of the local disease, which is now inflammatory, though it was not so at first. We shall have abundant opportunities of proving this.

The treatment of fever is reducible to a simple formula. We cannot cure fever; no man has ever cured fever. Fever in this sense may be called incurable, because we don't know how to cure it. It is, however, curable by itself. If you leave it to its own course, it will often cure itself. The great object, then, is to preserve the patient's life from the dangers which threaten him, pending the existence of this condition of fever—of this special state of life. If you can keep him alive to the fourteenth day, or the eighteenth day, or the twenty-first day, he will recover. What are the dangers that occur in these cases? One I have already pointed out to you—it is the danger of debility; the other is the danger arising from the accidental secondary affections. We cure the patient by preventing him from dying. We lead him on to that period when, by the extraordinary law of the disease, it will itself spontaneously terminate. We prevent him from dying of exhaustion, by food, by the use of stimulants, and by tonics. We save him from the danger which the local diseases may expose him to, by meeting them as early as we can discover them. And herein lies the whole secret of the treatment of fever—to preserve the patient, at the least expense to his constitution, up to the time when, by the natural law, the disease will spontaneously subside.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVI.

CASE OF CHOLERA TREATED SUCCESSFULLY BY ACETATE OF LEAD AND OPIUM.

By PHILIP TOMS, M.D., R.N.
Surgeon of H.M.S. Royal George.

James M'N——, private of the Royal Marine Artillery, now serving on board H.M.S Royal George, presented himself at midnight on the 26th ult., with the following symptoms:—

Features shrunken; body cold and collapsed; tongue and breath imparting an icy coldness to hand; voice failing; violently cramped; vomiting and purging of rice-water stools; pulse barely perceptible.

Sumat statim hydrarg. subm. gr. x., ext. opii gr. ij. Mustard poultices to abdomen and the calves of legs. Hot tins to stomach and feet.

1 a.m.—The serous discharge has begun to flow away involuntarily from the bowels; cramps severe; pulse almost gone.

A scruple of acetate of lead, combined with two grains of opium, was divided into five doses; one to be given every minute.(a)

1·15 a.m.—Stomach quiet; no drain from bowels; in other respects the same; cramps strong; men employed rubbing limbs. Weak brandy and water, to allay thirst.

1·30 a.m.—No evacuation of any sort; cramps still continue; declares that he cannot outlive the attack; thirst excessive. One drachm of brandy in four drachms of water occasionally. Complains of extreme cold in the feet. Mustard to be applied to them. Hot water to be renewed in tins. Pulse somewhat more distinct.

2 a.m.—Cramps continue, but evidently diminishing, both in strength and frequency. Pulse 100, small; feet still cold; no drain from bowels; no vomiting. Hot applications continued, and also the weak brandy and water.

3 a.m.—Cramps recurring at longer intervals; stomach and bowels quiet.

4 a.m.—Cramps have ceased about twenty minutes; asleep; feet warm; pulse full.

5 a.m.—Awake; free from pain; comfortable heat of body; hot tins and mustard poultices to be discontinued.

27th.—1 p.m.—Has slept quietly during forenoon. Since the administration of lead—a period of thirteen hours—neither stomach nor bowels have been affected. Discharged to Plymouth Naval Hospital at this hour, for the treatment of any consecutive fever that might arise.

P.S. The man recovered at hospital without secondary fever. The urinary secretion re-appeared on the night of his admission.

(a) This treatment was proposed by Mr. Daniel J. Duigan, Assistant-Surgeon of this ship, on the authority of a good argumentative letter by a medical man, which he read in the *Times* about two or three months since. [We have written to Mr. Dugan, to inquire how many doses were administered.—Ed.]

No alvine evacnation took place until the 31st. He was discharged to duty on the 6th inst.

History.—He was on leave on Christmas-day, which he spent in Plymouth; drank no spirits, but took some beer. Had a comfortable dinner, and came off on Monday, feeling quite well up to 9 p.m., when he was seized with diarrhœa.

DESCRIPTION OF A SKELETON

IN WHICH THERE WERE

SIX CERVICAL VERTEBRÆ, TWELVE DORSAL, AND SIX LUMBAR.

By HOLMES COOTE, F.R.C.S.

Demonstrator of Anatomy at St. Bartholomew's Hospital; Hon. Sec., to the Royal Medical and Chirurgical Society, etc.

Although it is commonly thought, that the mammalian cervix is composed of seven cervical vertebræ, yet there are many instances upon record quoted as exceptions to the rule. The bradypus tridactylus has nine cervical vertebræ. Some of the monkey tribe, according to Maclise, have only five or six; and occasionally, observes the same author, the human cervix developes only five or six. These exceptions are termed "anomalies," a word justly condemned by Maclise, "for there can be no anomalies any more than there can be exceptions to the universal law."

The cases, however, in which but five or six cervical vertebræ have been noticed, are those in which additional ribs have been developed in the cervical region; or, to use a more correct expression, are those in which the costal element of a cervical vertebra has become developed into a movable appendage; for all vertebræ are compound bones, and the rib exists in the cervical and lumbar region, as well as in the dorsal; consequently, there have been thirteen or fourteen pairs of ribs. I know of no instance except that which I have now before me, in which the number of dorsal or movable ribs is twelve, forming a thorax placed one vertebra higher up than in the normal skeleton.

The man was a Chinese, who died of dysentery at Sidney in the general hospital. The skeleton was prepared by Mr. Milford, now a student at St. Bartholomew's Hospital. He guarantees the integrity of the specimen, and any scepticism upon the point will disappear upon examining it, especially if one reflects how difficult it is to replace, under most favourable circumstances, a lost bone. Of the six cervical vertebræ, only the second, third, and fourth have bifid spines, the spine of the axis being very strongly developed. There is no vertebra prominent, the fifth and sixth and the first dorsal spines being on the same plane.

The dorsal vertebræ present no features of special interest, the first, or that usually termed the seventh cervical, having a strong diapophysis (transverse process), at the extremity of which is a deep depression for the head of the rib.

The six lumbar vertebræ are well-made bones; the articulation between the fifth and the sixth is looser than in the white races (the same looseness is noticed in the African skeleton). The lower articulating processes of the sixth lumbar vertebra look forwards as in the dorsal region.

I know not whether this peculiarity is common among the Chinese. It would serve to make the neck short, and to give length and mobility to the loins. Many of these men appear, during life, remarkable for the shortness of the neck, and are distinguished for great freedom of movement in the trunk, as exhibited in climbing, or running up the rigging of a ship. The ribs in the specimen here mentioned are normal.

It is in the examination of such a vertebral column that familiarity with the principles of homology proves so useful. We cease to wonder at there being only six cervical vertebræ, when we reflect, that no more is indicated than the special development of a pre-existing vertebral element. It is not so remarkable as the supernumerary finger or toe, and is doubtless in accordance with some law of which we are yet ignorant.

A law of nature, observes Virchow, is like a grammatical law,—it admits of no exception. Either it is throughout and universally applicable; or else it admits of exceptions, when it ceases to be a law, and should be rejected accordingly. The arbitrary division of the vertebral column into "cervical, dorsal, and lumbar" regions; the difference between "true" and "false" vertebræ should have been long ago discarded. We should speak of the elements of which vertebræ are composed, and trace their development; *e. g.*, the rib is a fixed tubercle of bone from the atlas to the seventh vertebra of the trunk in most of the varieties of the human skeleton; after which it becomes elongated and moveable to form the chest. In the twentieth vertebra, (first lumbar), and the succeeding, it is usually fixed, where it gives attachment to the transversalis muscle, etc.

But the present system of osteology, which regards a vertebra as a single bone, is unfit for scientific purposes, incorrect, and productive of anatomical confusion; and the term "false" vertebra founded upon an error, displays an ignorance of the signification of the sacral or coccygeal pieces, which future authors will, I trust, regard with an amount of distaste equal to mine.

St. Bartholomew's Hospital.

ON THE

REVIVAL OF THE ANCIENT TREATMENT

OF

THE CALLOUS ULCER BY EXCISION OF THE MARGIN.

By JOHN HAINWORTH, F.R.C.S.

Late Surgeon to the Lincoln Dispensary and City Gaol.

[Read before the North London Medical Society.]

The proposer of a novel practical improvement commonly finds it expedient to conciliate the goodwill and disarm the opposition of his auditors or readers, by tendering explanations and apologies; still more incumbent is such a course on him who attempts to revive an obsolete and forgotten operation. Yet the past history of medicine and surgery supplies numerous precedents of the re-introduction of remedies, and of the revival of instruments long fallen into disuse; nor has the present age failed to furnish more than one example. I need barely allude, in therapeutics, to colchicum and cod-liver oil; in surgery, to Hey's saw, the jointed fracture apparatus with extending screw, and particularly to the dioptron or speculum,—all of which may be found figured in Scultetus, though possibly with less elegance of design than in Weiss's Catalogue, or in modern systematic writers.

The subject to which your attention is requested is the old callous ulcer, and the operative procedure for its cure by excision of the callous margin. Within the last few years, several new modes of treating this form of sore have been brought before the Profession. The subject may, therefore, be deemed not inappropriate for the consideration of a Society instituted for the discussion of practical questions in medicine and surgery.

I feel, however, that I have need to solicit great forbearance and indulgence when trespassing on your time, by remarks on a complaint so familiar to every practitioner. Yet I derive encouragement from two sources: the one, that the subject has exercised the thoughts and the pens of many of the most eminent practical surgeons, but has, in some instances, baffled their utmost ingenuity; the other, that I am not without hope of being able to submit to your notice statements and facts easily verified, which, to my knowledge, have never yet been described in detail.

I will not weary you by dwelling minutely on all the particulars which ordinarily enter into the description of the callous ulcer.

The apparently sunken, nearly circular or oval, ulcer, varying in diameter from one-third of an inch to three, four, or five inches, having a level, pale-red, glassy surface, void of granulations, excreting a thin, scanty, unirritating fluid, with a hard, precipitous, white or dusky edge, surrounded by integument, thickened and indurated by infiltration of lymph and serum, even now occupies too many a bed in our great hospitals, and too frequently exhausts the patience of sufferer and surgeon, dresser and nurse.

From this description it will be seen, that those ulcers are purposely excluded from consideration which are either inflamed or irritable,—which depend simply on a varicose state of the veins,—which are complicated with diseased bone, or with any special local or constitutional cause.

I have said, "apparently sunken" ulcer, because I hope to satisfy you that it is not really sunken, but that the surface is made to assume that appearance by the elevation of the margin, not by actual loss of substance.

Some years ago, this appearance of depression was taken by

Mr. Stafford as the ground for giving a new name to this form of ulcer; he called it "the deep and excavated ulcer."

More recently, Mr. Syme has viewed this depression as more apparent than real, but has attributed the elevation of the margin to the thickening of the surrounding integument by effused serum and lymph.

A still later authority—Mr. Critchett—takes a similar view. He says:—"I have met with cases that never materially varied for twenty-five years. The only real change that goes on is a very gradual thickening and deposit in the cellular tissue surrounding the ulcer, giving rise to those raised and callous edges which are so characteristic of these ancient cases."

That considerable thickening by effusion exists in the surrounding integument is undoubted and unquestionable; but the like effusion will be found present to nearly an equal extent beneath the ulcer itself, forming the firm substratum on which it rests; and if this be the case, we must look elsewhere for the explanation. Here our authorities fail us; for though many surgeons, from the earliest period till at least the close of the last century, directed their remedial measures to the removal of the callous margin, yet I have been unable to find in any writer a description of its actual structure—that is, of the tissue of which it is composed. To this omission may probably be ascribed the disappointment experienced by nearly all who have made assay of the various modes of treatment suggested by numberless surgeons, any or all of which have been most successful in the hands of the proposers. Dr. Adams, of Banchory, justly remarks:—"One cannot but entertain the most painful feelings of distrust in all modes of treatment, where one cannot recognise some reasonable bond of connexion between the remedy applied and the effects produced."

In the present day, none dispute the axiom, that correct pathology is the only solid and permanent basis of sound practice.

Yet, strange as the assertion may be deemed, the ancients in this class of cases appear to have known more than the moderns, even in this point of view; for they affixed to the margin of these ulcers the same name which they gave to the common corn on the feet (τυλωμα, callus); and with sufficient reason, for in each case the indurated parts are composed of the same tissue, namely, a gradual accumulation of effete cuticle, secreted layer beneath layer, under the stimulus of a morbid action or an abortive effort at reparation;—to use Mr. Paget's form of expression, under an arrest or error of development.

The mode of formation of the callous margin scarcely admits of accurate description, because it usually takes place while the ulcer is not under surgical treatment, but while exposed to the many circumstances of neglect in dressing and cleanliness, errors in diet and excesses, over-exertion and fatigue, or some of the many other injurious influences to which the patient may have been subjected. Any one of these may induce the degeneration or death of the granulations at a time when the cutis is vigorously forming new skin; and this process being suddenly arrested, the cuticle at the margin may continue to be formed more rapidly than in health, just as, under the irritation of unusual pressure, callous cuticle or a corn is rapidly formed on the hands or feet.

But it is not within the scope of this paper to enter on the full history of the callous ulcer, but rather to deal with it when fully formed and established, as usually presented to the surgeon for treatment.

In this state, the callous margin of accumulated cuticle forms a hard, solid ring, pressing injuriously on the parts beneath, and strangulating to a certain extent the vessels of the cutis immediately around the ulcer. I believe that all pathologists, without exception, are agreed, that the new skin for the formation of the cicatrix is derived from the vessels of the cutis at the margin. Hence it must be apparent, that, if these vessels be subjected to a pressure which amounts to constriction, the formation of new skin must be arrested. Further: surgeons accustomed to the daily observation of numerous cases of this class of ulcers will, I doubt not, call to mind not a few instances where, even under careful and judicious treatment, this ulcer has—slowly, indeed, but steadily—become larger, the surface of the sore retaining the pale, glassy aspect, and the sides their hard precipitous appearance. Now, this seems precisely the effect likely to ensue on the firm and steady, but unirritating pressure of a foreign body.

As a result of the suspension of cicatrization by the constriction of the vessels at the circumference, the ulcer ceases to granulate, consent of parts being wanting; a preparation on the part of the ulcer to accept union with the skin being utterly useless so long as the vessels are constricted whose office is to form new skin.

This, then, is the condition of the parts which the very ancient operation by excision was intended to remedy; a dense ring, composed of compact layers of accumulated cuticle, acting as a foreign substance, by pressing and constricting the living structures beneath.

Some few other methods of treatment have been directed to the exclusive object of removing this ring, as a necessary introduction to other treatment; but I hope to convince you that the most safe, easy, and expeditious method, is that by excision of the callous margin.

To some this assertion may appear paradoxical, but I trust not so to those who have followed the description given above. Mr. Critchett indeed says:—"Chelius recommends these callous edges, when much raised, to be shaved off with a scalpel previous to commencing other treatment—a plan (says Mr. Critchett) I have never tried, and one that I imagine would be deemed somewhat too heroic by English surgeons."

Now, this is rather an unfortunate expression of opinion on a plan which the writer confesses he has never tried, for the ground stated—that "it is somewhat too heroic for English surgeons"—is both unsound and insufficient; unsound, because, if properly performed, it is the very reverse of "heroic," being both painless and bloodless; insufficient, because, even if as heroic as the author erroneously supposes, it would be much less so than others resorted to by English surgeons for the purpose of curing this obstinate complaint, as, for instance, the slashing, and starring, and cross-cutting of certain great operators, or the application of strong nitric acid by others. This allusion to the ancient operation affords decisive evidence that the operation and the object proposed to be effected have alike become obsolete in the English school of surgery.

The excision of the callous margin is performed with the express immediate intention of removing the ring of indurated cuticle, without injuring or interfering with any other tissue. Bearing this in mind, the operator, with a sharp scalpel, carried nearly horizontally, or on a plane with the surface of the ulcer, pares or shaves off layer after layer of cuticle, till he reaches that which immediately covers the cutis; this last layer he will find very thin and transparent, through which is seen the bright red cutis beneath, bearing some resemblance to the florid margin of the lips. Beginning with about half-an-inch of the margin, and proceeding cautiously till he reaches the cutis, he is enabled to form an estimate of the varying depth of accumulated cuticle, which is always greater at the inner margin than outwardly, where it passes off insensibly into the sound skin. Having ascertained this depth, he can then proceed more boldly and rapidly to the complete removal of the margin round the whole circumference of the ulcer. If the operator is very careful, very steady, and very dexterous, he may accomplish his object without drawing blood; but the probability is, that in a few points he may wound the cutis.

The operation being completed, he will then see how very little of the apparent excavation was due to the "surrounding congestion and morbid deposit" upon which, according to most modern writers, not only the appearance of depression, but also the ulceration, depends. If he has had the manual treatment of many cases of this class of ulcers, he will be surprised at the light thrown upon their nature and treatment. He will, I think, be able to understand why some of the numerous modes of treatment have succeeded, and why others have failed,—why even precisely the same mode has sometimes succeeded, and at other times failed. He may, in my opinion, also understand why "some forms of callous ulcer are very difficult to cure by support, or any other method," where this preliminary operation, or an equivalent treatment effecting the same end, directly or indirectly, has not been adopted. The after-treatment should be that usually employed to promote granulation. The patient should be confined to bed, and a linseed poultice applied during four to seven days. By this time the ulcer will usually be covered with the small, firm, conical, florid granulations which characterise the reparative process, and from the margin will be seen the bluish-white film of new skin and cuticle passing over the new granulations; while already the size of the sore will be diminished by the contraction which takes place almost simultaneously with the re-establishment of the healthy process of reparation.

The ulcer is now in a fit state for the employment of the treatment adapted for healthy ulcers, on which I need not at present dwell.

The operation described appears to date its origin at least as far back as the days of Hippocrates. The indefatigable translator of the Sydenham Society's edition of the works of that author and of Paulus Ægineta, the learned Dr. Adams, of Banchory, has, in both works, shown that it was advised and

practised by them, and by a long succession of great authorities, down to a comparatively recent period. He also proves that the ancients were well aware of the necessity of removing the callous edges, by their recommending the application of various escharotics, as the impure salts of copper, arsenic, and cantharides. In his Commentary on those authors, Dr. Adams gives a summary view of the principles and practice of most of the great writers on ancient medicine. From those invaluable contributions to British medical literature, which have rendered easy of access that rich treasury of profcssional wisdom, from whose exhaustless stores of knowledge reduced to daily practice, twenty-four centuries have drawn, with still increasing interest and delight, I derive the following extracts.

Hippoc., Vol. I., p. 77.—In the very ancient treatise attributed to Hippocrates, "De Locis in Homine," the principle of treatment is thus stated:—"Remove the indurated parts by a septic medicine, and then produce re-union of the parts."

But, in the Treatise on Ulcers, admitted by the learned Editor, after carefully weighing the evidence, as a genuine work of Hippocrates, the following passage occurs:—"Circular ulcers, if somewhat hollow, you must scarify all along their edges."

Paulus Ægineta, Vol. II., p. 106. Commentary.—"All the ancient authors say, that round ulcers are more difficult to heal than those of any other shape."

Paul. Ægin. Comm. on Book IV. Sect. 41.—Alsaharavius says, "When the edges are hard, rub them until they become red; or cut them off, and apply to the sore the green ointment."

Paul. Ægin. Comm., Vol. II., p. 116:—Galen furnishes an account of the manner in which Thessalus proposed to cure all "Chironian" ulcers; Paulus explaining, that "old ulcers which are difficult to get cicatrised are called Chironian, as if requiring Chiron himself to heal them." Thessalus, after laying it down as a rule to remove the exciting cause, whether local or constitutional, by proper alteratives, adds: "In cases of chronic ulcers which cannot be got healed, we must remove the parts which prevent adhesion, and convert the sore into the state of a recent ulcer, and then, having allayed the inflammation, proceed accordingly." He further says: "When, by soothing applications, irritation has subsided, cicatrising applications are to be used, and the surrounding parts are to be covered with a malagma of mustard, or some rubefacient and alterative, to remove the indolence."

Aëtius directs us "to scarify, or cut off, the callous edges of the ulcer."

Rhases particularly directs us "to remove the callous edges by friction, scarifications, and septics."

[To be continued.]

CASE OF PHTHISIS, WITH PNEUMOTHORAX AND EMPYEMA,

IN AN INFANT, AGED SEVEN MONTHS.

By W. F. CLEVELAND, Esq.

[Read before the Hunterian Society.]

On the 15th February, 1853, W. J. M., a delicate and strunous-looking child, aged 5 months, was brought to my house, suffering from cough and slight dyspnœa,—symptoms which, his mother stated, he had had, in a greater or less degree, ever since he was a week old.

His father had been under my care, and died, about a month previously, of advanced phthisis.

A mixture, containing ipecacuanha, squills, and syrup of poppies, was prescribed; and, as he soon became better, I saw no more of him until the 9th of March, when he was greatly distressed, and appeared to be suffering from some abdominal uneasiness, as there were continued efforts of straining, or tenesmus.

A carminative mixture, to be followed by a dose of castor-oil, was given, and on the following day he was relieved.

In the course of a few days, however, the cough became more troublesome, and was attended with marked dyspnœa. He now seemed to be in great pain, and was constantly crying, so that, although more than one attempt was made to learn the state of the chest by a physical examination, no satisfactory conclusion could be arrived at.

He continued to grow weaker, and suffer greatly from the cough, want of sleep, night-sweats, etc., until the 7th of April, when it was thought he was fast sinking; but, contrary to expectation, he rallied, and for some days was better than usual.

On the 6th of May, there was a great aggravation of all the symptoms; he had passed a very restless night, and once or twice his mother thought he would have been suffocated. During my visit in the course of the day, a paroxysm of coughing came on; he made a few convulsive efforts to expectorate, and death almost immediately followed.

With the assistance of my friend Mr. Burford, I examined the body, twenty-one hours after death.

There was no remarkable emaciation. On removing the sternum, the right pleural cavity presented the fallacious appearance of a large vomica, being about one-third full, and containing about four ounces of slightly fetid, thick, greenish pus. The walls of this cavity were thick, and lined here and there with flakes of effused fibrin.

At about the junction of the middle with the lower third of the sac, towards the vertebral column, was an elliptical opening, about the size of a small horse-bean, through which a probe could be readily passed, in an upward and backward direction, into a large bronchial tube. Under the margin, which was smooth and rounded, of this pleural opening was an excavation in the lung, as large as a common filbert. The lung itself was condensed, and lay on the spine.

On a more careful examination, crude tubercles were found scattered throughout it, and, in the cavity above mentioned, as also in the bronchial tube, there was purulent matter similar to that found in the pleural sac.

The left lung contained tubercles, but none of them could be said to have decidedly softened. The heart and other organs were healthy.

One of the most interesting questions connected with the foregoing case, but one, it must be admitted, that cannot now be satisfactorily determined is, whether the aperture was caused by the pointing of an empyema into the lung, or the extension of a vomica into the pleura. Still, setting aside the fact, that, in the large proportion of recorded cases of pneumothorax the latter state obtains, there is strong presumptive evidence that this child was also first affected with phthisis, and that the empyema was secondary, or consequent on the bursting of the vomica into the pleural cavity. Nor does experience prove that the circumstance of the non-softening of tubercles in other parts of the lungs should be allowed to invalidate this conclusion.

We observe, then, a remarkable hereditary predisposition to phthisis, as shown in the death of the father, in an advanced stage of that disease, when the child is only four months old. There is also the history of a cough, with shortness of breath (indicating the existence of tubercles), commencing a week after birth.

Then, after these symptoms have continued nearly six months, suddenly arise what were, at the time, supposed to be obscure indications of abdominal uneasiness, but which are now explicable, as referring to the ordinary constitutional distress, including the hurried respiration, etc., produced by pneumothorax. A few days after this event, aggravation of cough, increased dyspnœa, with signs of pain, announce the development of pleuritis with effusion.

The subsequent progress, with the exception of but a short interval, is that of increasing debility, hectic, cough with expectoration, etc., until death somewhat suddenly takes place from suffocation following the ineffectual efforts to expectorate, in all probability, some of the viscid, purulent matter that had escaped from the pleural cavity.

I will only remark further, that had the empyema opened into the lung it could scarcely have failed to be known at the time by the expectoration of some of its contents, and that the existence of a tubercular cavity immediately under the surface of the pleura, as was here found after death, when taken in conjunction with the progress of the case during life, is an argument in favour of the theory I have endeavoured to substantiate.

23, Beaufoy-terrace, Maida-vale.

Snake Bites.—No less than fifty deaths from snake-bites have occurred in Delhi during the past rainy season. The natives, when a man is bitten by a snake, ply him with charms until he is dead, and then send him to the hospital to be cured! A man had been bitten twice, and came away from the unequal conflict with a double dose of poison. He speedily grew delirious, and in that state was taken to the Delhi Dispensary, and placed in the hands of Sub-Assistant Surgeon Lalla Chimmun Lall, about three-quarters of an hour after the disaster. The wounds were at once scarified with a lancet, and then treated with nitric acid over and over again. Ammonia was also liberally administered, according to the usual custom. In ten minutes the delirium had disappeared, and in half an hour the man was out of danger.—*Delhi Gazette.*

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT

OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE MONTH OF DECEMBER.

THE subjoined report includes the following hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing Cross, St. Mary's, and the Metropolitan Free.

Lithotomy.—The three cases reported last month have since recovered. Two operations have been performed during the month. The first was by Mr. Le Gros Clarke on a boy in St. Thomas's Hospital. The patient was six years old, and in good health; a mulberry calculus was extracted by the lateral method, and he recovered very quickly. The second was by Mr. Moore, in the Middlesex Hospital, on a healthy boy from the country, aged seven. He left the hospital well four weeks afterwards.

Herniotomy.—All the cases previously reported have recovered. Number of operations during the month, 9; of which 5 have recovered, 1 is in danger, and 3 are dead. Several of these were cases of great interest. *Case* 1 was a femoral hernia in a woman, aged 53, under Mr. Stanley's care, in St. Bartholomew's; strangulation 96 hours; taxis scarcely used; sac not opened; recovered well without special after-treatment. *Case* 2.—An elderly woman, also under Mr. Stanley's care; strangulation 33 hours; taxis had been much abused before admission; sac not opened; the symptoms of peritonitis which came on afterwards were subdued by opium, and she recovered well. *Case* 3.—A man, aged 24, in Guy's, under Mr. Hilton's care; tumour very large; strangulation nearly 4 hours; sac not opened; recovered well. *Case* 4.—A woman, aged 50, under Mr. South's care, in St. Thomas's; strangulation one week; sac opened; the gut burst during the operation, and fæcal matter escaped; death six hours afterwards; acute peritonitis was found; only a part of the calibre of the gut had been constricted; its coats were ulcerated through at the seat of stricture. *Case* 5.—A man, aged 30, under Mr. Simon's care, in St. Thomas's Hospital; strangulation 36 hours; sac opened; a large quantity of universally adherent omentum was found, and concealed in it a small knuckle of intestine; the operation involved a very careful and protracted dissection. Tympanitis came on afterwards, and death on the second day resulted. At the *post-mortem* only the indications of commencing peritonitis were found. *Case* 6.—A man, aged 43, admitted almost moribund into the Middlesex Hospital, under the care of Mr. Shaw; strangulation four days; much taxis; sac opened; bowel of deep red colour, and ecchymosed, but not gangrenous; reduced, but some omentum left in the sac; the omentum sloughed, and on its separation fæcal matter escaped; the man has had no peritonitis, and is doing as well as can be expected. *Case* 7.—A man, aged 40, under Mr. De Morgan's care in the Middlesex Hospital; a large scrotal tumour; strangulation 18 hours; sac opened; nothing but omentum found in sac; it was ligatured and cut away; the man has recovered well. In this case, although no intestine was involved in the hernia, yet the symptoms of strangulation had been well marked. *Case* 8.—A woman, aged 60, under the care of Mr. Wordsworth in the London Hospital; femoral; strangulation 40 hours; sac opened; favourable progress under free use of stimulants. *Case* 9.—A woman of middle age, under the care of Mr. Lloyd in St. Bartholomew's Hospital; strangulation four days; sac opened; intestine gangrenous; the intestine was opened, and left in the wound, the stricture having been divided over it; she lingered several days in a precarious condition, and then sank.

Trephining of the Skull.—A man was admitted, insensible, into the London Hospital, under the care of Mr. Adams, having received a violent blow over the right temple. There was great swelling, but no wound. At first, the symptoms were those of concussion only, but twenty hours afterwards an epileptiform fit occurred, after which, well-marked indications of compression set in. Venesection to ℥xxx. having been practised without relief, Mr. Adams cut through the scalp to expose the seat of injury. A fissure having been found extending in such a direction as to cross the course of the middle meningeal artery, the trephine was applied, and some bone having been removed, a large clot was found between the dura mater and cranium. The dura mater was not injured, and the clot having been with some difficulty removed, the symptoms of compression disappeared. On the following day, and throughout the next week, the man was perfectly sensible, though somewhat drowsy. On the ninth day erysipelas occurred, with rigors, and a relapse into a state of coma. The dura mater being tense, and bulging into the wound, Mr. Adams punctured it, and let out a large quantity of serous fluid, without, however, any relief. Death took place on the fourteenth day, and the autopsy showed acute and general meningitis.

Ligature of Arteries.—A case is in St. George's, under care of Mr. Johnson, in which the femoral has been tied on account of a punctured wound. The operation was necessitated by recurring hæmorrhage eighty hours after the accident. The man is doing well: we shall probably publish the details of his case at a future time. A second case is in St. Bartholomew's, under the care of Mr. Lawrence, in which a young man was admitted six weeks after having received a deep wound between the first and second metacarpal bones. The bleeding had broken out again four days before admission, and continued afterwards to recur. Mr. Lawrence cut down and tied both ends of the radial artery at the wounded part. The man is doing well. By Mr. Lloyd, in St. Bartholomew's Hospital. Ligature of the radial artery, above and below a wound which had been inflicted by a piece of glass. The patient has done well.

Aneurism.—Mr. Hilton's case of popliteal aneurism, in which compression is being pursued, remains under treatment, and almost *in statu quo*. (During the present month two cases of popliteal aneurism have been admitted into St. Mary's, and are now being treated by compression.)

Amputations.—The cases reported last month, including the one in which phlebitis was suspected, may be considered convalescent. There have been performed, during the month, 13 amputations—the subjects of which are, 10 of them doing well, and 3 dead. Of these, five were amputations at the thigh for diseased knee-joint, by Messrs. Lawrence, Fergusson, Hawkins, Tatum, and Simon. Mr. Fergusson's patient, a young man, did well at first, but, after a time, was attacked by phlebitis, and died on the twenty-first day. The femoral vein was found full of pus, and there was a small abscess in one lung. Mr. Hawkins's patient died apparently from exhaustion, a week after the amputation. The other three cases are recovered. Two cases of primary amputation of the leg, both performed by Mr. Ure in St. Mary's Hospital: one patient, an old man of 63, died from the shock of the severe accident he had sustained; the other is under care. One case of secondary amputation of the leg, recovered. One case of primary amputation of the arm above the insertion of the deltoid, by Mr. Simon; the man has recovered well. Two cases of amputation at the ankle-joint, for diseased tarsus and for compound fracture; one by Mr. Fergusson, in King's; the other by Mr. Ure, in St. Mary's: both are doing well. One of Chopart's amputation, for diseased tarsus, by Mr. De Morgan, in the Middlesex; and another of amputation at the metatarso-phalangeal joint, on account of compound fracture, by Mr. Lawrence, in St. Bartholomew's: both recovered. A man, whose leg had been amputated by Mr. Lloyd in St. Bartholomew's Hospital, and whose stump was so nearly healed that we had considered him convalescent, has died within the last week from prostatic abscess and gangrene of the penis. The cause of death had thus no connexion with the operation.

Excision of Bones, Joints, etc.—The two cases of excision of the wrist-joint, that of the head of the femur, and those also of parts of the tarsus, previously reported, all remain under care. In Mr. Fergusson's wrist case, some more portions of the carious carpal bones have been removed. In Guy's Hospital, Mr. Cock has operated, during the month, on two cases of diseased tarsus, removing large portions of bone; the patients are progressing favourably. In St. Thomas's, Mr. Clarke has performed the successful excision of a part of the upper maxilla on account of a malignant growth from the gum which adhered to the bone. Mr. Simon has removed the whole of a carious metacarpal bone of the thumb from a man who had suffered from disease about the part for five years. Mr. Partridge's case, of somewhat similar character, as also Mr. Hilton's, are still under treatment.

Removal of Necrosed Bone.—Eleven operations for the removal of dead bone (the long bones) have been performed during the month, and, together with seven of those previously reported, their subjects continue under care.

Excision of Malignant Growths.—Four out of the six cases reported last month have recovered; the other two are doing favourably. During the month, one case of scirrhus of the mammary gland has been operated on, with favourable result. One case of epithelial cancer of the prepuce. The patient in the

latter was under the care of Mr. Moore, in the Middlesex Hospital. He was 65 years old, and had perceived some induration of the prepuce for nearly a year, but there had existed a distinct tumour for only about a month. The glands in the groin were not indurated, and, the disease being quite in an early stage, the case was one very favourable for operation. The whole penis was amputated, and the wound soon healed. One case of very extensive epithelial cancer of the lower lip and integument of the chin, operated on in Guy's Hospital, by Mr. Hilton. The portion removed was very large, and, to close the wound, the adjacent skin had to be dissected up and united by means of hare-lip pins. The result was very successful, union by first intention occurring in almost the whole extent. A case of epithelial cancer of the lip, operated on by Mr. Lloyd in St. Bartholomew's Hospital, remains under care. In University College Hospital, Mr. Quain has, in one case, extirpated the eyeball, on account of a tumour in the orbit, which, from its progress, had appeared to be malignant; under the microscope, however, it displayed only fibro-plastic characters. In St. Thomas's Hospital, Mr. Simon excised part of the tongue of an elderly man, for a very suspicious-looking growth. Mr. Simon was afterwards, from the result of microscopic examination, inclined to believe that it was warty, and not really cancerous.

Excision of Non-Malignant Tumours.—With three exceptions, the cases previously reported are recovered. Seven operations have been performed during the month, all of them successfully. Two were for fibro-cutaneous outgrowths from the labia; two for fatty tumours on the shoulder; one for epulis; one for sero-cystic tumour of the breast; one for an exostosis, the size of a pigeon's egg, from the border of the bicipital groove of the humerus.

Puncture of the Bladder.—This operation has been performed once during the month on account of impassable stricture. The patient is in charge of Mr. Cock, in Guy's Hospital, and remains under treatment.

Operations for Urethral Stricture.—The cases reported last month are still under treatment. In one case of impermeable stricture, in which, during the month, urethrotomy was performed, death resulted from subsequent peritonitis. In another, under the care of Mr. De Morgan, in the Middlesex Hospital, the operation of cutting down on the end of the sound just anterior to the stricture, with the intention of prolonging the incision into the proximal part of the urethra, was performed. Mr. De Morgan was not at the time successful in introducing an instrument, but he stated that he believed nevertheless that the obliterated part of the canal had been divided. The patient has done well, and a catheter has subsequently been passed through the whole urethra. The man had, on a previous occasion, had a similar operation performed in another hospital, and he had also had his bladder punctured by the rectum.

Paracentesis Thoracis.—The case in St. George's Hospital remains under treatment, and the operation has again been performed.

Paracentesis Abdominis.—In *Ascites* four times, in all with relief. *Ovarian Dropsy* five times: one of the patients died of exhaustion afterwards; there was found at the autopsy a collection of multilocular cysts, in one of which suppuration was commencing.

Ligature, etc., of Nævus.—Operations for the cure of nævus have been performed in six cases. In one, under the care of Mr. Cock in Guy's Hospital, the injection of the solution of perchloride of iron has been practised a second time, with the effect of rendering the tumour solid, and without any evil consequence. We leave the others, several of them of peculiar interest, for a future detailed report.

Fistula in Ano.—Four cases remain under treatment, and five operations have been performed during the month; all are doing favourably. In one, under the care of Mr. Cock in Guy's Hospital, stricture of the rectum also existed, and was divided at the same that the fistula was laid open.

Operations for the Cure of Ununited Fracture.—The two cases in St. Bartholomew's Hospital are yet under treatment, and the result cannot in either be spoken of with certainty.

Plastic Operations.—Mr. Quain's case of rhino-plasty has, after a small second operation, been discharged well. The other cases previously reported remain under care. Mr. Paget informs us, respecting the case on which three months ago he operated for a large urethral fistula, and apparently without success, that since the man left the hospital, the process of healing has gone on with so much of contraction, that the aperture is now nearly closed, and the man can at times pass urine through the whole length of the canal. (See *Medical Times and Gazette* for October 22, 1853, p. 421.) Three cases of single harelip have been successfully operated on. In a case of cut throat, in which the wound remained open, Mr. De Morgan, in the Middlesex Hospital, performed the operation of pairing the edges, and then uniting them by sutures; it has only partially succeeded.

Ligature of Varicose Veins.—Mr. Erichsen has successfully treated a case of varicose veins of the leg in a woman, in University College Hospital, by the needle and twisted suture. No inconvenience attended the measure.

Employment of Galvanic Cautery.—The cases remain under care.

Neurotomy.—In King's College Hospital, on a patient who suffered from severe neuralgia, unrelieved by ordinary means, Mr. Bowman performed subcutaneous division of the trunks of the infra-orbital and of the mental branch of the inferior dental nerves. Very great relief has been afforded.

Operations for Cataract—No *extractions* have been performed at the general hospitals during the month. The two cases undergoing treatment by *absorption* remain under care.

LIST OF SCIENTIFIC MEETINGS.

This Evening, January 21.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——— ——— Medical Society of London. *Subject:*—"The Principles on which the Treatment of Cholera should be Based." By Dr. Snow. Eight o'Clock.
——— ——— Guy's Hospital Physical Society. Eight o'Clock.
——— ——— Royal Botanic Society. Quarter to Four o'Clock.
Tuesday, January 24.—Royal Institution. *Subject:*—"On Heat." By Professor Tyndall. Three o'Clock.
——— ——— Royal Medical and Chirurgical Society. Half-past Eight o'Clock.
——— ——— Zoological Society. Nine o'Clock.
Wednesday, January 25.—Medico-Botanical Society. Eight o'Clock.
——— ——— Microscopic Society. Eight o'Clock.
Thursday, January 26.—Royal Institution. *Subject:*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.
——— ——— Royal Society. Half-past Eight o'Clock.
——— ——— Abernethian Society. Eight o'Clock.
——— ——— Medical Society of King's College. Half-past Seven o'Clock.
Friday, January 27.—Royal Institution. *Subject:*—"On the Vibration and Tones produced by the Contact of Bodies having Different Temperatures." By Professor Tyndall. Half-past Eight o'Clock.
Saturday, January 28.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——— ——— Medical Society of London. *Subject:*—"On Some Points in the Pathology of the Rheumatism of Children." By Dr. Willshire. Eight o'Clock.
——— ——— Guy's Hospital Physical Society. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, JANUARY 21.

THE ASSOCIATION MEDICAL REFORM BILL.

Any one who takes an impartial survey of the labours of Medical reformers for many years past will probably come to the conclusion, that the various Medical Reform Bills which have been framed have proved to be failures, because they attempted to do too much, and have directed the attention of legislators rather to class interest than to the public good. He will also see how hopeless it is to attempt to rectify the evils under which we all labour, by attacking the charters of the various Universities and Licensing Institutions, and will be led to inquire whether some simple measure, useful to the Public and the Profession at the same time, cannot be urged upon the Government,—a measure which, instead of exciting the hostility

of all the constituted authorities, should receive their united assistance, because, while strengthening their interests, the grand object aimed at would be the public benefit and the general good. If any measure could be brought forward in which all would join, success must follow.

There are certain objects which the whole Profession and the medical institutions are alike interested in attaining. It is universally acknowledged, that the Profession, and the Public to a still greater degree, are injured incalculably by all forms and varieties of illegal practice. Quackery of every kind, from the decent to the filthy, infests every town in the British empire; and the public have no means of distinguishing the legally qualified Practitioner from the quack, or of punishing him when detected. Thus both the Public and the whole Profession are alike interested in demanding a Government registration of all duly qualified Medical men, the register alone being the test of legal qualification to practise. If this one object were attained, the social position of the Profession would be at once secure, and illegal practice would be repressed as far as is compatible with the liberty of the subject. The various Institutions would remain untouched, or, at least, any necessary modifications would become matter for future arrangement. Where all are agreed, let all join and obtain a great object, and leave details to subsequent negotiation.

We regret that the Provincial Medical and Surgical Association has not directed the New Reform Bill which they have just promulgated to one great object, but has introduced a number of debateable questions which will certainly excite opposition. The former Bill of the Association has been considerably modified; and we shall print the draft of the present measure entire, if we find that it is really likely to be brought before Parliament. In the meantime, we must content ourselves with a short running commentary.

This Bill, like all its predecessors, may be regarded—first, in reference to its influence on the public weal; and, secondly, as concerns its bearing on the political constitution of our Profession. The statesman ought to regard the first of these two points as of the very highest social importance; the second must necessarily be to him a subordinate matter. The one is a public, the other a class question. Now, in examining the Bill before us, let us ask—first, would it secure to the Public a body of well-qualified Medical Practitioners,—a body, the members of which would be equally well qualified in all parts of the United Kingdom, so far as can be secured by an Act of Parliament? The machinery by which it is proposed to attain this object is briefly this:—A Medical Council is to be appointed for England, a second for Scotland, and a third for Ireland. These Councils are to be formed by the Regius Professors of Medicine in English, Scotch, and Irish Universities; by persons selected from their members by Universities which have no Regius Professors; by certain members of the Colleges of Physicians and Surgeons, and by six Medical Practitioners appointed by the Secretary of State.

To the three Medical Councils thus constituted are respectively to be entrusted the appointment of Examiners and the framing a curriculum of study for those requiring their certificate. No restriction is placed on the Councils in the appointment of Examiners, and the only restriction in framing the curricula of study is, that the candidate shall have passed "at least four years in some University or medical school approved by the Medical Council of the country, unless he shall have been a pupil to a registered Medical Practitioner for at least two years, in which case he shall have passed at least three years in such university or medical school." To insure uniformity of qualification the several Councils are to meet once in every three years to arrange the curriculum of study for each country.

Thus the three Medical Councils would necessarily be composed of men of ability and experience, the course of study be of considerable extent, and the Examiners men of the highest reputation in their respective departments. So far, then, we think, all that the State can do in order to secure to the public a body of fully educated Medical Practitioners would be accomplished by this Bill.

And now, as to the second point in the Bill, viz., its bearing on the political constitution of the Profession. In regard of this point the present Bill is, we are sorry to say, as unsatisfactory as that prepared by the Association last year. The Profession, as a body, were this Bill law, would have no more to do with the management of their own affairs than they have at the present moment; they would be called on to support with their money the Medical Councils, pay the Examiners, and defray the whole expenses of the working of the measure, while they would not have a voice in the election of a single member of Council. The governing bodies of the Colleges of Physicians and of Surgeons would be amply represented in the Council, but the great bulk of the Profession, the General Practitioners, would not necessarily have a single member of their body in the Executive. It is true that the Secretary of State might, and probably would, nominate some General Practitioners to seats in the Council, but, even though he selected the whole six he is entitled to appoint from the class of General Practitioners, still the number of the latter in the Council would be less than they have a right to expect as the most numerous section of the Profession. Moreover, even if six General Practitioners were considered sufficient in number to represent their class in the Council, and the Secretary of State were to nominate General Practitioners only to seats in the Council, still the men likely to be selected by such an official would be very unlikely to represent the wants and wishes of the mass of General Practitioners. For this class of the Profession to be duly represented in the Medical Council, they must have the right to elect by vote such of their number as they can implicitly trust. And why the State should have granted this privilege to the members of the Pharmaceutical Society, and yet should refuse it to us, we cannot conceive.

It is universally known that, for the last forty years, the General Practitioners of this country have gradually been acquiring, and now have attained, a proud and honourable position as men of science, intelligence, and influence; and this eminence they have gained, not only without the assistance of the Medical Corporations, but in spite of them. It is superfluous to assert, as it is useless to deny, that from the Act of 1815, bad as it is, have sprung inestimable benefits to the Profession; and, although the time has now arrived when that Act may safely be repealed, and the supervision of Medical education and examination be left to abler hands than the Master, Wardens, and Court of Assistants of the Society of Apothecaries, we by no means allow that the whole body of Medical Practitioners ought to be handed over to the College of Physicians and the College of Surgeons, or the Universities of Oxford and Cambridge.

In short, we believe that the representative element ought to enter largely into any new scheme of Medical Reform; and in this view we are confirmed by the opinions of some of the most able, honest, and conscientious Medical Reformers in this country. We had hoped, after the plainly expressed sentiments of large meetings of the Association itself, that considerable modifications would have been introduced into the constitution of the Medical Council for England, but we regret to find that, with one exception, it is almost precisely the same as that which appeared at the close of the year 1852, and which called forth so much just animadversion.

The exception to which we have alluded, is, that the "six

Medical Practitioners," appointed by the Secretary of State, must not be Members of the Council (?) of the Royal College of Physicians, nor Members of the Council of the Royal College of Surgeons. This alteration, small as it is, is an improvement.

It is pretty evident that the General Practitioners will have few, if any, representatives in this motley assembly; for it requires no ingenuity to foresee that the "six Medical Practitioners" would, in all probability, be selected from the pure Physicians and the pure Surgeons, although they might not belong to the Council of either of the Colleges; and even if one or two General Practitioners were by any accident to find their way into the governing body, their influence would be wholly swamped by the Regius Professors, the Presidents of the Colleges, the five Physicians, and the five Surgeons. Even if by some miraculous event, all the six Councillors were to be composed of General Practitioners, they would have no chance at all with the phalanx of Presidents and Professors which would be arrayed against them. The Colleges and Universities would have fifteen representatives in the Medical Council; and the Secretary of State acting for the mass of the Profession, would have five; and we fear that nine-tenths of our body would be left without any representatives at all.

But, notwithstanding these important defects, we trust this measure of the Association will receive from the Profession the consideration it demands, and that no self-interested opposition will be made to its details. In order to settle this long vexed question some concessions must be made. All cannot have their pet schemes carried out in their integrity; the more liberal members of the Profession must be content to receive a part of what they believe themselves justly entitled to, and the more conservative must yield something to the wishes of their brethren.

We shall probably consider some of the other details of the Bill in our next Number.

THE GREAT MEETING.

We were informed in a leading article in the *Lancet* last week, that the Profession "*acquiesced*" in the decision of the Committee of the Royal Free Hospital dismissing Mr. Gay from a post he had honourably filled for seventeen years upon a charge he had completely disproved, and upon a charge which neither affected his moral character nor professional reputation. The meeting on Wednesday showed how the Profession rose in a united phalanx to repel this insulting imputation of acquiescence in injustice, and to defend the whole Medical body from an attack made upon it through one of its members. In order to show how this exhibition of the public feeling of the Profession has been estimated, we cannot do better than quote the following from the *Daily News* of Thursday:—"It was probably the largest meeting of the Profession ever held in the Metropolis. It was convened by public advertisement, and was open to every Medical man; yet, among upwards of a thousand gentlemen present, there was but one dissentient voice to the Resolutions proposed. It showed a generous public spirit in the members of this noble Profession, that, when one of their number had suffered from injustice, the whole body rose as one man to resent it, to endeavour to redress the injury, and to punish the offender. It presents the Medical Profession to the public in a new light, for the age of petty jealousies has now clearly passed away, and the wrong inflicted on one Medical man is resented as an insult to the whole Profession."

It appears, however, that though disowned by all honourable men, some of these "petty jealousies" still exist. Had it not been so, we should not have had to record, continuing our quotation from the *Daily News*, that "the unanimous opinion of the meeting was, that the dismissal was unjust and unwarrantable; that it was not called for upon any public ground, but was obtained by a busy and interested section of the Managing Committee."

We cannot allow the allusion to the ONE dissentient voice to pass without observation. It will be seen, from the report of the meeting, that, after the Medical Officers of the hospital and Lecturers at the school had been called upon to state whether they approved of the decision of the Committee, or of a printed assertion that they had done so circulated in a paper filled with other falsehoods by the Committee of the Royal Free Hospital, Dr. Cormack and Dr. Ballard nobly avowed their disapproval of the decision, and their intention to resign their chairs. Where was Dr. Brinton? Echo answers—where? Where was Mr. T. Wakley, jun.? Where was his father? Why did they not come boldly forward and receive the *acquiescence* of the Profession to their deeds? Why hang the calf-skin on their recreant limbs, and leave their miserable victim, Mr. Gant, to deny their share in the transaction, in the face of the letter of Mr. Wakley, sen., and of the statement of the whole case drawn up by the Committee? Why not show a little of that courage, worthy of a better cause, which Mr. Gant displayed, when, with trembling voice and quailing eye, he acknowledged that he had voted for the dismissal of a man whose place he hoped to fill? Why leave Mr. Gant to brave for them the marks of the deep disapprobation of a whole Profession hurled against a member who had disgraced his order? The attendance of a large body of police had been provided to secure a fair and impartial hearing to all, and to protect Mr. Wakley from any too lively demonstrations of the *acquiescence* of the meeting in his deeds; but neither Mr. Gay's late colleague, nor his father the Committeeman, appeared to rejoice in the *acquiescence* of the Profession, or to utter the straightforward denial of Mr. Thomas Wakley, jun., of all participation in a business of which he is at last evidently heartily ashamed,—a denial which he would not make openly before his professional brethren, but which we are glad to do for him to-day in another column, on the principle on which this Journal invariably acts, of giving every one a free and open opportunity of stating his case—a principle we shall hope at last to see imitated by the Journal in which Mr. Wakley is interested.

When we come to inquire what is to be the practical result of the meeting upon Mr. Gay and the Royal Free Hospital, we cannot do better than again recur to the writer in the *Daily News*, who says:—"It appears that there are eleven hundred Governors of this charity, but that not a tenth part of those Governors was present at the meeting when Mr. Gay's dismissal was confirmed. It is, therefore, obviously in the power of the Governors to redress the wrong which has been done in their name, at the Annual Meeting which is to be held this month. Their Committee, it is asserted, have abused the trust confided to them, and, in the opinion of a large body of the Medical Profession publicly convened, have been guilty of an act towards a gentleman who has long served the charity faithfully and ably which is stigmatised in the strongest terms which can be used in an assembly of gentlemen,—an act that certainly appears to have been perpetrated, not to serve the interests of the charity, but those of certain busy members of the Committee." After this, we cannot doubt that a large majority of Governors will appoint a new Board of Management, and will elect an entirely new medical staff, excluding all those who have not protested against the decision of the present Committee. Upon no other terms can any one hold office in the Hospital or School, or become a candidate for any such office, who wishes to be met as a professional man by his brethren, or to be esteemed by them as a man of honour, uprightness, or independence. Dr. Ballard has set an example, as will be seen by a letter we publish to-day, which must be followed by every one of his colleagues who wishes to keep within the pale of professional duty and honour.

MR. GAY'S DISMISSAL FROM THE ROYAL FREE HOSPITAL.

On Wednesday last, a Public Meeting of the Medical Profession was held at the Hanover-square Rooms, to take into consideration the circumstances attending the recent dismissal of Mr. Gay from the Royal Free Hospital, and to adopt Resolutions thereon.

Upwards of 600 gentlemen signed their names and addresses at the entrance. The police estimated that about 250 others had entered in the throng without signing, and these, with the large numbers who entered by the Committee-room and the platform, brought the total present to considerably above 1000. Besides this, upwards of 150 letters were received from gentlemen regretting their inability to attend. It is obviously impossible to find space for the names of all present; but we may mention that the following were observed in the room, besides those who took part in the proceedings:—Dr. Roots, the venerable retired Physician of St. Thomas's, who was loudly cheered when he appeared on the platform; Dr. Lindsay, of Haslar Hospital; Mr. Bickersteth, of Liverpool; Drs. Moore, Pitman, Markham, Sieveking, Sibson, Boon Hayes, Dick, Blundell, Ogier Ward, King Chambers, Snow Beck, Pettigrew, Stewart, Guy, Radcliffe, Mervyn Crauford, Snow, E. Smith, Handfield Jones, Dickson, Tanner, Fuller, Bird, G. Johnson, etc.; Messrs. Bermingham, Henry Lee, Ancell, Dampier, Baker Brown, Lane, Holthouse, Avery, Adams, H. Smith, Harvey, Greenhalgh, Ward, Chapman, Spencer Wells, Fuller, Parrot, Canton, Tuson, Jabez Hogg, Tamplin, Barnard Holt, White Cooper, Marshall, etc., etc.

The chair was taken shortly after three o'clock amid loud cheering, by Dr. Copland, F.R.S., President of the Royal Medical and Chirurgical Society.

The Secretary, Mr. Harvey Ludlow, read the Advertisement convening the meeting, and also letters from the following gentlemen, chiefly expressive of regret at their inability to attend the meeting, and their sympathy with its objects:—Dr. G. Dillon, Dr. J. Risdon Bennett (of St. Thomas's Hospital), Mr. Daniel Clifton (of Islington), Dr. Lochee (Canterbury), Mr. Kendall, Mr. W. J. Squire, Dr. James Bird, Dr. Black (Physician to the Bolton Infirmary), Mr. John Elliott Wood (Surgeon to the Rochdale Dispensary), Mr. W. T. Dyer, Dr. Cook, and Mr. Steet.

The Chairman said he had fifty letters on the same subject, and expressive of the like sentiments. (Cheers.)

The Secretary then read a long written statement of the proceedings connected with Mr. Gay's dismissal from his office, with which our readers have been made acquainted.

The Chairman said the meeting would doubtless observe, that the proceedings which had been taken in respect to Mr. Gay's dismissal from office had been taken with a design—(hear, hear)—and also that every measure of conciliation which a gentleman could adopt had been taken by Mr. Gay. (Hear.) They would no doubt conceive that men imbued with gentlemanly feelings ought to have accepted the apologies that had been offered in a very different manner from that in which they had been received. But it was very evident from the proceedings, that Mr. Gay was to be got rid of by whatever means and at whatever cost; and that gentleman had been subjected to indignities which, being inflicted on one member, were, to a certain extent, inflicted upon the whole of the Profession. (Loud cheers.) [A gentleman, whose name subsequently proved to be Sturgess, here desired to make some remarks, but was not permitted to do so, the Chairman stating, that there would be an opportunity for addressing the meeting when the Resolutions were proposed for its adoption.] It was of great importance that the Profession should recognise truly and fairly the relations in which it stood to the public institutions, and should endeavour to see that their medical and surgical officers should not be subjected to any kind of indignity, that their status should not be affected, and that their dismissal should not be brought about, except for moral delinquency or professional incapacity. It was of the greatest importance that the relation between the medical officers and the institutions to which they belonged should be of the fairest and most intimate kind. The character and reputation of hospitals depended upon the medical officers connected with them; and unless the reputation of those officers was supported by the governing bodies,—unless there was a reciprocity of kindness existing between them, the institutions must more or less suffer. If the medical officers were unfairly dealt with, it was the duty of the whole Profession to take up their cause. (Hear, hear.) All public institutions had to depend for their prosperity upon public opinion, and they could never stand well with the public if they got into disgrace throughout the Profession; indeed, if they were not supported by the Profession, they could never gain the confidence of the public. (Hear, hear.) He would not do further than direct attention to the important subject which the meeting had to consider. He was sure that they would discuss the propositions that were to be brought before them with calmness and moderation, and give all the speakers a fair and impartial hearing. He was confident that nothing like tumult would be exhibited in a meeting composed of scientific men, but that everything like disorder would be discountenanced. (Hear, hear.)

Mr. Campbell De Morgan, Surgeon to the Middlesex Hospital, moved the first Resolution,—

"That, without expressing any opinion as to the publication of the biographies of living members of the Profession, this meeting desires to record in the most marked manner its conviction, that Mr. Gay been guilty of no act which called for interference in any manner whatever, on the Governors of an Hospital; and that the dismissal from an Hospital of a Medical Officer, who has faithfully discharged the duties of his office, and against whose moral conduct and professional ability no charge can be brought, (as appears in the present instance to be the case,) is an act in the highest degree oppressive and unjustifiable."

He said he felt considerable hesitation and distaste in appearing before the meeting; nor should he have done so, but that he believed it to be the duty of every member of the Profession to do what lay in his power towards stopping a system such as had been initiated in the circumstances with which they were acquainted. He did so the more readily, because he had the pleasure of seeing in the chair a gentleman whose presence was a guarantee as to the nature of the proceedings. (Hear, hear.) He would not allude at length to the grounds on which Mr. Gay had been removed from the hospital; there might be differences of opinion with regard to the propriety of allowing biographical sketches to appear,—there might be very strong feelings upon that point,—but it should be remembered, that the sketch in question was not written by Mr. Gay; and that if he allowed its publication to take place without commenting upon it, he did so by the advice of those who were acting as his colleagues at the hospital at the time, at least of one of them. He was advised to take no notice of the affair, and it was laughed at, as it ought to have been by every sensible man. But even if Mr. Gay had written every syllable of the biography, it would only have shown that he was possessed of a little vanity; no insult was offered to the hospital; he would simply have placed himself first (and some one must be first in reputation) among the medical officers. ("Hear, hear," and laughter.) He (Mr. De Morgan) was not, however, defending the system, but simply looking at the facts that had been detailed. He was sure that he was speaking to an audience perfectly satisfied of the injustice that had been committed in the present instance. But there was something more than the dismissal of Mr. Gay to be considered. He (Mr. De Morgan) might mention, with regard to the Committee which had agreed to call the meeting by public advertisement, of which he had been an active member, that the majority of those who composed that Committee were unacquainted personally with Mr. Gay; he himself did not know Mr. Gay by sight until after the first meeting had taken place, and had never had any intercourse with him, except at some of the Committee meetings; and he (Mr. De Morgan) believed this might be said of a very large number of those gentlemen who had taken an active part in bringing about the present meeting. It was not, therefore, from any personal motives that he came forward; indeed, had he known Mr. Gay, he should have been reluctant in presenting himself on such an occasion. (Hear, hear.) Why did the majority of the meeting feel so strongly in this case. It was because they had a conviction in their minds, that what had been done had been done by an individual who exercised an undue amount of influence in the affairs of the Medical Profession. ("Hear, hear," hisses, and cheers.) It was because there was a general feeling that an undue and improper influence had been exercised by one individual in the Profession,—one who had professed to be a guardian of its rights, and the defender of its honour, but whose acts had not borne out his assertions. (Cheers.) But how had this influence

been acquired? How was it that any one dared to act in the manner that individual had done, without feeling that he was exposing himself to a great risk? It was because the Profession had allowed the influence to go on for so many years, and to such an extent. (Hear, hear.) Were they disposed to allow matters to remain in their present state? (No, no.) Were they disposed, without lifting up their voice against it, to make themselves the slaves of one man? Should they be surprised, if they put the scourge into his hands, that he would use it? (Hear, hear.) He (Mr. De Morgan) hoped that one result of the present meeting would be a determination no longer to submit to a dictation to which the Profession had been so long subjected. (Cheers.) There was another reason which had induced him, as well as many others, to come forward, to which, however, be alluded with some degree of pain. He believed, that the conduct of the gentlemen associated with Mr. Gay had been such as to call down some amount of censure on the part of the Profession. What were the circumstances of the case? Here was a gentleman who had been for seventeen years an honorary officer of an institution, a gentleman against whose abilities as a Surgeon, and against whose moral conduct not a single word had been uttered, who had discharged his duties faithfully, and in perfect amity with his colleagues; such a man had been dismissed from office, and not one of those who were associated with him had had the courage to come forward at the meeting which dismissed him, to raise his voice against such an act of injustice. ("Shame?") Conduct of this description would not tend to raise the Profession in the eyes of the world. (Hear, hear.) He (Mr. De Morgan) was further induced to take part in present proceedings on account of a circular which he had that morning received from the parties opposed to Mr. Gay. Finding that in that paper, which had been sent round to the Profession, there were many incorrect statements, injurious to Mr. Gay's reputation, he resolved that he would take any opportunity that presented itself to lift up his voice against that act of injustice, as well as the others that had preceded it. (Cheers.)

Mr. Webber, Surgeon to the Norwich Hospital, seconded the resolution. He said, he was speaking the sentiments of many whose letters he had in his pocket (and he had a pocket-full) when he characterised the late proceedings in connexion with Mr. Gay as the greatest insult that had ever been offered to the Medical Profession,—an insult the greater, because it sprang from a man who professed to uphold the rights of that profession. He did not think it necessary to be mealy-mouthed on the present occasion; and he would say, that certain persons had dealt with the Profession as a trade, and had sold it for their own advantage. (Loud cheers.) When the *Lancet* first appeared, it was encouraged, in the belief that it was to be a journal that was to represent fairly the concerns of the Profession, and to be a scientific publication for the special benefit of the inexperienced. Never did they contemplate that the journal was established merely to serve its own purposes; and they never would have patronised it had they suspected that it would have abused their confidence. But not long had it been established before evidence began to steal out that there was an object in it, and that to its cupidity every object would be sacrified. To the shrine of its own interests it had sacrificed a man who had now gone to his grave—one whom they must always mention with deep sympathy and with bitter regret. They all knew how the reputation of Mr. Bransby Cooper had been murdered—how that man was victimised and impoverished; and he (Mr. Webber) did not envy either the editor of a publication or any other person who sought to flourish upon the ruin of his fellow-man. (Loud applause.) But he would give the editor his due. Having made Mr. Bransby Cooper his victim, he buried him with honours. The name of Cooper seemed to have been exceedingly offensive to the individual to whom he (Mr. Webber) referred; for he recollected that Samuel Cooper also was made the subject of attack. Had, however, the Editor of the *Lancet* done half as much to advance the interests of his Profession, and with the same good feeling as the late Samuel Cooper, he would now be receiving at the hands of the Profession, not condemnation, but commendation. He (Mr. Webber) did not come forward in defence of Mr. Gay, for no charge had been proved against him; and he was far above the reach of his enemies,—but to ask the Profession whether they would any longer encourage the serpent that they had nurtured in their bosoms when it was in their power to withdraw its sting? If they chose to see their neighbour's reputation sold they would supply that Journal with the means; but if they desired that the Profession should not be offered up to any market which a man influenced by the basest motives might devise, they should take care and stop the sources by which the periodical in question lived, and grew, and fattened. (Cheers and laughter.) The late proceedings had been promoted at the suit of jealousy presided over by interest and faction, and at which a verdict was arrived at before the evidence was taken. The *lancet*, as an instrument, was now rapidly falling into disuse in the Profession—(laughter)—and he hoped the paper taking that name would experience a similar fate. (Cheers and laughter.) He could not help observing, that a proposal had been made by one of the members of the Committee of the Free Hospital, to refer the matter again to the Committee, instead of summarily dismissing Mr. Gay. It was evident why that excellent suggestion was not adopted,—it would have given Mr. Gay a chance: they had everything ready; their meeting was packed, and they were determined not to lose such an excellent opportunity for carrying out their object. (Hear, hear.) He would give them credit for their generalship, but he could not admire their plan of going into action. With reference to the circular that had been sent round by the Hospital Committee, it appeared to be something like a spent ball, doing the last mischief that it was capable of: and those who read could hardly avoid coming to the conviction, that it was

> "A tale told by an idiot,
> Full of sound and fury, signifying nothing."

The great grievance was, that Mr. Gay was called the principal Surgeon. The word "principal," generally meant the most distinguished; and why should not Mr. Gay be called the most distinguished Surgeon? (Hear, hear.) Surely, a man who had brought funds to the Institution, who had given it the only reputation which it could lay claim to, had a right to be called the principal Surgeon; he was so, likewise, in strict etiquette, for he was the Senior Surgeon. He (Mr. Webber) knew nothing of Dr. Marsden, except that he was the official manager of the Institution; but he was surprised to find that, occupying the position he did, he could sit in judgment on his colleague. (Hear.) If the meeting would be content to be led as sheep to the slaughter, and to be sacrificed to swell the profits of the butcher, they would go on taking the *Lancet;* but if they desired to see the Profession occupy its proper position in society, they would do away with such a trading in their interests. The charge against Mr. Gay was the charge of a clique, promoted by unfair, undue, and unprofessional means, and as such it was deserving the strongest reprobation of the meeting. (Loud cheers.)

Mr. Ross said he wished to say a few words in support of the Resolution. Any charge arising out of Mr. Gay's Biography applied to him (Mr. Ross) as the author of it, and not to Mr. Gay. (Hear, hear.) The parts of that biography to which objection had been taken, were not seen by Mr. Gay before they were published; and, he (Mr. Ross) had reason to believe, that some members of the Committee knew such to be the fact. He contended that he had said nothing respecting Mr. Gay which was not perfectly true and justifiable. Mr. Wakley had disclaimed all participation in Mr. Gay's dismissal; but he would ask that gentleman whether he was not present at the Committee on the 13th of July, when that impertinent letter was addressed to Mr. Gay; and whether he was not present on the 27th of July, when he tried to repel some of Mr. Gay's observations, and whether he had not written a well-known letter concluding with a very plain threat, which, as has been well observed, was a key to the whole proceeding.

The Resolution passed unanimously.

Mr. Sturgess wished to speak to the Resolution, but it having passed, he was told he could not be heard respecting it.

Mr. Joseph Jordan (senior Surgeon of the Manchester Infirmary) moved the second Resolution:—

"That the dismissal of Mr. Gay by the Committee of the Royal Free Hospital is not only unjust and oppressive to that gentleman as an individual, but if allowed to be adopted as a precedent, will prove as injurious to the interests of hospitals in general, as it is insulting to the Profession at large."

He said, that, when the terrific event at the Free Hospital was heard of in Manchester it came upon them like a shock. When a man was dismissed the service, they knew how miserable and wretched he was. To dismiss a Professional man from a post which he had filled for years was a most serious circumstance, and one which should never take place in any other case than that of Professional incapacity or moral turpitude. It was a lamentable thing when a dismissal was rendered necessary,—in that case nothing could be said about it; but, when a dismissal took place without adequate cause, it was the duty of the Profession to make it known that an injustice had been done. It struck him very forcibly, that any one who read the charges made against Mr. Gay must at once see them to be extremely insignificant in comparison with the punishment inflicted upon him.

Even if his faults had been worse than had been stated by the Committee, they would have been scarcely justified in dismissing him from their service; but it was found in the ordinary events of life, that men were often dismissed from causes not apparently adequate, it being frequently ascertained, that there was something behind for which the dismissed persons truly deserved the punishment they received,—the real offence not being stated, but another put forward instead. This would be the conclusion of many who read the account of Mr. Gay's dismissal. They would conclude that there was someting in the background —something behind the scenes which had occasioned the rupture, for they could not for a moment believe that so slight an offence as he was alleged to have committed could be followed by so serious a punishment as his dismissal from a public Institution. It was important to Mr. Gay, that a full explanation should be laid before the public; otherwise, the circumstances of the case might be open to the construction which he (Mr. Jordan) had mentioned. He thought it was only fair to those members of the Committee who had not voted, that the case should be fully laid before them, so that they might be enabled to retrace their unfortunate steps. No opportunity should be lost for bringing about this result. If he (Mr. Jordan) imagined that a circumstance so trifling could occasion his dismissal, he would at once send in his resignation to the hospital to which he was attached. (Loud cheers.)

Mr. Holmes Coote (Bartholomew's Hospital) said he would not detain the meeting with more remarks than he thought absolutely necessary. He would not expatiate at any length on the practice of writing biographies—a system which he believed was fraught with great mischief. (Hear, hear.) Any members of the Profession, anxious to uphold their dignity, if they reflected for a single moment upon a similar case in a sister profession, would be at once struck with the different manner in which such a course would be received. Suppose a barrister to have his portrait in the *Law Times* or the *Legal Examiner*—suppose a gentleman not in full practice to have it stated, that he was ready at all times to receive his clients in Stone-buildings or Lincoln's-inn, what would be the inevitable consequence of such an act? He would be disbarred—dismissed from his profession. The members of the Medical Profession ought, therefore, to set their faces strenuously and rigidly against such a system. He (Mr. Coote) confessed, that if he had had any feeling of diffidence about appearing on the present occasion, such a feeling would have vanished upon the perusal of the document which came into his hands that morning, which professed to be an extract from the draft of the Report to be presented to the Governors at the ensuing general meeting. It was to be concluded that the document was written by some one familiar with everything that had transpired; yet it was stated, over and over again, in language not to be mistaken, that Mr. Gay had been guilty of writing his own biography. This statement must have been made by those who were acquainted with the denial that Mr. Gay had repeatedly offered on that point. The document also charged him with aspersing the character of the hospital; but why were not the precise words mentioned? Why should such statements be sent round to the Governors of the hospital and to the Medical Profession, without the facts of the case being fully given. It was said, over and over again, that he had written his own biography, or was greatly concerned in it; but the meeting had heard the address of a gentleman who publicly declared that he himself wrote it, and that that fact was known to many members of the Committee. (Hear, hear.) Under such circumstances much could not be said for the morality of the institution. He (Mr. Coote) regretted the occurrence deeply, for he saw that it was intended that the institution should be made a school for the instruction of students. He should be sorry to see them brought up in such a school of morality—to find them taught, that whenever the time should come that they might hold public appointments, it would depend upon a private clique whether they should be dismissed without having an opportunity of defending themselves. ("Hear, hear," and cheers.) In the public services, if an officer committed a fault, he had always an opportunity of pleading in a recognised court against the gentleman who was selected as his accuser; but, in the present case, there had been no such thing; not only had no substantial charge been made against Mr. Gay, but he was brought before the Committee, at once the accusing counsel, the judge, and the jury. (Cheers.) He (Mr. Coote) seconded the Resolution with great pleasure, assured that it would receive the cordial support of the meeting.

Mr. Pollock (St. George's Hospital) said, he could not permit himself to give a silent vote to the Resolution which had been so ably introduced. Although he cordially concurred in its principle, he believed he spoke the sentiments of a very large number of the Profession when he stated, that they saw considerable objections to the publication of such biographies as had lately appeared. He felt that he was upon critical ground, and he knew that his allusions might be construed personally against Mr. Gay; but he did not in any way allude to that gentleman's life—(hear, hear,)—for the members of the Committee knew that he (Mr. Pollock,) had taken an active part in arranging for the present meeting. He could not forget that the first biography that was published was that of our most eminent living Surgeon, the record of whose life was of great interest and instruction to all who were endeavouring honourably to distinguish themselves in the various departments of Medical science. The life of Benjamin Brodie was published in the *Lancet*. That, however, was the life of a very eminent Medical man, who had nothing to gain by its publication, and who might be said to be independent of practice. Therefore the publication of such a life was not objectionable in the same light as those that had been lately presented to our notice. (Cries of "Question.") [Several gentlemen here rose to order.]

The Chairman said: The publication of the biography was at the bottom of all the mischief, and he could not consider that the allusion that was made to it was out of order.

Mr. Pollock said, that when some of the late biographies were examined by the Profession, that could not but condemn the system entirely. What had been the result of such biographies? They had afforded the Governors of the Free Hospital an excuse for making the publication of the biography of a useful and innocent man a subject of pandering to the personal prejudices of private individuals, and inflicting a gross injustice on one of our Profession. He hoped this meeting would emphatically denounce the system of all future publication of autobiography, and he hoped the those members of the Profession who had already escaped the contagion would do their utmost to put an end to these disgraceful productions. ("Hear, hear," and cheers.)

Mr. Sturgess said he had the interest of his Profession at heart, and he desired that the meeting should be conducted in a manner most likely to lead to a desirable and favourable conclusion. He meant no disrespect when he first rose. He intended simply to express an opinion that the Chairman should not make any observations calculated to lead the meeting on either side of the question. It was very important that the Chairman should be excessively guarded in that respect. (Oh, oh.) He wished now to suggest that the following words should be added to the Resolution which had been proposed:—

"That this meeting is of opinion that the Governors of the Royal Free Hospital should review their proceedings."

The Chairman asked Mr. Sturgess if he desired to put his suggestion in the form of an Amendment.

Mr. Sturgess said he merely threw out the suggestion, recommending it to the proposer and seconder of the Resolution.

Those gentlemen not adopting the suggestion, and no one appearing to second it, Mr. Sturgess withdrew it, and the Resolution was put to the meeting, and unanimously adopted.

Dr. Druitt proposed the next Resolution—

"That a copy of the statements laid before this meeting, with a copy of the Resolutions signed by the Chairman and Secretary, be sent to the public and Medical journals, to the heads of the Medical Profession, and to the officers of Her Majesty's household."

He said he perfectly agreed with the preceding speakers in most of their remarks, and would have been glad to dilate upon the subject before the meeting, had time permitted. He particularly concurred with his friend Mr. Pollock, that the publication of the biographies to which allusion had been made was one of the most calamitous events that had ever happened in the Medical Profession. With all due respect to the eminent individuals whose biographies had been published the first in the calamitous series, he could not allow the opportunity to pass without recording his emphatic opinion, that those individuals, honoured as they were, should have set a different example; and he doubted not that before this they had deeply regretted the course which they had adopted. Without making further allusions to that matter, there was another department of the subject to which the attention of the meeting should be directed. They were concerned with the conduct of a Committee towards a Medical officer of a charitable institution: they had desired to vindicate the honour of the Profession, and they had now to vindicate the sacred cause of charity to the poor. They could not allow that the stream of charity, which flowed to liberally and so nobly from so many sources, should be contaminated or intercepted by any feelings

of private rivalry or personal jealousy. They could not allow that the services of an individual which had been rendered ably and faithfully for more than seventeen years should be put a stop to, and that the poor should be deprived of the services of a humane and conscientious Surgeon—(hear, hear)—especially when nothing was proved against him, either in regard to his moral character or his professional ability. It was important that a copy of the Resolutions passed at the meeting should be forwarded to the Medical journals, in order that their professional brethren might know the nature of the proceedings, and the conclusions at which the meeting had arrived. The Resolutions should also be forwarded to the other public journals, so that the public at large might see that the members of the Profession were not a set of mercenary and narrow sectarians, ready to devour each other, but that they would not see the interests of a brother sacrificed without meeting together to defend him. (Hear, hear.) In thus assembling to vindicate their own interests and the interests of the Profession, they were but advancing the sacred cause of charity, as promoted by the medical hospitals and institutions. There ought to be a strong moral feeling on the part of all persons concerned in the management of such institutions. Hospitals ought never to be made the arenas for private pique and personal feeling; and the public should know that the Medical Profession stamped such things with their disapprobation. He (Dr. Druitt) did not come to the meeting as a partisan; he was no friend of the plaintiff,—he was no enemy of the defendant; he had no personal feeling in the matter; he merely desired to vindicate a great professional principle, and the sacred cause of charity. (Cheers.)

Dr. Conquest said, that, so far as he had watched the present proceedings, it appeared to him, that a gross insult had been offered to the Profession in general through Mr. Gay. ("Hear, hear," and cheers.) Not a single charge had been brought against him which could possibly have justified even a reprimand, much less a dismissal from so responsible a position as that which Mr. Gay had occupied, with so much credit to himself and so much advantage to the public. (Cheers.) Having known him intimately for fourteen or fifteen years, he (Dr. Conquest) thought it right to say, that he had never seen anything in his conduct unbefitting the gentleman or the philanthropist; on the contrary, he was a man of so much honour and integrity, that he would make any personal sacrifice rather than do a dishonourable act. ("Hear, hear," and cheers.) He (Dr. Conquest) felt himself under the deepest obligation to the Medical Profession, and was always glad of an opportunity of expressing it. He saw multitudes present whom he had known for nearly half a century, and now that he had comparatively withdrawn from practice, he could not help saying, that he did not know a man,—that he had never met with a man,—whose private character or whose Professional attainments had commanded a larger amount of respect and esteem than Mr. Gay. (Cheers.) He should have been guilty of some high moral misdemeanour or gross Professional incorrectness before such a step should have been taken as that adopted by the Committee. He (Dr. Conquest) had the greatest pleasure in protesting against a measure which appeared to him so thoroughly unreasonable, and in bearing testimony to the character of an individual for whom he entertained the highest personal respect, and who, he believed, was equally respected and esteemed by all who knew him. (Cheers.)

Mr. Liddell wished to say a few words before the Resolution was submitted to the meeting. He thought none of the Resolutions had gone quite far enough. (Hear, hear.) He was afraid that the cause of charity would suffer by the conduct of the Governors of the Royal Free Hospital, but he trusted that such would not be the case. The Free Hospital had set a noble example by opening its doors to all without the necessity of letters of recommendation; and he hoped such an excellent system of charity would not be checked. But what was to be done in the case of Mr. Gay? He presumed that that gentleman's office was not yet filled up; and he supposed also that no person of respectability would ever think of filling the vacancy. (Loud and long-continued cheering.) With regard to Mr. Gay's colleagues, he presumed that if they had not been instrumental in any way in causing his dismissal, they would send in their resignation, and hold office only until their successors were appointed. (Loud cheers.) He (Mr. Liddell) should not envy the position of Mr. Gay's colleagues, if they continued to hold office after his dismissal, nor the position of him who should offer himself as a candidate to fill the vacancy that had been occasioned. (Repeated cheering.)

Dr. O'Connor directed attention to a passage in the extract from the Report of the Committee to the Governors, stating that had the Committee taken no notice of Mr. Gay's conduct, the heads of the hospital and the Medical school might have quitted their chairs in disgust. He should like to know whether the lecturers in the hospital had lent themselves to such statements. He observed Dr. Cormack present, and he called upon him either to avow or deny his approval of such conduct.

Dr. Rose Cormack said, he thanked Dr. O'Connor for giving him the opportunity of stating most emphatically, that he entirely repudiated, as far as he was himself concerned, the allusion which was made to the medical lecturers of the Royal Free Hospital School. Dr. O'Connor, however, would observe, that reference was made in the Report to the eminent individuals "at the head of the school;" and he (Dr. Cormack) could not, therefore, suppose that he was referred to. He could only speak for himself when he said, that his sympathies were entirely with that meeting and with Mr. Gay. (Loud cheers.) He (Dr. Cormack) strongly disapproved of the biographical system; but that, he thought, was entirely apart from the question under consideration.

Dr. Ballard said, he did not, on entering the room, intend to say a syllable on that occasion; but reference having been made to the lecturers of the Free Hospital, he thought it his duty to say, that he had had no share whatever in the proceedings against Mr. Gay. (Hear, hear.) So ignorant had he been of what had been going on, that, up to the time of Mr. Gay's dismissal by the Governors, he had never heard a word about the matter, as he rarely read or heard of the gossip of the Profession. After the Resolutions that had been proposed and adopted that day, he had but one course open to him, and that course he should take. (Loud and long-continued cheering.)

Mr. Gant (whose name was repeatedly mentioned at this stage of the proceedings, but whose remarks were not very audible, owing to the excitement of the meeting, and to the low tone in which he spoke) was understood to say, that he was not a colleague of Mr. Gay's, but that he was in the school with which Mr. Gay would have been connected had he remained in the Institution. He felt that he could not listen to the remarks which had been made without endeavouring to exculpate his friend Mr. Thomas Wakley. (Oh! oh!) In the month of June last, he (Mr. Gant) first made application to the Medical Committee of the Royal Free Hospital to establish a school in connexion with the Institution, and he was then desired to form a staff. He accordingly, without visiting Mr. Wakley, called on Mr. Gay, thinking, from the office which he filled, that he should hold a prominent position in the school. He mentioned this to show, that at that time he could have had no adverse feeling towards Mr. Gay. Mr. Gay met him very cordially, and said he should be very happy to co-operate in the matter; but finding, after a short time, how unfortunately Mr. Gay was placed in relation to the Committee, he (Mr. Gant) withdrew altogether from filling up that chair. Mr. Thomas Wakley, knowing the unfortunate differences that existed,—for he was the first to tell him (Mr. Gant) of them—(laughter),—in no way interfered with Mr. Gay's dismissal from the hospital. [A Voice: "Not with his father?"] Not with his father; for he could say, that Mr. Wakley, sen., never voted on the question at the Committee meetings, nor took any part in the dismissal of Mr. Gay. (Oh! oh!) The present matter was entirely a Committee affair; and he believed the Committee would not yield to that meeting in their endeavours to uphold the welfare of that Institution with whose sacred interests they were entrusted. (Hisses and groans.)

Mr. Borlase Childs said he wished to ask Mr. Gant whether five months ago he did not state, that Mr. Gay was to be dismissed from the Royal Free Hospital, and that he (Mr. Gant) was to take his place?

Mr. Gant: On my solemn oath as a gentleman, I never said any such thing. (Oh! oh!)

Mr. Childs: My authority is undoubted.

Mr. Gant: Bring it forward.

Mr. Childs: If you will pledge your honour not to drag the person into the quarrel, you shall be made acquainted with the party to whom you made that observation. I should like to know whether you voted for the dismissal of Mr. Gay?

Mr. Gant: Certainly I did, and I voted conscientiously. (Great hissing, groaning, and loud cries of "Out, dog!" "Turn him out!" and a venerable grey-haired gentleman just before Mr. Gant shouted, "Vote a man out, and then apply for his place! Shame! Shame!" The meeting at this period presented a most exciting appearance.)

Mr. Childs: Did you not apply for the appointment at the Hospital, and send in testimonials?

Mr. Gant: Yes—(hisses)—I had not intended to put in an

application for the vacant Surgeoncy; but, on Monday morning, I was told, that unless I made some sort of application —("oh, oh!")—if any other gentleman made application, and stood, I should not succeed, some three or four years hence, in case of a vacancy. I simply wished to be elected eventually. I knew another gentleman (Mr. Cook, Assistant-Surgeon) had a prior claim, and I supported him; but, for myself, I should refuse to accept office with the aspect it has. ("Oh, oh!" and loud marks of general disapprobation.)

Dr. Spark said the present meeting had been called for the purpose of investigating the merits or demerits of the case between the Committee of Management of the Free Hospital and Mr. Gay; and he could not help saying, that it afforded a demonstration at once honourable to Mr. Gay, and honourable to the Profession. (Cheers.) Under the circumstances, they could come to no other conclusion, than that the act complained of was a deliberate and determined persecution of a worthy member of the Profession. (Hear, hear.) It was perfectly ridiculous and absurd to bring a grave charge against a man who had vanity enough to allow a few words in commendation of himself to appear in a biography. Was there any gentleman connected with the Institution, either as a Medical Officer or a Committee-man, who, if his biography were before the public, would not smack his lips at a little praise? (Cheers and laughter.) It was human nature; and he (Dr. Spark) forgave Mr. Gay from his heart, if there was anything to forgive. That he should be deprived of his office for permitting certain words of adulation to be published respecting him, was most absurd and unparallelled. He considered the present day one of the proudest in Mr. Gay's life, affording him, as it did, such an abundant opportunity of justifying himself in the eyes of the Profession and the public. (Hear, hear.)

Dr. Druitt said, he omitted, in moving the resolution, to mention the reason why a copy of that and the other resolutions should be forwarded to the officers of Her Majesty's household. The Medical Profession was unanimous on certain points of morality propounded that day; and they desired to give the public and also Her Majesty's advisers an opportunity of deciding whether they would sanction by their support proceedings which the entire Medical Profession denounced as highly injurious to the cause of charity. (Hear, hear.)

The resolution passed unanimously.

Dr. Murphy, Professor of Midwifery at University College, moved the fourth resolution:—

"That a subscription be forthwith opened for the purpose of defraying the expenses attendant on these proceedings; that a Committee be nominated to carry these Resolutions into effect; and that Mr. Haynes Walton, 69, Brook-street, Hanover-square, be appointed Treasurer."

He said, he appeared before the meeting, not with a view to comment on the Free Hospital, but to assert a principle, which he thought every man should vindicate. (Hear, hear.) A man should be perfectly independent of what was said of him by the press; for, if every one were made answerable for all the assertions the press might choose to make respecting him, who in the Profession would be safe? He hoped that the present meeting would produce a favourable change in the arrangements of the Free Hospital, so that it might be made still more serviceable in the cause of charity than it ever had been. (Hear.)

Mr. Spencer Smith, Assistant-Surgeon to St. Mary's Hospital, seconded the Resolution. He said, he thought the biographical system was degrading and debasing to the Profession. Fifteen hundred copies of a late biography had, he understood, been distributed in London, not among Medical men, but among the noble and high classes of the land. Such things should never be tolerated; and he hoped that all who had countenanced the system would go home and feel that they had been morally well birched. (Cheers and laughter.)

The Resolution was unanimously agreed to.

It was then resolved, that Mr. Haynes Walton should be Treasurer, to receive subscriptions in accordance with the previous Resolution.

The proceedings terminated with a vote of thanks to the Chairman.

[It is to be hoped that subscriptions will be at once sent to Mr. Haynes Walton, 69, Brook-street, to enable the Committee to defray the expenses they incurred, in order to give the Profession an opportunity of making a public expression of opinion.—Ed.]

MEMOIR OF THE LATE MR. WILLIAM THOMPSON KAY,

ASSISTANT-SURGEON, ROYAL MARINES.

In public life, it but too often happens that the services of those only who have achieved striking and splendid success are deemed worthy of record. Merit, however great if unobtrusive, and virtue, however real if unostentatious, are generally allowed to pass with the departed to the tomb. It is with the view of in some degree rescuing from this general fate the memory of a life which, although short, was remarkable for worth and true usefulness, that the following brief memoir has been written:—

Mr. Kay entered the Naval Service as Assistant-Surgeon of Melville Hospital, Chatham, in August, 1842, and in the following year he was appointed to H.M.S. Tyne, which proceeded to the Mediterranean. While the ship was on this interesting station, Mr. Kay on all occasions employed himself usefully and beneficially to science, as well as to his own Profession, of which some valuable papers on Mediterranean topography, published some years back in the *Medical Times*, bear ample and satisfactory evidence.

While the Tyne was lying at Beyrout, Mr. Kay accompanied the captain (Glascock, the well-known writer) in a journey through the Holy Land, during which he made sketches, and gave descriptions of the most celebrated places visited.

On the return of the Tyne to England, Mr. Kay received the responsible appointment of Assistant-Surgeon of the Plymouth division of Royal Marines. It was then that the most laborious and most valuable part of Mr. Kay's life commenced.

While his hands were full of work among the families and children of the officers and men of the Marines, his active mind would not allow him to throw aside his taste for literary and scientific pursuits.

To St. George's Hall—one of the finest buildings ever devoted to educational purposes—Mr. Kay early became, not only a subscriber, but a most zealous and able supporter, delivering lectures from time to time on various subjects connected with Science and the Arts.

He also about this time communicated various papers to the *Family Friend* and *Family Tutor*, which were well received by the public.

One of the series of Navy Medical Reports we published in our last volume was from his pen, and showed how zealously he laboured in the cause of sanitary improvement.

Arduous public duties, with incessant mental exertion, induced disease, which brought the life of this excellent and valued officer to a premature close. He died of dysentery, at the Marine Barracks, Stonehouse, on the 28th of December last, and was interred with military and other honours, his remains being attended to their last resting-place by the Marines, the military in garrison, the principal members of the Scientific Institution at Plymouth, the Masonic body, and others of all ranks.

REVIEWS.

The Code for Safety, or the Laws of Epidemics: Embracing Causes and Effects, and Aids Preventive and Curative. Together with Proofs of the Identity of the Summer Flux and the Asthenic Bronchitis of Large Towns. By G. F. Collier, M.D., Member of the Royal College of Physicians, etc., etc. Second Edition, Enlarged. Octavo, pp. 112. London. 1853.

Some years have elapsed since the appearance of the first edition of this work. To form the present or second edition, Dr. Collier has had the unsold copies of the first edition bound up with new title-page, dedication, introduction, and appendix.

The new dedication is in the form of a letter, commencing, "Sire;"—the third paragraph of this dedication runs thus:—"Progressive man can scarcely imagine a sight more acceptable to God and angels, than the most powerful of Monarchs seated in his study, meditating on the abstracts and records collected under his paternal care, with a view to lessen the sum of human mortality."

And we learn who Dr. Collier's Sire, his model Monarch is, in the subjoined sentence:—

"Who is it, in whose character we see thus happily blended the uncompromising firmness of the autocrat, the searching

spirit of the philosopher, and the self-sacrificing austerity of the Christian philanthropist?—Sire, it is yourself,

"NICHOLAS, EMPEROR OF ALL THE RUSSIAS."

And why has the Emperor Nicholas, seated in his study, become, in Dr. Collier's eyes, a sight acceptable to God and angels? Dr. Collier shall answer for himself:—

"Intermediately by letter, it was learned, through your Imperial Librarian, that the first edition of the "Code of Epidemics," rendered into Russian and German, had been deposited in your library, till when its author was not aware that a single copy of it had found its way into your dominions. Under a surprise so agreeable, he determined to make a Dedication of a second edition the means of publishing your merit to his fellow-countrymen."

The Introduction is an appeal, couched in strong language, in favour of sanitary reform. The following is a specimen of Dr. Collier's style:—

"Is not your London street-earth one mass of stinking corruption,—and your river? Don't argue merely, but smell. For shame, gentlemen; put your shoulders to the wheel! Throw your *hearts* into your acts—your tongues won't suffice. Meantime, just let me remind you, that from the year 1776 to the present period, you and your predecessors have spent not millions, but billions of revenue in brawls abroad and contests for party ascendancy at home."—P. 13.

The Code for Safety is, as we have said, unchanged. All that is in it which everybody does not know might be said in a very few words,—a single page would contain it all. Here is an example of the verbiage which occupies ninety-six pages;—

"21. No remedial agent can be efficient except by its seasonable use. Thus, in violent epidemics, medicines properly employed may assist nature in resisting the malady; but when concurring causes are too powerful, medicines must fail altogether."—P. 16.

The new Appendix consists of sixteen pages; it is "On the Identity of Bowel-flux and Spanæmial Bronchial-flux; with Remarks Political, Statistical, and Medical, on the Danger threatened by these two forms of Blood-taint to the welfare and very existence of the State."

This chapter contains two points: 1st. A strong attack on the veracity of the Registrar-General's returns, Dr. Collier classing them with homœopathy, clairvoyance, cross-mesmerism, and table-moving. Dr. Collier's great charge is, that the area included under the term London was formerly seventy square miles only; it is now 121·8, and that consequently the mortality of London proper is made to appear much less than it really is. The mortality of the central districts is joined to the mortality of the outlying districts, *e. g.*, Lewisham and Hampstead, and then the mean of the two sets of districts being given as that of London, we are led to suppose London proper to be much more healthy than it really is.

The second point dwelt on in this Chapter is, "The London Blood-taint Flux."

"It is the object of the present sketch to show, by conclusive and unanswerable statistics, that, for many years, *making due allowance for real increase of population, and presenting the subject in a form that cannot be affected by any such increase, large or small*, that the two forms of blood-taint disease—bowel-flux and bronchial-flux—have notably and alarmingly increased."—P. 103.

Appended to this section of the chapter are Tables, compiled for the purpose of proving the above assertion. These Tables exhibit the relative proportion of deaths from diarrhœa and dysentery in every 1000 deaths from all causes, from 1701 to 1852, and the relative proportion of deaths from bronchitis in every 1000 deaths from all causes, from 1838 to 1852. This part of Dr. Collier's work is well worthy of attention.

Coup d'Œil sur la Chirurgie Anglaise. Des Hernies Crurales. Par M. le Docteur A. Deville, Ancien Prosecteur de l'Ecole Anatomique des Hôpitaux de Paris. (A Glance at English Surgery. On Crural Hernia.) From the *Gazette des Hôpitaux.* 8vo. Pp. 98. Paris. 1853.

THE present monograph is entirely devoted to a comparison of the differences existing between the French and English schools of surgery on the subject of crural hernia, and the author takes the work of Mr. Gay as the basis of his observations. It is well known that Mr. Gay has strongly advocated and adopted the plan of replacing this kind of hernia, as well as others, without opening the sac, and has defended his views by great anatomical knowledge and considerable personal experience. The French surgeon combats the operation recommended by Mr. Gay on several grounds; in the first place, and especially, because it is inexpedient in those cases where there is a necessity for opening the sac owing to a strangulation of its neck. The other objections urged by Dr. Deville are, that the division of the stricture requires a special instrument; that it is performed in the dark, and is, therefore, uncertain; that it extends to tissues which it is useless to divide; and that it exposes the contiguous vessels to injury. It is inconsistent with our limits to follow Dr. Deville through his very elaborate and scientific arguments, or to show how satisfactorily they may be refuted; but we are very happy to quote the following passages from Dr. Deville's work, as showing the estimation in which Mr. Gay's talents as an anatomist and a surgeon are held by our neighbours on the other side of the Channel; and more gladly do we do so at the present time, when an unworthy, and, unhappily, a successful effort, has lately been made to exclude that excellent surgeon from the hospital to which, for many years, his talents have been devoted.

"The Work of Mr. Gay deserves great confidence, for it is evident from the perusal of every page, that Mr. Gay has repeatedly seen and often dissected the parts which he describes. Nothing is more easy than for an anatomist to state by mere reading, whether what he has just read is written by a person who has dissected, or by one who has only meditated in his library. There are such passages in the Work of Mr. Gay that we may say that we behold the parts described, so precise and faithful are the descriptions given by the Author."—P. 44.

And the concluding paragraph is no less honourable to Dr. Deville, as an opponent, than Mr. Gay himself:—

"We have made use principally of the Work of Mr. Gay as the most complete history of the opinions prevailing in England; and if, in consequence of the difference of the sphere in which we have both been educated, it is impossible for us to admit all his views, and it is even indispensable to criticize some of them very strictly, we are no less ready to do justice to the ability in dissection, the perseverance in labour, and the elevation of mind which have concurred in the completion of Mr. Gay's Work."

Chemistry, Theoretical, Practical, and Analytical, as Applied and Relating to the Arts and Manufactures. By Dr. SHERIDAN MUSPRATT, F.R.S.E., etc. Parts I., II., and III.

There is ample room for a comprehensive work on Chemistry applied to the Arts and Manufactures. The work of Dumas, "La Chimie Appliquée aux Arts," is now somewhat antiquated; the same may be said of the excellent "Dictionary of Chemistry applied to the Arts and Manufactures," by Dr. Ure; and a work of a similar nature by Parnell was never completed. The three first numbers of Dr. Muspratt's work promise well; the type is good, and the illustrations are abundant. The explanations, both practical and theoretical, connected with the important agent—acetic acid, are accurate and extensive.

GENERAL CORRESPONDENCE.

DR. BALLARD AND THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you oblige me by inserting in the forthcoming number of your Journal the accompanying letter, in which I resign my office as Lecturer at the Medical College of the Royal Free Hospital. I am, &c.

January 19. EDWARD BALLARD.

42, Myddelton-square, January 19, 1854.

DEAR SIR,—The Resolutions adopted, and the uncontradicted facts publicly put forth yesterday, at the meeting of the Medical Profession, on the subject of Mr. Gay's dismissal, have placed me in a position in which I can no longer honourably hold office in any capacity under the auspices of the Royal Free Hospital. The allegiance which I owe to my Profession, no less than my duty to myself, require the resignation of my Lectureships at the Medical College; and this resignation I must request you to be good enough to lay before the proprietors. I desire, however, to carry out my determination in the manner which will inflict the least inconvenience on the proprietors, and on my colleague,

as well as on those students who have honoured me by attendance on my lectures, and who will claim my signature to their certificates of attendance on the class of medicine. I am, consequently, willing to continue my lectures on the subjects which have been allotted to me in the course now in progress, unless my colleague, Dr. Hassall, will relieve me of them, or until some other gentleman shall be appointed for the purpose.

I am, &c. EDWARD BALLARD.

To W. H. Fenn, Esq., Registrar of the Medical College of the Royal Free Hospital.

We have also received the statement from DR. CORMACK, that he has resigned his appointment as lecturer on Forensic Medicine in the Royal Free Hospital Medical College, in consequence of the disclosures which have taken place in reference to the dismissal of Mr. Gay from the Hospital.

THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Without acting in opposition to every principle of justice, you cannot refuse to publish this communication.

In an editorial paragraph at page 45 of the last Number of your Journal, you state that a Correspondent had informed you "that he saw Mr. T. Wakley, jun., vote at the meeting of Governors when Mr. Gay"s dismissal was confirmed." What is the inference intended to be conveyed by this assertion? It is obvious. But what is the fact? I deny most positively and emphatically that I gave any vote whatever on the motion for Mr. Gay's dismissal.

Now, Sir, I think I have a right to demand the name and address of your Correspondent, who, it appears, has further stated that I "took a most active part in whipping-in" at the general meeting of Governors, Again I ask, what is the fact? While quietly seated in the theatre I saw an individual enter who, I knew, must have obtained his admission under a false name, he not being a Governor of the hospital, and having no right whatever to be present. I considered it to be a duty to acquaint the Secretary with what had happened. That officer immediately caused the withdrawal of the intruder. This transaction scarcely proves that I was a "whipper-in" on the occasion. If you wish for the name of the offender, I am prepared to furnish it.

You next state, that, though I was not a member of the Committee, "I attended at three out of the five meetings" of that body. Once more I inquire, what is the fact? From first to last I was not present at any one of the meetings of the Committee.

You further remark, that a correspondent adds, "there can be no doubt that he drew up the questions about the biography." Again, I say, what is the fact? Those questions were never once seen by me until they were in print, and I was no more concerned in framing them than was your veracious correspondent himself.

Such are my answers. Such are the point-blank refutations of the calumnious and malicious statements of your informants.

Now for a word regarding your own conduct.

All the time that you have been pretending an honest advocacy of the cause of one Surgeon, you have done your utmost to injure the reputation of another Surgeon who has not furnished a single ground of offence; but I feel perfectly confident, that an appeal from the unworthy and well-understood objects of his traducers to the honour and justice of his professional brethren will not be made in vain.

I am, &c. THOMAS WAKLEY, JUN.

Guildford-street, Russell-square, Jan. 18, 1854.

[We willingly insert Mr. Wakley's letter, but cannot give up our correspondent's name without his consent. We will ask him to allow us to do so. This gentleman wrote to us to say, that we had supposed an allusion of his to the father to apply to the son—that the *father* drew up the questions about the biography, and that the son was not present at *three* of the Committee meetings (as we understood, from his not always adding the *sen.* or *jun.* to the name of Wakley), but that he was present at the *first* on the 13th of July. We need hardly add that we have advocated the cause of Mr. Gay solely on public grounds, and that his opponents have had free use of the *Lancet*, and any facilities this Journal afforded for defending themselves from the accusations brought against them. As soon as we heard of the mistake into which our Correspondent had led us, we made it known to the Committee of the meeting, in order that it might not influence the statement of the case drawn up under their direction.—ED.]

THE ROYAL FREE HOSPITAL COMMITTEE AND THE INTERESTS OF MEDICAL STUDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—At a time when the whole of the Medical Profession is expressing its indignation at the conduct of an infatuated clique, whose narrow-minded ignorance has deprived the Royal Free Hospital of its chief ornament, and rendered it the public laughing-stock, I hope that you will not consider it a presumption on my part if I venture to address a few lines to you upon this subject. And I cannot suppose that you will deem this letter an impertinence; for, although the most eminent Medical Practitioners have already expressed a decided opinion, still be it remembered that this question is of great moment to the younger members of the Profession, inasmuch as from the students in hospitals are to be chosen hereafter the successors of those who now fill public appointments.

All young men of talent who first come to London, are of course animated with a sincere and praiseworthy desire to stand in the highest places in the medical world; and, recollecting the fact, that it is in the hospitals that the great men, the pride of English science, have gained that reputation which leads to wealth and honour, naturally determine to devote their energy to the purpose of rendering themselves fit and proper persons to obtain office in them. But I greatly fear that the late infamy in Gray's-inn-lane will give a heavy blow and great discouragement to such aspirations. What guarantee is there afforded to the possessors of hospital appointments that an unprincipled man of talent, with undisputed nepotic motives, should not prefer a frivolous charge against them before that congregation of fatuous potentates called a Committee, resulting in their annoyance and loss? If they are thus defenceless, thus at the power of any clever scamp who, as ill luck will sometimes have it, has some influence, no respectable man will consent to receive the title of Surgeon or Physician to an hospital; and instead of these charitable institutions being served by the heads of the Profession, they will be forced to seek for Medical officers among the Hamiltons, Perrys, and others, who annoy decent passengers as they traverse the Strand by directing seedy myrmidons to thrust filthy placards into their hands.

A story is told of Abernethy, I know not on what foundation, that, when he was a candidate for the Assistant-Surgeonship of St. Bartholomew's, he called on some great grocer who had a vote. This worthy thus addressed him: "I suppose, young man, that you wish for the favour of *my* vote and interest at this important crisis of your life?" "No, I don't," said Abernethy; "I want a penn'orth of figs; and put them up quickly, for I am in a hurry." *Exit* discomfited grocer. Fine old Abernethy! Men of medicine, go and do likewise! Let the grocers come to you; don't truckle to the grocers.

The whole Profession, *in esse* and *in posse*, must feel indebted to you for the able article on the "Puff Biographical" inserted in your last, especially as it is so applicable to the present occasion. Those who have had their portraits pictured, and their histories related, in a certain paper, ought to know that the first sentiment that arises in every man's mind on seeing and reading them is, "Of what moral delinquency can these poor fellows have been guilty, to be so praised in the 'Phlebotomist?'"

I am, &c. A MEDICAL STUDENT.

St. Bartholomew's Hospital, Jan. 14, 1854.

EXCISION OF THE MAXILLARY BONE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of January 7, page 20, there is a letter by an Edinburgh "Chirurgus," which, as it disingenuously attempts to cast an imputation on the character of a distinguished member of the Profession, ought surely not to have been published without some inquiry into the merits of the case. Have the goodness, therefore, to allow me a few lines to correct the errors into which "Chirurgus" has chosen to fall, and into which he would fain lead such of your readers as place reliance on his statements.

Mr. Syme, the object of the uncalled for criticism to which I allude, is represented by "Chirurgus" as "reiterating" a claim

for "credit for being the first to perform the operation of removal of the superior maxillary bone in Europe."

This claim was never preferred by Mr. Syme. The credit he asks is that of "having happened to remove the first superior maxillary bone that was removed on this principle in Great Britain, and having entered upon the records of surgery the first instance of this operation which they contain." I quote from a paper published by Mr. Syme in the *Monthly Journal of Medical Science* for January, 1854, and previously read by him to the Medico-Chirurgical Society of Edinburgh. On the incorrect report of this sentence given by your own Edinburgh Correspondent, "Chirurgus" takes occasion to found his remarks, and does so, even although he was perfectly well acquainted with the true nature of the claim, which he states, indeed, in his postscript, in Mr. Syme's own words.

A faithful history of the operation will serve to show that Mr. Syme's claim is in every way a just one.

In his "System of Anatomical Plates," published in 1826, Part 9, page 58, Mr. Lizars, of Edinburgh, first proposed in print complete removal of the superior maxillary bone, when the seat of disease. Mr. Lizars attempted to perform the operation in December, 1827, but was prevented from accomplishing it by "the hæmorrhagic disposition of the gums and palate." M. Gensoul, of Lyons, apparently ignorant of Mr. Lizars' proposal, had already performed the operation in May, 1827; and he repeated it in January, 1828, and in March and April, 1829; as stated by "Chirurgus." These cases of M. Gensoul were not published, as "Chirurgus" himself owns, till 1833. In the interim, however, Mr. Syme had performed the operation on the 15th of May, 1829; and he published a full account of the operation in a paper in the *Edinburgh Medical and Surgical Journal* of 1st July of that year; and further reported the progress of the case in the same Journal of date 1st October, 1829. This was assuredly the first instance in which the operation was performed in Great Britain; and it was the case first put upon the records of surgery. A few months afterwards, Mr. Syme again performed the operation on a female patient who presented herself at the hospital last autumn in perfect health, twenty-four years having elapsed since the jaw was removed.

From misapprehension (?) of Mr. Syme's report of his first case, "Chirurgus" is led to imagine that Mr. Syme "had undertaken the operation without any hope of recovery from it." Now, Mr. Syme's statement is, that Dr. Ballingal and Mr. Nasmyth agreed with him "in thinking that the case was a very fair one for practising excision of the superior maxillary bone." Apprehensions were excited in the mind of the operator on finding, in the course of the operation, "that the morbid growth was not confined to the maxillary bone, but extended to the sphenoid in the base of the skull." The extent of the disease gave rise to an unfavourable prognosis, which was "not verified." That the disease did not re-appear in the base of the skull, Mr. Syme expresses himself as "at a loss to account for, unless the separation of a very large slough about a week after the operation be considered a sufficient explanation." "Chirurgus" further "presumes that the operation was unsuccessful in establishing a cure." Presumption, indeed! in the face of Mr. Syme's report, published nearly three months after the operation, which he closes with these words:—"The man continues quite well, with the exception of a small gap in his cheek, and feels particularly comfortable in being freed from the distracting and incessant pain which formerly tormented him."

"It is necessary to premise," says "Chirurgus," "notwithstanding Mr. Syme describes the disease as one of frequent occurrence, that the first, and, so far as I have been able to discover, from the published report of surgical cases which he treated, the only operation for its removal, undertaken by him, was performed in May, 1829." I know not how often Mr. Syme may have performed the operation since May, 1829; but this I do know, that the first operation which I saw Mr. Syme perform in the hospital here fully two years ago was excision of the superior maxillary bone, and the operation has been repeated at least once since then, in the same theatre, by Dr. Mackenzie.

Seeing, then, that Mr. Syme was the first to perform excision of the upper jaw in Great Britain, and not Mr. Lizars, who proposed it; and, seeing that Mr. Syme was the first to record a case of it in the annals of surgery, is it not a little remarkable, that the writers of all the recent English text-books on Surgery,—Mr. South, in his learned translation of Chelius, Mr. Miller, Mr. Fergusson, Mr. Erichsen, and Mr. Pirie, either should not have alluded to the matter at all, or, if they have done so, should have awarded to Mr. Lizars the credit which is due to Mr. Syme? The omission is the more reprehensible, as Mr. Syme published a detailed account of his case (as already stated) in a communication specially devoted to the subject, in the *Edinburgh Medical and Surgical Journal*, which cannot surely have escaped the observation of all his surgical brethren.

I am, &c. STUDENS CHIRURGIÆ.

Edinburgh, Jan. 12, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JANUARY, 10, 1854.

Dr. COPLAND, F.R.S., President.

A Paper was read

ON CERTAIN PATHOLOGICAL STATES OF THE BLOOD AND OF THEIR TREATMENT.

By JAMES COPLAND, F.R.S., M.D., President.

THIS was a continuation of that essay of which we gave an analysis in our impression of the 19th November, 1853. The author having described various signs of vitiation of the blood, and different changes in the secretions consequent upon such vitiation, deduced a series of inferences on which he founded his treatment. He arranged vitiations of blood under certain categories, according to the causes of the disease, and these comprehended the following orders:—1. Vitiations produced by imperfect assimilation or development of the blood-globules. 2. Vitiations occasioned by the increased action of the organs which waste or decompose the hæmato-globulin, which increase the fibrin and augment the urea. 3. Contaminations arising from the absorption of purulent, sanious, or other morbid matters into the circulation, or from the imbibition of any of these by the veins or cellular tissue. 4. Alterations sometimes supervening on the foregoing, or complicating the latter, such as fibrinous coagula or concretions, or inflammations of arteries, veins, or lymphatics, puriform infiltrations, or fomentations. 5. Vitiations occasioned by the imperfect performance or by the interruption or suppression of a depurating function. 6. Contamination produced by morbid miasms, or by specific seminia—as in malignant, pestilential, and septic maladies. 7. The inoculation of poisonous secretions or fluids, as the fluids from erysipelatous inflammations, from asthenic or diffusive inflammation, from bodies recently dead from malignant diseases, or from putrid animal matters. The learned author proceeded to give an account of the treatment which he adopted, stating, that it was founded upon close observation, and rational inference from such observation. He dwelt at length upon the treatment of that state of the blood characterized by the amount it contains of ureal and fibrinous constituents, which occurs in rheumatism; and recommended magnesia and its citrates, the carbonates and citrates of the fixed alkalies, and other remedies of the same nature, as being the most efficacious in counteracting that disposition of the blood, as well as the various preparations of serpentaria and cinchona. In category 6, the author had found great benefit from the exhibition of large doses of turpentine. In conclusion, he referred the Society to the opinions expressed in his "Dictionary of Medicine," and hoped he would be held blameless for having so often mentioned his own works, inasmuch as modern authors had made great use of them without acknowledging the source from whence they derived their information.

On the motion of Dr. Alderson, a vote of thanks was passed to the President for his excellent paper.

The President said, that he would be glad to hear some opinion expressed relative to his opinions, and called the attention of the surgeons present to the symptoms supervening upon dissection wounds.

Mr. Streeter, as one who had lately had personal experience of them, recommended that a small incision should be made near the wound, in order to let the collected serum escape, and that hartshorn should be injected.

Dr. O'Connor reminded the President, that turpentine had been used thirty years ago in Dublin, in puerperal peritonitis and in typhus. He expressed his high opinion of the value of quinine dissolved in ammonia, as first prepared by Bastick, especially in the diseases coming under the second category.

The President stated, that it was in 1817 that he had recommended turpentine first; and that, when he was appointed

Consulting Physician to the Lying-in Hospital, he had proved the system he had adopted to be superior to the old-fashioned method of bleeding and depletion.

The meeting then adjourned.

MEDICAL SOCIETY OF LONDON.

JANUARY 14, 1854.

DR. SNOW, Vice-President, in the Chair.

CANCER FROM INOCULATION.

MR. RICHARDSON presented to the notice of the Society the uterus and vagina, and the heart of a patient, whose case he had formerly laid before the Society, as one probably of cancer by inoculation. The husband died some years ago from cancer of the penis, and had had sexual intercourse with the patient long after the occurrence of the gleety discharge which accompanied the cancer, and, until the act, gave him much pain. The patient remained well until upwards of two years after the death of her husband, when she first complained of weakness, anæmia, and a distressing sense of bearing down. Dr. Snow then saw the case with Mr. Richardson, and, on examination, they found a bleeding fungoid mass breaking up most readily on the introduction of the finger. She at length sank from exhaustion, following the loss of blood, and the repetition of 3 gr. doses of opium. Mr. Richardson then forwarded the sexual organs to Dr. Edward Smith, for microscopic examination, who reported as follows:—

"The case is one of epithelial cancer. The structures at the entrance to the vagina are free from the disease, but, within three-quarters of an inch of that point, the mucous membrane presents a patch of epithelial cancer, and thence the disease extends to the anterior wall and the structures exterior to the mucous membrane of the urethra. There are also three other small points on the vagina which are not affected, viz., immediately above the patch just mentioned, a rounded space about the centre of the vagina surrounded by the projecting cancerous mass, and, lastly, that part which surrounds the projecting os uteri. At all these points the mucous membrane retains its natural epithelium. The cancerous mass, therefore, occupies nearly the whole of the vagina, and is fully nine lines in thickness, at the back part, near to the centre of the canal, where it also projects nearly half an inch into the cavity above the level of the mucous membrane. It also involves all the tissues except in the patch near to the entrance of the vagina, where the mucous membrane is alone affected. The whole of the lip of the os uteri, and indeed the canal of the neck, is ulcerated, and the tissues infiltrated with the cancer. The body of the uterus is enlarged and vascular, but no cancerous growth is found on the walls, or on the mucous membrane. A careful examination of the blood in the capillaries beneath the mucous membrane failed to detect any evidence of the disease within the vessels. I am not quite clear that the mucous membrane of the neck of the bladder, or of the urethra, had been attacked with cancer. It is quite clear that the malignant disease had seized all the subjacent tissue, and that a rent in the mucous membrane occurs at that spot, but I think it probable that the perforation has resulted from *post-mortem* manipulation. The cellular character of the disease is most evident, and the cells of the small size, which is met with in epithelial cancer, developed in resisting tissues. There are also many of the large, well-defined granular cells said to characterise the colloid forms of the disease."

Mr. Richardson inferred that this was a case of cancer communicated by direct contact either by or to the woman, and had ascertained from country practitioners that many similar instances had been traced. Mr. Paget and Dr. Druitt had also borne corresponding testimony.

Dr. Ogier Ward recommended the application of nitrate of lead in the proportion of gr. v. to ℥j. of acidulated water, in cases of hæmorrhage, with or without offensive discharges.

Mr. Rogers Harrison, in reference to this case, and also to one which had occurred to Professor Quekett, and was related by Dr. E. Smith, considered that we should be chary in admitting the possibility of such a mode of communication.

NEW OPERATION ON THE FOOT.

Mr. Gay exhibited drawings, and gave the particulars, of a case in which he had performed resection of the foot on a new plan. He entered into some details as to the several forms in which resection had hitherto been practised, and then considered the propriety of leaving the great toe entire when the case called for the removal of all the other metatarsal and phalangeal bones. He stated, that the objections hitherto urged against such a procedure were—first, the inconvenience which would attend the projecting part; and, secondly, the want of sufficient attachment to the internal cuneiform bone, to render the toe of any service in progression. He was now, however, of opinion, that if the middle cuneiform bone be also allowed to remain, the attachment will be consolidated, and the whole toe made serviceable. His patient was aged 22 when operated upon in August last; and now (after five months) is able to walk with ease, and is obtaining yet greater facility in progression. Mr. Gay especially referred to two circumstances as worthy of note:—1st, that the toe becomes curved outwards, and thus receives the pressure at about the point where the ball of the little toe formerly received it. This facilitates progression. 2nd. The absence of the other toes seems to be compensated for by an increasing muscular and bony development of this, the remaining toe; and it is probable that the great toe will acquire far more than its normal size and power.

Mr. Rogers Harrison then read a paper

ON THE SANITARY INFLUENCES OF PURULENT DISCHARGES.

The author began by apologising for the rather vague title of his paper, vague inasmuch as his remarks would necessarily (on account of time) permit him only more especially to allude to one of the forms of the salutary influence of purulent discharge, viz., the fistula in ano, which frequently accompanies diseased visceral organs; and, by cases recited, he showed how spontaneous fistula in ano pointed to some more specific manifestations of the laws regulating the production of pus in parts remote from the seat of the disease; as well as that he believed the fistula occasionally preceded the development of pulmonary consumption. In the course of his observations he drew attention to the fact, that, in spite of the recommendation of Sir B. Brodie, to ascertain the state of the person's lungs, etc., before operating in this class of disease, the reverse still obtains, and the operation was yet persisted in at the premature cost of the patient's life. He believed that, in many cases, while the purulent discharge was constantly taking place from the rectum, the true disease was masked, and that, so long as a drain was kept up spontaneously, vital organs were relieved, and life sustained; but that immediately on the cessation of these habituated discharges, the seeds of phthisical disease, which were but slumbering in inactivity, were forced into existence, and the patient sank under their destructive influence. He used the word spontaneous strictly, inasmuch as he attributed not the same amount of prophylaxis to artificial issues, or setons, etc., although he was aware the latter occasionally were of temporary benefit. The author, in the course of his paper combated the view taken by Andral and Louis, that fistula in ano and phthisis were not concurrent in more than one of the former, in 800 cases of the latter disease, and did not attach much accuracy to the statements of the French physiologists; and he quoted passages from Pott and Brodie, as well as his own experience, to show that the practice of English surgeons led them to lay down strict rules of treatment in cases of fistula in ano, complicated with pulmonary diseases. He further expressed his belief in the truth of his position by contemplating the physiology of suppuration, as exhibited in the exanthemata of children—(all of which he believed to be blood-diseases)—in the glandular abscesses of boyhood. The almost immunity of it at puberty—the recurrence of it again in attained manhood, when Nature, ever fruitful and bountiful, makes a contingent charge upon less important parts to carry off effete matter which may have accumulated in the blood. He then proceeded to deduce from the cases read, points as to the physiology of diseased action in the human body, which he considered entirely dependent on individual constitution. It appeared plain to him, that the human frame was obnoxious to two distinct actions going on in the body at one and the same time, and that the disease of which the constitution is most susceptible was not at all times the one in the ascendant, but was often, by an adventitious discharge, (such as fistula,) kept in the dark, and diseased vitality of the blood thrown off to the relief of internal organs. This position, he maintained, was evidenced by the experiments of Cruveilhier and Blandin, and the writings of Carswell and Pott, of Wilson and of Cooper. He alluded, in the course of his remarks, to the prevalence of boils and carbuncles as confirmatory of a diseased action in one functional organ set up to relieve the blood of its materies morbi, engendered by atmospheric or other influences. He touched upon the histology of pus and its formation, disagreeing with Dr. Lebert, of Vaud, who could discover no

similarity between concrete pus and tubercle, he believing the difference in size of the two fully accounting for the small difference in shape. He quite coincided with Dupuytren as to the formation of pus being the result of the wrecks of solids, of inflamed organs, and of the elements of the blood, which have entered into new combinations; and concluded his paper by drawing the attention of the Society to the plain plan of practice alone necessary in the treatment of those complicated diseases of tuberculosis and fistula, and decrying all surgical interference in such cases.

Dr. Ogier Ward, in support of the author's opinions, mentioned the particulars of the case of a young lady who had been afflicted with ulceration of the cervical gland, general debility, and threatenings of phthisis. She was directed to visit Hastings; and, so long as she did so, and the glands continued to suppurate, phthisis did not appear; but having at length much improved in health, and induced a tendency to the healing of the suppurating glands, the patient declined to undertake her annual journey, and died during the next spring. Dr. Ward, as an old pupil of M. Louis, was desirous to reconcile the contrary statements made by that distinguished Physician; and the author being assured that all the statements were made in good faith, and thought that he could do so by stating, that the great mass of M. Louis's cases occurred before their thirtieth year, whereas fistula usually attacks persons who have passed that period of life. He thought, also, that fistula would be less frequent in France and England, on account of the prejudice existing in the former country to hard seats.

Mr. Hancock considered, that the author's proposition was not a universal one, and cited proofs, that in certain classes of cases the healing of fistulas and abscesses produces unmixed good. He laid down the rule, that whenever the pectoral and general symptoms had preceded the occurrence of fistula, it would be improper to operate; but, when general symptoms follow the abscess the operation is beneficial. He then referred to the case of a gentleman who was presumed to be in the last stage of phthisis; and, in addition, was afflicted with fistula in ano, who had been advised to submit to the introduction of bougies, with a view to the consolidation of the strictures, but not to permit the division of the sphincter. Mr. Hancock subsequently divided the parts, and found a large purulent cavity existing near to the glutæi muscles; after which the patient became perfectly well. He also referred to numerous cases of abscess caused by scybalæ or foreign bodies, as bones and coins, which had been cured by operation. Whenever injury to the system results from the operation, he considered it to be due to the irritation set up by the operation, and not to the suppression of the purulent discharge. He criticised the author's term "suppurative abscess," considering that all abscesses are suppurative. He thought it unlikely that the occurrence of gonorrhœa or syphilis would cure consumption.

Mr. Dendy explained that the author had not intended to refer to such abscesses and fistulas as depend upon local causes, but to those only which have essentially a constitutional origin, and he altogether agreed in his opinions. Hippocrates had also observed, that the suppression of purulent discharge is sometimes followed by general disturbance and by insanity; and this he (Mr. Dendy) had seen confirmed again and again at the Infirmary for Children. He had no doubt but that gonorrhœa would be a good prophylactic in the cases referred to, but of course would not advise it as a remedy. He then referred to the present epidemic in Omer Pacha's army as illustrative of the constitutional origin and emunctory character of collections of purulent matter.

Mr. Richardson had seen many cases of fistula in Dr. Laurie's practice, and had remarked the great difficulty which attends the attempt to distinguish those which arose from local from those dependent upon constitutional causes. He wished Mr. Hancock to state any means of determining this question which he might possess.

Dr. Wiltshire gave his full and hearty concurrence to the principles advocated by the author, and felt that every practitioner must, from his own experience alone, be assured of the frequent co-existence of fistula and phthisis. He had met with it chiefly in shoe-makers and tailors, and others of similarly sedentary occupations, and believed it to depend very much upon the constrained and immovable position, the heat, want of ventilation, and poor living. He was not certain that it could be considered a blood disease. It was formerly the custom to scout the idea that repelled skin eruptions were apt to set up internal disease; but he had no doubt as to the fact, and believed moreover, that the arrest of external discharges tends to produce internal disease. He agreed with the author, that a discharge set up by nature was far more beneficial than one established artificially; but yet considered that the author had not given enough credit to the merits of setons, issues, and other modes of producing suppuration artificially.

Mr. Canton sought to explain the mode by which fistula ani is set up in cases of phthisis. When the eliminating process in the lungs is seriously interfered with by the disease in those organs, the liver endeavours to do double duty; but that organ also becomes fatty, and thus, in two large and very vascular organs, the circulation is seriously impeded. This results in congestion of the portal system, and especially in the hæmorrhoidal veins, and the weight of the blood in those structures produces the fistula.

Dr. Snow, Mr. Milton, and Mr. Hinton having offered some remarks, Mr. Harrison, in reply, stated, that he wished it to be understood distinctly, that he had never suggested the propriety of obtainining a gonorrhœa or syphilis, either as prophylactic or curative of phthisis.

NORTH LONDON MEDICAL SOCIETY.

JANUARY 11, 1854.

Mr. QUAIN in the Chair.

A Paper was read by Mr. Hainworth, which will be found among the Original Communications.

Mr. Norman had had opportunities of confirming the pathological views of Mr. Hainworth. He had demonstrated to others, that two or three distinct layers of effete cuticle could be stripped off, one after another; and, in one obstinate case, he contemplated passing a narrow knife under the ring of hardened cuticle, in order to free the vessels from the constricting mass, which evidently was the cause of the non-healing of the ulcer.

Mr. Tunaley believed, that, without alterative constitutional treatment, no surgical interference would avail. He had seen the hard edge boldly cut away from great numbers of these ulcers, but never saw any good result where constitutional treatment was neglected.

Mr. Part never failed in curing these ulcers by Mr. Scott's or Mr. Baynton's mode of treatment. He differed from Mr. Tunaley in thinking constitutional treatment unnecessary.

Mr. Cousins proposed, that Fellows of this Society should, six months after hearing this paper, report upon their personal experience of a mode of treatment which promised such useful results. He would be glad to see this plan adopted after the reading of any paper which afforded reasonable expectations of adding to the resources of our art.

After further discussion, Mr. Hainworth expressed his gratification at hearing Mr. Norman's report of his cases. He asked Mr. Tunaley, if he did not allude to excision of the edge of the ring by incision perpendicular to the surface of the sore. Mr. Tunaley having assented, Mr. Hainworth said that he had frequently performed that operation, and without success. He had also known complete excision tried,—an operation of much severity, and thus contrasting with the operation now proposed. He assured the Society, that one complete paring of the edges, so as to expose the thin cuticle over the cutis, sufficed to permit the cure of these ulcers to take place by the ordinary treatment of healthy ulcers.

The President called attention to the beneficial results occasionally produced by an attack of erysipelas. Without committing himself to the pathological views of Mr. Hainworth, he deemed the operation well worthy of trial.

LEGAL INTELLIGENCE.

LIBEL.—THE QUEEN *V.* O'SHEA AND OTHERS.

IN this case a rule had been obtained calling on Mr. Michael Keating O'Shea, Thomas Clayton, and Thomas Clayton, the younger, to show cause why a criminal information should not be filed against them for a libel against Dr. O'Connor, published in a newspaper called the *Weekly Telegraph*, in which were the following sentences:—"It seems to me pertinent to inquire whether W. O'Connor, M.D., is not a fictitious personage? When and where was the M.D. derived? In the 'Medical Directory' for 1846 I find M.R.C.S. tacked to his name. In 1849 the name is divested of its borrowed honours, and reduced to the simplicity of L.S.A. (Licentiate of the Society of Apothecaries), and I believe this contains the full amount of his dignity. Should Mr. O'Connor still claim the M.D., he will at least have

the goodness to tell where he got it." The affidavits in support of the rule stated, that there was no truth whatever in the imputations cast on Dr. O'Connor by the libel, which was calculated to do him considerable injury in his Profession.

Mr. Lush, who appeared for the defendants, said, the libel had imputed to Dr. O'Connor that he had assumed the title of M.D. without having a lawful right to bear that designation. At the time the article appeared, the defendant O'Shea, the writer, believed what was stated, but he had since found that what he then considered to be facts were entirely unfounded. Dr. O'Connor was, he was now convinced, fully entitled to bear that designation, having been duly admitted both at Edinburgh and London. It had been agreed, that the defendant, Mr. O'Shea, should write a letter retracting the imputations, and expressing his regret for having made them, and that this letter was to be inserted in the journal wherein the libel was published; and Messrs. Clayton, the other defendants, were to express, in like manner, their regret for having, as agents of the journal in England, given circulation to the unfounded statements respecting Dr. O'Connor. This letter was all that could be desired, for it expressly and distinctly withdrew and contradicted the assertions made in the original libel. The learned counsel here read the letter, the chief points of which are as follow:—

"17, Mount-street, Lambeth, Jan. 6, 1854.

"Sir,—Believing that the only object you can have in view, is to vindicate your character and professional position from the charges I unfortunately made in the letter, and being myself anxious to make all the reparation in my power for the errors into which I have fallen, I trust you will accept the following apology. I distinctly withdraw every imputation I have made or insinuated against you, and beg to apologise to you for the offensive expressions I have used. I much regret that I should have written in so hasty a manner, with a mistaken view of the facts, and without ascertaining whether the circumstances I stated were correct. I am perfectly satisfied that you were warranted in using the titles of Doctor of Medicine and Member of the Royal College of Surgeons. I assure you, I never felt any private pique or animosity towards you. I never called in question your skill or attainments, nor did I intend in any way to attack your private character.

"I am, Sir, your obedient servant,

"M. M. O'Shea, M.R.C.S. Eng.

"To Wm. O'Connor, M.D., M.R.C.S.E., etc.,

30, Upper Montague-street, Montague-square, London."

The learned Counsel continued: On the part of the editor of the paper, it was agreed that he should insert this letter, with a like expression of regret for having published the libel, and with this declaration, that the imputations it contained were unfounded; and, under these circumstances, he (Mr. Lush) had to apply, that the rule for a criminal information might be discharged, on the payment by the defendants of the costs.

The Counsel for the plaintiff accepted the apology and retraction now made, and consented, that the rule should be discharged on payment of costs.

Lord Campbell: Dr. O'Connor was well justified in coming to this court on the publication of this libel; but a most ample retraction had been now made, and an apology offered, creditable to those who offered it, and Dr. O'Connor did well in accepting it. The rule might be discharged as prayed.

ROYAL MATERNITY CHARITY.

In a cause, Coldwell *v.* Holme, the testatrix by her will bequeathed 200*l.* "to the Treasurer of the Benevolent Institution for the Delivery of Poor Married Women at their own Habitations." Such a Society at one time existed, but ceased to exist in 1836, and the testatrix had been a life governor of it. Sir John William Lubbock, Treasurer of the Royal Maternity, or Lying-in Charity for Delivering Poor Married Women at their own Habitations, prayed that the above legacy might be paid to him as such treasurer. The Vice-Chancellor said: Here was a clear gift of 200*l.* to the Benevolent Institution for the Delivery of Poor Married Women at their own Habitations, and he had only one institution which claimed before him in that character. But he had satisfactory evidence that there could be no other; and, if he found that there was before him a body which substantially answered the description in the will, he should be wholly unjustified in defeating the benevolent intentions of the testatrix, and in depriving the sole claimant of this legacy by saying that it altogether failed, and that it must go to the next of kin. He could not do that, and therefore he must hold that the petitioner was entitled. The costs of the petition must come out of the estate.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 13th instant:—

Brooks, James Henry, Henley-on-Thames, Oxon.
Clarke, Wm. Hughes, Pontardulais, Llanelly, Carmarthen.
Halliwell, Richard Nowell, Dewsbury, Yorks.
Jaberns, William Augustus, H.E.I.C.S., Calcutta.
Pollock, David, Coleraine, County Londonderry.
Roberts, David Watkin, Anglesea.
Sankey, Richard Henry Huntley, Farnham, Surrey.
Sayer, Frederick William, Newport, Isle of Wight.
Spinks, Christopher Nugent, Warrington, Lancashire.

Licentiates in Midwifery.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery of the Royal College of Surgeons, at the meeting of the Board on the 18th inst.:—

Cockburn, Jas. Balfour, Guernsey, Diploma of Membership dated May 2, 1851.
Collins, Edwin Stephens, Stalbridge, April 29, 1853.
Ferguson, William Edward, Macclesfield, June 5, 1846.
Lawrence, J. J. Trevor, Whitehall-place, Dec.23, 1853.
Roe, Charles James, Greenock, July 18, 1853.

Histological Lectures.—Professor Quekett commenced his annual course of microscopical lectures on Wednesday last at the Royal College of Surgeons, and will lecture every succeeding Wednesday, at 3 o'clock.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Jan. 12:—

Dickenson, Geo. Murray, Pailton, Warwickshire.
Winstanley, George, Exeter, Devon.

APPOINTMENTS.

Naval.—Surgeon John Davidson, to the Britannia, 120, flagship of the British fleet in the Black Sea.

Military.—87th: Assistant-Surgeon Benjamin Swift, M.D., from the 98th Foot, to be Surgeon, vice Staunton, deceased, Jan. 13. 98th: Assistant-Surgeon Neil Henry Stewart, M.D., from the Staff, to be Assistant-Surgeon, vice Swift, promoted in the 87th Foot, Jan. 13.

TESTIMONIALS.

Dr. Turner, Keith.—An influential body of gentlemen assembled, Dec. 30, at Keith, for the purpose of presenting the above gentleman with a testimonial of esteem, consisting of various articles of silver ware of the value of 100 guineas. The Chairman (W. Thorburn, Esq., Solicitor) in presenting the testimonial, said: "In referring to our friend Dr. Turner, it is not my purpose, neither is it any wise necessary, to draw comparisons between him and his brethren in the Profession 'All are honourable men,' so we must hold; and, fortunate for us in this locality it is, that all our Medical men are really and truly 'honourable men.' But thus much I may venture to say in reference to Dr. Turner, and with a conviction that neither friend nor foe will gainsay it, that as a Medical man he is looked to, not only by the uninitiated public, but by his brethren themselves (who of all others are the most competent to form a true estimate on the subject), with a degree of respect which nothing but talents and acquirements of the highest order could command. I state this from personal knowledge. Dr. Turner responded in an able and generous speech.

John Butter, M.D., Physician to the Plymouth Royal Eye Infirmary, was, on the 16th inst., presented with his portrait (cost 100 guineas) and a silver salver of considerable size and weight, bearing the following inscription:—"To John Butter, M.D., F.R.S., F.L.S., and W.S., this salver is presented, and his portrait, to the Plymouth Royal Eye Infirmary, by nearly 500 subscribers, as a grateful memorial of his skill, humanity, and beneficial services, during a period of thirty-two years, as Physician to that Institution, which has been the means, under God's blessing, of curing or relieving above 24,000 patients. January, 1854." The state of Dr. Butter's health precluded his presence on the occasion, but the testimonials were feelingly acknowledged in a letter transmitted and read to the presentation meeting.

Mr. N. H. Clifton.—At a meeting of the Medical Society of Islington, held on the 17th inst., a silver inkstand, the workmanship of Messrs. Hanes and Cater, of Clerkenwell, was presented to the Honorary Secretary, Mr. N. H. Clifton, in testimony of the appreciation, by the members thereof, of the value of his services to the Society. The Islington Medical Society was formed about five years ago, for the purpose of frequently bringing together the Medical Practitioners of that extensive district, in order to the promotion of friendly feeling among them, and for the discussion of cases occurring in the practice of the members. As formal papers are not read, the business of the meetings has consisted of conversation on the cases related. Mr. Clifton has, from the commencement of the Society, punctually attended its meetings, and has recorded the observations of speakers with more fulness and fidelity than could have been expected. Mr. Clifton has uniformly manifested so obliging and affable a bearing towards the members of the Society, that they have unanimously felt it their duty no longer to withhold this substantial expression of their gratitude and personal esteem.

DEATHS.

Cumin.—Jan. 17, at his residence, 11, Cavendish-crescent, Bath, William Cumin, M.D., aged 69.

Partridge.—Jan. 5, at 13, Newhall-street, Birmingham, in his 63rd year, William Henry Partridge, Esq., surgeon, M.R.C.S.E., 1815; Treasurer to the Pathological Society of Birmingham; Author of a Paper on a Case of Laceration of the Peritonæal Coat of the Uterus in Advanced Pregnancy—*Medico-Chirurgical Transactions*, Vol. XIX.

Williams.—Jan. 5, at Denbigh, in his 27th year, Thomas Wynne Williams, M.D., of St. Asaph, Flints. M.D. Edin. 1851; M.R.C.S.E. 1849; L.S.A. 1851. Recently elected one of the Surgeons to the Denbighshire Infirmary; Medical officer of Denbigh district, St. Asaph Union.

Willis.—Jan. 6, in John-street, Newcastle-on-Tyne, aged 33, John Willis, Esq. He had for many years, and up to his death, been Assistant-surgeon in the Newcastle Dispensary. His extreme exertions, while labouring under much debility, during the late epidemic, hastened his dissolution. Respected by all who knew him, his prompt attention and kindness to the poor, whom he visited in his districts, secured for him their hearty good wishes for his recovery.

VACANCIES.

Denbighshire Infirmary.—The office of Surgeon is vacant by the death of Dr. Wynne Williams. Dr. Evan Pierce and T. F. Edwards, Esq., offer themselves.

Ireland.—A Medical Officer is required for the Kiltegan and Imaal Dispensaries, Baltinglass Union. Salary 80*l.* To be elected 4th of Feb. Also, a Resident Apothecary for the County Limerick Infirmary. Salary 90*l.* To be elected on the 25th instant.

Military Intelligence.—70th Regiment, Cawnpore.—Assistant-Surgeon Eaton has leave to Calcutta for two months and a-half from the 28th of November, and to England for one year, on medical certificate.

Norfolk and Norwich Hospital.—The usual quarterly Board of the Governors of this Institution met January 7. The Report of the Board of Management acknowledged the receipt of a donation of 10*l.* from the Eastern Counties Railway Company, and of a legacy of 100*l.* from the executors of the late Robert Barclay, Esq., of London; and official information has been received of a legacy of 50*l.* from the late James Kerr, Esq., of London. The following motion of Mr. Webber was brought forward:—"That all legally qualified practitioners be admitted to see the practice of the hospital at reasonable hours; and that such legally qualified practitioners resident in Norwich be summoned, where time will permit of it, to all important accidents or operations, by paying 10s. 6d. annually." Mr. Webber observed: "My sole purpose is, to enlarge the opportunities by which science grows; to promote the means of sound and healthy progress; to call forth the latent energies of the junior members of the Profession; and, in place of the languid care and little zeal too commonly prevailing, (often the consequence of discouragement and disappointed hope,) to excite among them a laudable emulation, in order to fit them for the responsible duties they may in future be required to perform." In the end, however, he withdrew the motion until a future meeting.—Mr. D. Dalrymple appealed to all the members of the Profession throughout the city and county to say whether every facility of visiting the hospital was not already extended to them. He repudiated the advocacy of Mr. Webber as expressive of the sentiments of the Profession; for he (Mr. Dalrymple) had never been able to find a professional man in the city or county who would not say that he had met with the greatest civility and courtesy from the officers of that Institution.—After some discussion, a resolution of confidence in the officers of the institution was carried *nem. con.*

Hertford General Infirmary.—The Annual Meeting of the Governors and Subscribers to the General Infirmary at Hertford was held at the Shire Hall, Jan. 5. During the past year, 128 in-patients had been admitted, and 770 out-patients; and since the opening of the Infirmary, and the Dispensary previously, no less than 19,971 patients have been relieved, 1958 of whom have been supplied with trusses. The Board expressed their thanks to Dr. Davies, Mr. Evans, Dr. Reed, and Mr. Woodhouse, for their constant, kind, and gratuitous attendance upon the patients. Of the services of the Medical Resident they expressed their full approbation, in token of which they have presented Mr. Towers with a gratuity of 20*l.* The Board regretted exceedingly to report the resignation of Dr. Davies as Physician to the Infirmary, to whose constant, kind, and gratuitous services this Society has been so greatly indebted for more than twenty years, and which has tended so much to the prosperity of the Institution. It was understood, however, that as the position of Physician-Extraordinary is conferred upon Dr. Davies, the Infirmary will not altogether lose his very valuable services. Receipts, 1076*l.* 9s. 4d.; expenditure, 890*l.* 18s. 4d.; balance, 184*l.* 11s.

Seaman's Hospital Society.—The number of patients admitted to the Dreadnought Hospital from October 1 to December 31, together with those on hand, amounted to 849, of whom 159 were sick, 1 convalescent, and 689 fit for duty, making the total number received since its establishment 70,228. An alteration was made in one of the bye-laws, which limited the appointment of assistant-surgeon and apothecary to persons whose age exceeded twenty-five years.

Institution for Relief of Persons under Incurable Diseases.—The Trustees of John Gordon's Charitable Fund have intimated, that, out of the Trust Funds, they propose to appropriate a sum of 300*l.* per annum towards the establishment of an institution in Aberdeen for persons labouring under incurable disease.

Marischal College.—The *Aberdeen Journal* says, that the Professor of Natural Philosophy and Chemistry in the University of Sydney, has remitted 50*l.* to the Treasurer of Marischal College, in repayment of a bursary of 11*l.* 5s., which he gained and held when a student there; and that, while leaving this gift at the disposal of the Senatus, he suggests its application towards the purchase of the late Dr. M'Gillivray's Museum.

Bristol Lunatic Asylum.—Lord Palmerston has ordered the authorities of Bristol to build a new Lunatic Asylum, instead of the present, which is inadequate. The estimated cost is 45,000*l.*

The Albert-park, Finsbury.—Lord Robert Grosvenor, M.P., has received numerous assurances from Members of the House of Commons of their strenuous support of a Bill for raising 200,000*l.*, in addition to the grant of 50,000*l.* promised by Government; and His Lordship is now prepared to introduce it into the House of Commons at the earliest period of the Session.

Cholera in the Metropolis.—Only two cases of cholera were registered in the week ending January 14, of four and seven days' duration respectively.

Cholera in France.—The *Union Médicale* states, that on the 8th inst. there was not a single new case of cholera at Paris, and that on the preceding day the cases were so exceedingly slight that the disease may be said to have altogether disappeared.

Cholera.—West Indies.—On board the American bark Atlas, which had been towed into St. Thomas's dismasted, forty-seven emigrants had died of cholera. The cholera was still raging at St. Thomas's, but the number of deaths was daily decreasing. There had not been a single case of cholera among the European population. At Nevis the cholera was also raging.

Mortality in Elgin, 1853.—The scarlet fever has been raging with deadly effect in Elgin in the course of the past season. In the course of last year, chiefly in consequence of that

disease, the deaths in Elgin were nearly double the average of the previous three years. The interments in 1850 were 96; in 1851, 98; in 1852, 138—the average being 110. The interments in the year just closed, however, have amounted to 209! One-half of these, however, or 105, are made up of children under twelve years of age. Of the 105 young people, 19 died under one year old; 56 between one and five years; and 23 between five and ten years.

YELLOW-FEVER has prevailed among the shipping at Venezuela with great fatality.

PURITY AND STRENGTH OF DRUGS.—The following is an extract from a circular just issued from the Treasury Department of the United States to the officers of the Customs, to prevent importation of adulterated drugs and medicines:—

"With a view to afford a reliable guide to the examiner of drugs and medicines, as well as to the analytical chemist, on appeal, in ascertaining the admissibility of such articles under the provision of the law founded on their purity and strength, the following list is given of some of the principal articles, with the result of special tests agreeing with the standard referred to in the law, all of which articles are to be entitled to entry when ascertained by analysis to be composed as noted, viz.:—Aloes, when affording 80 per cent. of pure aloetic extractive. Assafœtida, when affording 50 per cent. of its peculiar bitter resin, and 3 per cent. of volatile oil. Cinchona bark, when affording 1 per cent. of pure quinine, whether called Peruvian, Calisaya, Arica, Carthagena, Maracaibo, Santa Martha, Bogota, or under whatever name, or from whatever place; or cinchona bark, when affording 2 per cent. of the several alkaloids combined, as quinine, cinchonine, quinidine, aricine, etc., the bark of such strength being admissible as safe and proper for medicine, and useful for chemical and manufacturing purposes.

Benzoin, when affording	80	per cent.	of resin, or
,, ,,	12	,,	of benzoic acid.
Colocynth, ,,	12	,,	of colocynthin.
Elaterium, ,,	30	,,	of elaterin.
Galbanum, ,,	60	,,	of resin.
,, ,,	10	,,	of gum and
,, ,,	6	,,	of volatile oil.
Gamboge, ,,	70	,,	of pure gamboge resin, and
,, ,,	20	,,	of gum.
Guaiacum, ,,	80	,,	of pure guaiac resin.
Gum ammoniac	70	,,	of resin and
,, ,,	18	,,	of gum.
Jalap, ,,	11	,,	of pure jalap resin, whether in root or powder.
Manna, ,,	37	,,	of pure mannite.
Myrrh, ,,	30	,,	of pure myrrh resin, and
,, ,,	50	,,	of gum.
Opium, ,,	9	,,	of pure morphine.
Rhubarb, ,,	40	,,	of soluble matter, whether in root or powder; none admissible but the articles known as East India, and Turkey or Russian rhubarb.
Sagapenum,	50	per cent.	of resin.
,,	30	,,	of gum, and
,,	2	,,	of volatile oil.
Scammony,	70	,,	of pure scammony resin.
Senna,	28	,,	of soluble matter.

"'Patent or secret medicines' are by law subject to the same examination, and disposition after examination, as other medical preparations, and cannot be permitted to pass the Custom-house for consumption, but must be rejected and condemned, unless the special examiner be satisfied, after due investigation, that they are fit and safe to be used for medicinal purposes."

EXTRAORDINARY MORTALITY IN GLASGOW DURING 1853.—By a very minute statement just made up by Mr. William Patrick, the Warden of the Churchyards, it appears, that the burials amount to 15,288, the deaths being 14,312, and the still-born 976, showing an increase over the burials of 1852 of 3597, and of deaths of 3637. The deaths to the population have been as 1 to 29·9; the last five years average of deaths in Glasgow was only 1 to 34·8.

Under 1 year	2353
1, and under 5 years	4693
	7046

or 40·23 per cent of the whole deaths.

	1852.	1853.		
Small-pox ...	584 ...	296 ...	Decrease ...	288
Measles ...	241 ...	1040 ...	Increase ...	799
Hooping-cough	639 ...	908 ...	,, ...	269
Scarlatina ...	481 ...	839 ...	,, ...	358

Among the diseases affecting the adult population, the tubercular will be found, as usual, to have been the most fatal. By consumption alone there were 2,490 persons carried off. This distemper has greatly increased during the last 60 years. In 1775, the population of Glasgow amounted to 43,000; the deaths from phthisis were only 161, or affecting 1 out of every 267 of the inhabitants, whereas, in 1853, there have died from consumption 1 in every 158. Whether we can account for it or not, it is quite certain that, while the mortality in Glasgow, even during 1848, in which a part of the famine-fever existed, was only 1 in 28·5, and during 1849, when the cholera raged, was likewise only 1 in 28·5, the deaths in Glasgow, with only 151 cholera burials, amounted, in 1853, to 1in 26·9.

MORTALITY NOTABILIA.—The extreme rigour of the weather, which ushered in the year with its frost and snow, has abated, but its effects continue to be manifested, and even increase in the bills of mortality. In the week that ended last Saturday, the number of deaths in London rose to 1492; in the previous week it had been 1444. In the ten corresponding weeks of 1844-53, the average number was 1147, which, with a correction for increase of population, becomes 1262. The present excess above the calculated amount is therefore 230. The cases attributed to diseases of the respiratory organs are distributed thus: 13 belong to laryngitis and laryngismus stridulus, 184 to bronchitis, 114 to pneumonia, 54 to asthma and other diseases of this class. Besides these, hooping-cough destroyed 73 lives, phthisis 161. 12 fatal cases are enumerated of small-pox, which seems again to be spreading. The births exceeded the deaths by 276—being males 893 and females 875: total 1768—a number about 300 above the average.

Meteorology.—The barometer indicated a mean height of 29·426 in. The mean temperature was 37·5°, being a + of 2·3° over the average of 38 years. It varied from 41·8—the highest—on Sunday, to 34·9—the lowest—on Wednesday.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending January 14:—

	Males.	Females.	Total
Workhouses...	98	93	191
Military and Naval Asylums ...	11	...	11
General Hospitals	39	21	60
Hospitals for Special Diseases ...	2	3	5
Lying-in Hospitals	1	1	2
Lunatic Asylums	11	1	12
Military and Naval Hospitals ...	5	...	5
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	...	...	...
	168	119	287

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January* 14, 1853.

CAUSES OF DEATH.	JAN. 14. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks
ALL CAUSES	643	448	398	1492	11465
SPECIFIED CAUSES	641	445	398	1484	11413
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	218	38	24	280	2368
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	9	20	19	48	500
3. Tubercular Diseases	87	136	14	237	1810
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	69	42	60	171	1271
5. Diseases of the Heart and Blood-vessels	5	41	25	71	458
6. Diseases of the Lungs and of the other Organs of Respiration ..	138	102	125	365	2693
7. Diseases of the Stomach, Liver, and other Organs of Digestion	24	24	20	68	628
8. Diseases of the Kidneys, etc. ..	1	5	9	15	128
9. Childbirth, Diseases of the Uterus	..	8	1	9	102
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	7	6	14	93
11. Diseases of the Skin, Cellular, Tissue, etc.	1	3	1	5	21
12. Malformations	6	..	..	6	38
13. Premature Birth and Debility ..	34	3	1	38	224
14. Atrophy	30	2	8	40	170
15. Age	..	..	80	80	628
16. Sudden	4	2	1	7	69
17. Violence, Privation, Cold, and Intemperance	14	12	4	30	212
CAUSES NOT SPECIFIED	2	3	..	8	52

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TO CORRESPONDENTS.

So much inconvenience has arisen from the practice of printing private copies of papers for Authors, that the Proprietors have established the rule—which can never in any case be broken—that no private copies of papers published in this Journal can be hereafter printed from the type used for the Journal.

We stated on the 7th iust., that our reporters complained of their reports being copied in the *Association Medical Journal*, and gave a gentle hint that the proceeding was not *honest*. Instead of any apology, excuse, or denial of plagiarism, the Editor of that Journal talks of "offensive calumny," calls for the names of reporters, and, because their names are refused, insinuates that we have no reporters, and refuses to answer the impeachment of our "mythical staff." Then follows a statement so ludicrously inaccurate that we have taken the trouble to test it by a table of figures. The learned Editor says, "It is well known that the *Association Journal* reports are generally earlier, and always more accurate, than those of the *Medical Times and Gazette*." The following Table will show how very contrary the first part of this statement is to the facts of the case, and a comparison of the two reports will satisfy any one that the latter part is not less so.

Name of Society.	Date of Meeting.	Date of Report.		
		Medical Times & Gazette.	*Association Medical Journal.*	*Lancet.*
Medical and Chirurgical	Nov. 8.	Nov. 19.	Nov. 25.	Nov. 19.
,,	Nov. 22.	Dec. 3.	Dec. 9. No discussion. Very short abstract of paper.	Dec. 3.
,,	Dec. 13.	Dec. 24.	Not yet reported.	Dec. 24.
Epidemiological.....	Nov. 7.	Nov. 12.	Nov. 18.	No account of paper or discussion.
	Dec. 5.	Dec. 10.	Dec. 16.*	Dec. 17. No account of discussion.
Pathological..	Oct. 8.	Oct. 22.	No report.	No report.
,,	Nov. 1.	Nov. 5.	No report.	No report.
,,	Nov. 15.	Nov. 26.	No report.	No report.
,,	Dec. 6.	Dec. 10.	No report.	No report.
,,	Dec. 20.	Jan. 7.	No report.	No report.
,,	Jan. 4.	Jan. 14.	No report.	No report.
Medical, of London ..	Oct. 8 & 10.	Oct. 15.	Oct. 14. No report of discussion on 8th.	Oct. 15. No report of discussion on 10th.
,,	Oct. 15.	Oct. 22.	Oct. 21. No discussion.	Oct. 22.
,,	Oct. 22.	Oct. 29.	Nov. 4. No discussion.	Oct. 29.
,,	Oct. 29.	Nov. 5.	Nov. 4. No discussion.	Nov. 5.
,,	Nov. 5.	Nov. 12.	Nov. 18.	Nov. 12.
,,	Nov. 12 & 14.	Nov. 19.	Dec. 2. No discussion.	Nov. 19.
,,	Nov. 19.	Nov. 26.	Dec. 2.	Part Nov. 26, Part Dec. 3.
,,	Nov. 26.	Dec. 3.	Dec. 9.	Dec. 10.
,,	Dec. 3.	Dec. 10.	Dec. 9. No discussion.	Dec. 10.
,,	Dec. 10 & 12	Dec. 17.	Dec. 16. No discussion.	Dec. 17.
,,	Dec. 17.	Dec. 24.	No report.	Dec. 31.
,,	Jan. 7 & 9.	Jan. 14.	Jan 13.	Jan. 14.
				Meeting of 9th not yet reported.

* It was the report of this meeting of the Epidemiological Society, on the 5th of December, reported by us on the 10th, and by the *Association Journal* on the 16th, which particularly excited the attention of one of our reporters. The report of the discussion, as far as it goes, is a literal copy from that which was paid for by the proprietors of this Journal. The speeches of Dr. J. Bird, Dr. McWilliam, Dr. Milroy, and a few concluding words by Dr. Snow, are copied *verbatim!* the only difference is, that Dr. Snow's first speech, and a few words by Dr. Camps, given in our report, are omitted in that of the *Association Journal*.

In conclusion, we may state that we do not choose to give up the names of our reporters, any more than those of gentlemen who write Reviews or Leading Articles; but we may state, that, ever since the commencement of the present session, three gentlemen have been specially paid by the proprietors of this Journal to furnish reports of the Societies. One of them attends the Medical and Chirurgical another the Pathological and Epidemiological, and a third the Medical Society of London. This is well known to the respective Secretaries. The manner in which those reports have been furnished is the best proof of the competence of the gentlemen so employed. The learned Editor should remember before he uses hard words, that when a man loses his temper it is a sure sign he is in the wrong.

[To the Editor of the Medical Times and Gazette.]

SIR,—I regret to find that the caution I gave through your Journal, respecting a French begging impostor, whose name I do not recollect, has given umbrage to two worthy French physicians, really *ex-internes*, practising in London—Dr. Deville and Dr. Corderoy. The former was my colleague at the Salpêtrière in 1840, and occupied a distinguished position in Paris previous to his exile. May I beg you to state, that my remarks could not in any respect apply to men whose social and scientific character is so well known and established.—I am, &c.,

60, Grosvenor-street, January 14, 1854. HENRY BENNET.

[Specimen of an Advertisement from a Country Paper.]

MR. ANDREW HARVEY

INFORMS the Inhabitants of St. Just and neighbourhood, of his being a Member of the Royal College of Surgeons, and a Licentiate of the Apothecaries' Hall, and that he intends to PRACTICE among them as SURGEON and ACCOUCHEUR.

Dr. Cummins's paper shall appear as soon as others now in hand are published.

The valuable paper on Cholera in Newcastle, by *Messrs. Pearson and Marston*, shall appear at once.

Dr. Turley's letter is unavoidably postponed till next week.

A Subscriber.—A Licentiate of the Society of Apothecaries is legally qualified to act as a medical officer of a union district.

Dr. Fearnside's paper shall appear at the earliest opportunity.

Dr. Bell, Garstang.—If the stomach and bowels are in good order, there are no cerebral symptoms, and the general health is good, the affection will probably diminish, and soon disappear. If not, prismatic spectacles may be worn, or an operation be required if the deviation be considerable.

We are obliged by the kind advice of our Correspondent at Cowes. He will see that it is not disregarded. Perhaps he has overlooked some articles in the last Volume, and will not forget the old story—*Toujours perdrix.*

A Student had better write to the Secretary of the College. The information will be given without hesitation.

A Constant Reader.—Neither the diploma of St. Andrew's, nor that of the London College of Surgeons, entitles the holder to dispense medicine and charge for it.

An Old Subscriber.—The practice differs, but it is decidedly for the benefit of a Charity that the Medical Staff should be Members of the Committee of Management.

The letter of our Edinburgh Correspondent is postponed on account of the length of the report of the meeting on Wednesday at the Hanover-square Rooms.

ERRATUM.—*Provincial Hospital Reports.*—The cases reported last week as from the Bristol General *Infirmary*, should have been stated to be from the Bristol General *Hospital.*

Medicus, Lyme Regis.—We know nothing of the Professor.

Anti-Quackery.—We have not yet heard the decision of the Edinburgh College. We shall not fail to make it known.

L. E. S.—We think B is right. When an assistant enters into an engagement with an employer, that employer has a right to the whole of his services, and to the remuneration obtained for those services. The fee would not have been obtained by A had he not been B's assistant.

Non-Professional.—There must be some mistake. Some friend should call on the physician for an explanation. If his name is sent to us in confidence we will undertake to set the matter right.

COMMUNICATIONS have been received from—

Dr. BUDD; D. J. DUIGAN, Esq., R.N.; Dr. SEATON REID; J. J. SCOTT, Esq., General Board of Health; Dr. SOUTHWOOD SMITH; Dr. MCWILLIAM; E. COUSINS, Esq.; A. J. BANNISTER, Esq.; A. R. SIMPSON, Esq.; C. J. GIBB, Esq.; C. BROWN, Esq.; J. S. PEARSE, Esq.; Mr. HOOPER; Dr. O'CONNOR; Dr. TAYLOR; HARVEY LUDLOW, Esq.; Messrs. LEPAGE and Co.; Dr. H. BENNET; Dr. CUMMINS; Dr. TURLEY, of Worcester; Dr. FEARNSIDE; Dr. BELL; A STUDENT; A CONSTANT READER; AN OLD SUBSCRIBER; THOS. WADE, Esq.; W. MICHELL CLARKE, Esq.; D. JOHNSON, Esq.; Mr. FLOWERS; Mr. HORNIDGE; Mr. SIMMONS; HAYNES WALTON, Esq.; EDWARD JAMES, Esq.; Mr. T. WAKLEY; Dr. BALLARD; Dr. CORMACK; Mr. HARVEY, etc.

ORIGINAL LECTURES.

LECTURES
ON THE
FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture II.

DEFICIENT SECRETION OF GASTRIC JUICE.—SLOW AND IMPERFECT DIGESTION.

The subject of my last lecture was the disorderly secretion of gastric acid, which may result from disease in some other organ unduly exciting, by means of reflex nervous influence, the secreting function of the stomach.

In a state of health the stomach contains no gastric juice while it is empty of food. The contact of food with the mucous membrane immediately causes the juice to flow from it in quantity sufficient for complete and easy digestion. The formation of gastric juice depends on the proper nutrition of the mucous membrane—just as the power of a muscle depends on the proper nutrition of the muscular fibre—but the outpouring of the juice when food touches the mucous membrane, like the outpouring of saliva from the presence of food in the mouth, is excited by reflex nervous influence; that is, the impression of the food on the surface is transmitted by the nerves to some central part of the nervous system, and thence reflected to excite the action of the secreting apparatus.

This reflex nervous influence, which causes the outpouring of gastric acid on the contact of food with the mucous membrane of the stomach, may be excessive; or it may be excited by other impressions on the mucous membrane of the stomach than those arising from the presence of food; or, lastly, it may be excited by irritation in other organs—producing in these several ways the disorders we considered at our last meeting: and, on the contrary, when there is food in the stomach and gastric juice is required, the nervous influence exciting the secretion may be deficient in energy, and the juice may be poured out in too small quantity for complete and easy digestion.

Dr. Wilson Philip showed, by various experiments on rabbits and other animals, that if the eighth pair of nerves be divided in the neck, any food which the creatures may afterwards eat usually remains in the stomach undigested; and, after death, the coats are not dissolved by the gastric juice, however long the animal may have lain dead.

The experiments did not warrant the conclusion that Dr. W. Philip drew from them,—that the secretion of gastric juice is entirely dependent on an influence transmitted through these nerves; but they proved that the division of the nerves, and the injury and shock of the operation, arrested the secretion for a time.

It is well known that long-continued watchfulness, or excessive fatigue, or great mental excitement, will prevent or take away the feeling of hunger, and destroy for a time the power of digestion.

A man in the wild excitement of delirium tremens has a repugnance for food of every kind. When the delirium subsides, and the nervous system has been refreshed by a few hours' sleep, the appetite and the power of digestion return.

In the case of St. Martin, to which I have before referred,(a) Dr. Beaumont had ocular proof that the depressing passions of fear and anger lessen the secretion of the gastric juice. Feebleness of digestive power, arising from this cause, is often seen in men of excitable temperament who suffer anxiety, or who overstrain their minds in the pursuit of wealth or other objects of ambition.

A deficient secretion of gastric juice may result from many other conditions. If the stomach be kept in a state of congestion, or if its mucous membrane be inflamed, or if its secreting apparatus have been otherwise injured, the secretion of gastric juice is, as we have seen, arrested, or diminished. The same thing happens, as is well known, in inflammation of other organs attended with fever, and in states of active fever, however induced.

A scanty secretion of gastric juice results also, independently of these conditions, from indolent and sedentary habits, and from the habitual consumption of more food than the system with such habits requires.

The purpose of digestion is to supply the waste of the body; and it has been wisely ordered that the power of digestion shall increase with the waste. The day-labourer, who toils from sunrise to sunset in the fields, has generally some compensation for the hardships of his lot in the comfort of a strong and easy digestion. A man convalescent from fever, or any other lingering and wasting disease, requires, and can easily digest, much more food than when in a state of established health; a woman, suckling her child, much more than when she has no such drain. Where the increased need of food is of long continuance, the power of digestion is permanently increased, and the mucous membrane of the stomach acquires an unusual development, or becomes hypertrophied. This is seen, as Dr. Todd has shown, in cases of diabetes. In this disease, a large part of the food, when dissolved in the stomach, does not undergo those other and ulterior changes which fit it to form part of the living blood, but, instead of this, becomes converted into a low form of sugar, which passes off in the urine without contributing to nourish the body. There is, consequently, an unnatural craving for food; food in large quantity is rapidly dissolved in the stomach; and, as is seen on dissection, the mucous membrane of the stomach acquires unusual development.

It often happens in the middle and upper classes of society that the secretion of gastric juice is only relatively deficient. The stomach can digest food enough to nourish the body, but not enough to satisfy the pampered appetite.

It has been clearly shown by the experiments of Spallanzani and Dr. Beaumont, that the quantity of juice required for digestion is proportioned to the quantity of food. When gastric juice has dissolved a certain quantity of food, it is saturated, and can dissolve no more. The digestive power may, indeed, be restored, in a certain degree, by the addition of water, or by the addition of muriatic or lactic acid; but to carry digestion much further there must be a fresh quantity of the juice.

If, then, a man eats too frequently or too much, the gastric juice may be inadequate for the proper and easy digestion of the food, without any fault fairly attributable to the stomach. The organ is simply over-taxed. Indigestion, brought on in this way, is the natural penalty for the violation of a natural law, or, as a humorous writer has termed it, "the remorse of a guilty stomach."

In all these ways, gastric juice may be secreted in insufficient quantity for the purpose of digestion.

We may next consider the form of indigestion thus resulting.

A necessary effect of an insufficient secretion of gastric juice is, of course, slowness of digestion. The food, instead of being completely digested, and passing out of the stomach, in two or three hours, remains undigested, or only partially digested, for a much longer time,—it may be, for twelve, or even twenty-four hours. The undigested portions of food remain in the stomach, and, during the slow process of digestion, there is a sense of weight or uneasiness at the pit of the stomach, which gradually lessens, and at length ceases, as the food gets dissolved and passes out of the stomach. If any portions of the food remain solid, there is often, at the end of some hours, when the stomach is getting empty, a distressing feeling of spasm, or cramp, at the pit of the stomach.

Some experiments made by Dr. Beaumont on St. Martin seem to show, that this feeling of cramp is owing to the undigested portions of food getting into the pyloric orifice of the stomach.

Wishing to ascertain the temperature of the stomach during digestion, Dr. Beaumont passed a small thermometer into the stomach of St. Martin. When the bulb of the thermometer got into the narrow or pyloric end of the stomach, there was a forcible contraction of the stomach upon it, attended by severe pain and distress at the pyloric extremity, like the cramp or the sensation frequently described as cramp by persons suffering from undigested food in the stomach. When the experiment was repeated several times in quick succession, it left a sense of soreness, which was sometimes felt the following day.

If portions of food remain undigested many hours, they irritate the lining membrane of the stomach, and cause headache, a slightly furred tongue, and feelings of general disorder.

The remedies for this habitual slow digestion, in persons otherwise healthy, are to be sought in proper regulation of the diet and habits of life, and in medicines which tend to increase the secretion of gastric juice.

The diet should consist of food easily soluble, the stomach

(a) St. Martin, in consequence of a gun-shot wound, had a broad fistulous opening through the abdominal parietes into the stomach; and Dr. Beaumont, under whose care he fell, was thus enabled to ascertain the condition of the stomach or its contents at any time.

should never be overloaded, and there should be a sufficient interval between meals. Care should especially be taken to avoid new bread and tough meat, and not to oppress the stomach by malt liquors, or to indulge in fermented drinks of any kind beyond the point which, from habit or otherwise, the state of the nervous system may require. Bodily fatigue and nervous exhaustion should be avoided, as these states lessen the secretion of gastric juice; but mind and body should be sufficiently exercised. We were intended to be active creatures, and a life of indolence is the infraction of a natural law, which always brings a penalty of some kind or other. A certain amount of bodily exercise and agreeable occupation of the mind, promote digestion, and improve in various ways the general health, and contribute greatly to the preservation of both the bodily and the mental powers.

Various medicines—ipecacuanha, rhubarb, cayenne pepper—taken in small doses, stimulate the lining membrane of the stomach and cause a more abundant out-pouring of gastric juice, and may often be taken with advantage just before the principal meals by persons whose digestion is habitually slow. For example, from half a grain to two grains of ipecacuanha and three or four grains of rhubarb, or a grain of capsicum with three or four grains of rhubarb, in a pill, may be taken before dinner or before breakfast and before dinner.

Salt and mustard have an action on the coats of the stomach of the same kind. A large quantity of salt taken at breakfast will sometimes relieve the headache and much of the other discomfort that follows a debauch. Mustard, as is well known, promotes, with most people, the digestion of beef and other rich meats; and its habitual use will occasionally be found greatly to mitigate the discomfort that results from an habitual slow digestion. White mustard-seed, swallowed whole, was, indeed, some years ago, one of the popular remedies for indigestion; and I have met with more than one instance of aggravated indigestion in which much benefit was attributed to its use. It was given in the dose of a tablespoonful two or three times a day. These stimulants for the stomach—ipecacuanha, salt, mustard—when taken in considerable doses, are all of them powerful emetics. As a remedy for habitual slow digestion, ipecacuanha seems to me to be more effectual than any of the others. The dose of it should, of course, be too small to cause a feeling of nausea.

The uneasiness at the stomach that arises from slow digestion may often be mitigated by drinking a small glass of water, or by eating a lump of sugar an hour or two after meals, or when the uneasiness begins to be felt.

Where digestion is habitually slow and feeble, much benefit of more lasting kind may frequently be derived from the muriatic or the nitro-muriatic acid, taken for some weeks together, half an hour or three parts of an hour before the principal meals.

I need hardly say that, when digestion is slow and feeble, care should be taken not to give at the time of meals, or while digestion is going on, alkalies, the alkaline salts, or other medicines that suspend or enfeeble the action of the gastric juice.

But mere slowness of digestion is not the only ill effect of a scanty or depraved secretion of gastric juice. It often happpens when the stomach is weak and disordered, or when more food is eaten than the healthy stomach can readily master, and especially when at the same time it secretes an unhealthy mucus prone to ferment, that the undigested food in the stomach undergoes putrefactive changes, or some unnatural fermentative process, instead of proper digestion.

One of the most remarkable properties of the gastric juice is that of preventing the putrefaction of meat. Spallanzani first ascertained the fact, that gastric juice not only prevents the putrefaction of meat, but has the power to arrest the process of putrefaction already begun, and even to correct the fetor of meat already tainted. Later physiologists have ascertained that it likewise hinders the lactic, acetic, and alcoholic fermentations, which consequently do not occur in the stomach during healthy digestion.

But if the gastric juice be insufficient in quantity, or faulty in composition, this controlling power may be inadequate to its purpose, and the food in the stomach may undergo some fermentative changes that ought not to take place.

The precise nature and the products of these changes depend on the quality of the food, and on the state of the substance that acts as a ferment. If this substance be decomposing mucus, as Lehmann has suggested that it commonly is, the kind of fermentation will very much depend on the stage of decomposition which this has reached.

In some cases, the food undergoes common putrefactive changes, and sulphuretted hydrogen is evolved. Distension and uneasiness of the stomach come on, with frequent eructation of sulphuretted hydrogen,—belchings as of rotten eggs. This is attended with severe frontal headache—often with a feeling of chilliness—and the other disorder familiarly known as the effects of surfeit. All this disorder is speedily removed when the stomach is emptied by a vomit.

This kind of indigestion is a common effect of over-eating, even in young and healthy persons, and hence is popularly known as "a surfeit." Delicate and growing boys often eat largely from a sense of exhaustion, and soon afterwards engage in active play; the food is undigested, and surfeit occurs. It is more prone to occur in persons with carious teeth, when offensive saliva passes into the stomach.

It frequently occurs, too, as we have seen, in cancer of the stomach, where offensive secretions are poured into the stomach; while the food, in consequence of an obstacle at the pyloric orifice of the stomach, or of some impediment to the free action of its muscular fibres, is unduly detained there.

When "a surfeit" occurs in a young and healthy person, the quickest and best way of removing the disorder is to give an emetic, and so free the stomach from the putrefying matter; and afterwards, if need be, to empty the bowels by some quickly-acting purge.

In malignant disease of the stomach, in which this kind of disorder is especially apt to occur, emetics, which irritate the lining membrane of the stomach and may cause violent efforts of vomiting, are unsafe, and an attempt should rather be made to prevent the disorder by proper regulation of the diet. As charcoal has antiseptic properties, toasted bread may be taken instead of plain bread, toast and water instead of plain water, or a small quantity of charcoal in substance may be given.

Should the disorder occur in spite of precautions such as these, the progress of the putrefactive changes may be stayed, and the further evolution of gas be prevented, by small doses of creosote. From half a minim to a minim of creosote is sufficient, and may be given in a pill at the time of meals, or as soon afterwards as the putrefactive changes begin.

It much more commonly happens, when digestion is feeble, that the contents of the stomach undergo some other kind of fermentative process.

If the food have consisted chiefly of vegetables, fruits, new bread, ill-fermented malt liquors, new wines, it has a tendency to pass into a fermentation by which carbonic acid is freely evolved. This causes great distension of the stomach, and a distressing sense of uneasiness, frequently relieved for the moment by the eructation of inodorous gas—chiefly, carbonic acid gas.

If the stomach be emptied by a vomit, the rejected matter is seen to be in a state of active fermentation.

In the case of St. Martin, Dr. Beaumont had an opportunity of witnessing this process in the stomach itself. St. Martin had been in the woods all day, picking wortleberries, and had eaten no other food from seven in the morning to eight in the evening. Dr. Beaumont then looked into the stomach, and found it, to use his own expression, "full of berries and chemifying aliment, frothing and foaming, like fermenting beer or cider."

If food be eaten which is already in a state of fermentation, the fermentative process may continue in the stomach itself. When, for example, new wine is drunk,—wine that is in a state of fermentation,—the fermentation sometimes continues; is, perhaps, even increased by the heat of the stomach; and carbonic acid is evolved very rapidly. The stomach becomes greatly distended, and it is stated that the consequent disorder is sometimes so great as to destroy life. Cattle, when first placed in a field of fresh clover, or other rich pasture, frequently eat more than their stomachs can digest. The vegetable mass ferments in the stomach, as it would at the same temperature out of the body, and carbonic acid and hydrogen, (and sometimes hydrogen and sulphuretted hydrogen,) are evolved in great quantity. In consequence of the peculiar structure of the stomach in cattle, these gases cannot escape through the œsophagus, and the stomach becomes enormously distended; in some cases even to bursting.

In man the gas escapes readily through the œsophagus, so that, even when much of it is evolved, the immediate ill effects of this kind of indigestion are very rarely serious. In the course of a few hours the fermentative process is at an end, and the distension of the stomach subsides.

The cases in which medical advice is most frequently sought are, however, not those where distressing distension and flatulence result from mere over-feeding in healthy persons, but where this kind of indigestion in less degree is habitual, so that uneasiness of the stomach and flatulence are commonly felt an hour or two after the principal meals.

The ill effects of the disorder are, then, not confined to dis-

tension and uneasiness of the stomach. The fermentative processes in the stomach give rise to products which, when absorbed into the blood, have an injurious influence on the general health, and the frequent repetition of the indigestion prevents the proper nutrition of the body. The patient is usually depressed in spirits, is less capable than in health of mental exertion, and has lost some of his customary energy and strength. It often happens that oxalic acid is one of the products of the unhealthy digestion, and that crystals of oxalate of lime may be found in the urine. In many such cases the indigestion itself results from a faulty state of the general health, or from overwork, or depressing influences of other kinds, and the disorder belongs to a class to which I shall call your attention in a future lecture.

When thus arising, the flatulent distension of the stomach may sometimes be prevented by the pills composed of ipecacuanha and rhubarb, or capsicum and rhubarb, of which I have before spoken; but a remedy which succeeds more frequently is the nitro-muriatic acid,—ten minims of each of the dilute acids twice a-day,—taken half an hour, or three quarters of an hour, before the principal meals.

Much good will result, also, from horse-exercise, change of air, and other influences which tend to improve the general health.

The diet should be light and nourishing, and the patient should eat sparingly of succulent vegetables, fruits, and saccharine substances in general, and should carefully abstain from ill-fermented malt liquors.

A more common kind of fermentation in the stomach is the lactic, by which the starchy principles of the food are converted into lactic acid. This kind of fermentation, if fermentation it can rightly be called, is most common in nervous persons with feeble digestion, in whom it not unfrequently happens that acid collects in great quantity in the stomach after meals. They often familiarly tell us, that almost everything they eat turns to an acid. If vomiting occur an hour or two after meals, the matter thrown up is very acid, and, on analysis, the acidity has been often found to be mainly due to lactic acid.

It was supposed by Dr. Prout that much of the lactic acid which collects in the stomach in such cases is derived from the blood, and that it is secreted by the coats of the stomach. Whether this be so or not, there can be little doubt that it is often formed in great quantity in the stomach from the starchy principles of the food. It is possible that the secretion of lactic acid by the coats of the stomach may promote the conversion of the saccharine principles of the food into this substance.

This lactic fermentation is not, like the kinds of fermentation of which I have before spoken, attended with evolution of gas. It causes, therefore, not flatulence, but heartburn and pain in the stomach, which is often very severe, and which is sometimes attended with a feeling of constriction, or cramp.

The uneasiness that results from undue acidity thus arising, may be relieved for the time by alkalies, and may often be prevented by giving, before meals, medicines which have an astringent or bracing effect on the coats of the stomach—bismuth and magnesia, or, better still, the mineral acids, especially the sulphuric acid.

Lactic acid, out of the body, is apt to undergo another kind of fermentation, which causes the slow evolution of hydrogen and carbonic acid, and which leads to the formation of butyric acid.

There can be little doubt that the same changes occasionally take place within the intestinal canal. Hydrogen is one of the gases that have been found in the intestines, and now and then the matter vomited by persons of weak digestion has the sour rancid smell of butyric acid.

I have spoken of several kinds of fermentation as if they existed separately; but it very commonly happens, although one kind may predominate, and give a character to the disorder, that these several kinds, and others of which little is known, may go on simultaneously, or rather, perhaps, in quick succession in the stomach, and that various gases, carbonic acid, hydrogen, and sulphuretted hydrogen, and various acids, lactic, butyric, etc. are formed. The consequent disorder is not confined to the stomach. The acid and unnatural products of digestion may pass into the bowels, fret their lining membrane, and excite griping pain and purging; some noxious matters may be absorbed, and cause headache and other disorder; and, if the indigestion recur frequently, the general health must suffer.

Severe attacks of vomiting and purging, commonly designated English cholera, seem often the result of fermentation or putrefaction of food in the stomach, by which some highly-irritating matter is formed. If I may judge from my own experience, such attacks generally come on in the evening, soon after dinner, or at night, soon after supper, and are much more frequently consequent on a meal of meat or cheese, than on the eating of fruits, to which, perhaps from the greater frequency of the disorder in autumn, they are generally ascribed.

I have found no remedy so effectual in checking the disorder as pills composed of creosote and opium.

Our knowledge of the various kinds of fermentation is still very imperfect. As it becomes more extensive and exact, our knowledge of various forms of indigestion will, doubtless, become more precise, and our power of relieving them greater than it now is.

ORIGINAL COMMUNICATIONS.

EAST INDIA MEDICAL REPORTS.

No. I.

ON TYPHOID FEVER IN BURMAH.

By J. B. SCRIVEN, M.R.C.S. Eng.
Assistant-Surgeon Hon. East India Company's Service.

Men of large experience have maintained that typhoid fever never occurs in India. If the affection of Peyer's patches is to be considered absolutely diagnostic of this disease, then in two at least of the three following cases there can be no doubt what name should be given to the case. The course of the fever appeared to be more rapid than in England; the treatment by quinine, in the manner of Dundas, produced no benefit.

Case 1.—Lieutenant G. B., two months in India, with dark hair but florid complexion, had been suffering several days from diarrhœa. He continued his ordinary avocations, however, till, June 12, 1853, when he was with difficulty persuaded to lie by and take care of himself. He was found to have tenderness of the right iliac fossa, and frequent purging, attended with tenesmus. Evacuations were loose and bilious, contained no blood; tongue was clean; skin rather above the ordinary temperature, and there was slight headache. Supposing his disease to be dysentery, leeches were applied to the abdomen, and he had two-scruple doses of calomel, which seemed to relieve him, stopping the purging at once; and in the evening of the same day he said he felt lighter and more comfortable than he had done for a long time previously. The abdominal tenderness and headache were much diminished. The bowels were not open on the following day, but the day afterwards acted freely after a small dose of castor-oil. On the 15th of June, however, he was more decidedly feverish, the tongue became covered with a white fur, and he began to show signs of delirium. He said he had been troubled during the night by horrible dreams, and had been several times at stool. He was now evidently inclined to wander, for though he could be roused and would converse rationally, and answer questions perfectly correctly, yet, when left alone, he began to mutter to himself, and would suddenly shrink away as if afraid of something. Abdominal tenderness continued, was more or less general, but now chiefly at the hypogastrium. There were no rose spots, nor eruption of any kind, nor did any appear during the whole of his illness. After this the tongue became dry and brown and the lips glazed, and the stomach very irritable. He vomited his arrowroot and everything that was given in the way of nourishment, as well as the greater part of his medicine. This consisted at first of quinine combined with calomel, but the latter was afterwards omitted, and the quinine repeated in scruple doses several times during the day till quinization was produced.

Two days before his death the skin became cool and covered with perspiration, but this was not accompanied by any melioration of other symptoms, the delirium, abdominal tenderness, and irritability of stomach continuing unabated. Occasionally he had a disturbed sleep; never became comatose. Recognised me on the morning of the 20th, and took a little arrow-root and port wine, but the pulse had already become nearly imperceptible. He now gradually sank, and died about 10 a.m., after an illness of eight days from the time he first took to his bed.

At the *post-mortem* examination, three hours after death, we found the cœcum loosely attached to the iliac fossa, and hanging down into the pelvis, which would account for the tenderness being mainly hypogastric. The whole large intestine was injected, but most so at the cœcum and hepatic flexure. No thickening or morbid deposit.

Small Intestine.—Ileum much injected, and the solitary glands and Peyer's patches raised considerably above the surrounding surface. They were of a white colour, and the latter

had completely lost their characteristic pits and ridges. Here and there a distended vessel was conspicuous upon them. Proceeding upwards the disease was gradually less and less marked, till at last, in the jejunum, all presented pretty much their natural appearance. The mesenteric glands were considerably enlarged. The spleen was engorged. The lungs were congested, both apices adherent, and contained tubercles. Other organs were healthy.

N.B.—I regret the meagreness of this case. It is drawn up from recollection, the original report having been sent to the Medical Board at Calcutta.

The following case occurred shortly after Lieutenant B.'s death. The man was not under my care, and I did not see him during life. No record is kept of his symptoms, but I am informed they were similar to Lieutenant B.'s :—

Private James Kennedy, aged 21, about six months in India, died July 2, 1853.

Post-mortem Examination Eight Hours after Death.—Emaciation inconsiderable. On opening the abdomen, there was noticed a good deal of vascularity of the peritoneal coat of the small intestines, and a little of the large, but no effusion of lymph, or morbid adhesion of any kind. All the organs were in their usual position, with the exception of the cœcum ; this part was invested completely by peritonæum, which formed a meso-cœcum, and allowed it to descend into the pelvis. On removing the stomach and intestines, the vascularity was found greatest at the lower end of the ileum, and a little effusion of coagulable lymph was discovered binding together the large and small intestines for about two inches. On laying open the whole tract, (stomach and intestines,) we found the following appearances :—

Stomach.—Great vascularity of the mucous membrane of the anterior and posterior walls, especially near the small curvature, and about the cardiac orifice. No abrasion or softening.

Small Intestine.—Upper half of duodenum tolerably healthy, only slightly injected; lower half very much so, but no other morbid appearance. Below this, a little general vascularity, with occasional spots of a deeper colour. The first one or two of Peyer's patches showed no disease; further on, a few white spots, like solitary glands enlarged, were seen on the surface of the patches. The patches themselves now began to appear a little more distinct than natural, being slightly raised, and the solitary glands likewise, which were scattered over the gut. Proceeding lower down, the agminated glands became more distinctly diseased, being surrounded by inflamed mucous membrane, which here and there assumed a greyish colour. Still further down, they appeared very considerably raised, of a dirty white colour, having protuberances on their surfaces, and little pits scattered over them, though not of the usual shape. Small red vessels were visible on the patches, in some places arranged in a circular form, and marking out distinctly their glandular structure. Hereabouts the mucous membrane was not of a very deep colour, nor were the solitary glands very prominent or numerous; but they became so in the lower half of the ileum, where the mucous membrane was of a deep red colour. Here the agminated glands began to show signs of mortification, which attacked principally their most elevated points. These prominences had sloughed, and become of a dirty yellowish green colour. Most of them remained adherent, but others had partially separated round the edges, leaving irregular ulcers studded with the mouths of bleeding vessels, and in one or two places the slough had come completely away. There were many of these ulcers with partially separated sloughs on the upper surface of the ileo-cœcal valve, where they assumed the appearance of ridges arranged transversely. Several ulcers of a similar character existed also on the under surface of the valve, and one or two small green sloughs even in the cœcum, and a little lower down in the large intestine.

Large Intestine.—The cœcum was very vascular; its solitary glands were raised and hard, each one being surrounded by a zone of injected vessels, and here and there in a state of incipient ulceration, commencing from a point in the centre. None of them appeared to be in the peculiar sloughing condition described above. The whole of the ascending colon was in the same state. Two or three irregular ulcers had formed at the hepatic flexure. The transverse colon was only slightly injected. The descending colon considerably so, but not thickened or disorganised in any way. The rectum was somewhat vascular.

Liver.—Healthy. Weight, 52 oz.

Spleen.—Engorged. Weight, 10½ oz.

Heart.—Healthy. Weight, 8½ oz.

Lungs.—Both adherent by old standing lymph; but were healthy with the exception of the apex of the left, in which was found a little tuberculous and some cretaceous deposit.

DOUBTFUL CASE OF TYPHOID FEVER.

Private T. Staples, aged 27, five years in India, a stout, full-blooded man, of dark complexion, admitted into hospital July 30, 1853. Had small-pox twelve months ago, but has not been in hospital since. Never had fever but once before, three years ago at Lahore. It was then accompanied by severe headache. He arrived at Rangoon from Shwegein about ten days ago, having suffered a good deal of exposure in the boats on the river on his way. He is accustomed to live freely, though not an habitual drunkard; but he indulged a good deal after his arrival from Shwegein. For the last five days, however, he has neither eaten nor drunk anything, having had fever and ague, the latter commencing every day about ten a.m. This evening has not had a sweat as usual. Has severe frontal headache. There is a little moisture on the face, but the skin is very hot, and the pulse full and bounding. Tongue very thickly coated, but moist. He complains greatly of thirst and headache. A purgative of calomel and jalap was administered, which acted freely during the night, and a dozen leeches were applied to the temples.

31st.—Not much relieved; headache still very severe; has had no sleep, though he slept well in barracks up to the time of his admission into hospital. Pulse frequent, full, and bounding; skin very hot and dry, but a little moisture on the face still.

VS. ad deliq. animi. ℞ Quin. disulph. ℈j., ter die.

Vespere.—Only bore eight ounces of blood, but expressed himself much relieved afterwards; yet the temperature is scarcely less than it was this morning, and the pulse is still hard. Says he feels stupid from the quinine, and is very deaf; staggers when he attempts to walk.

August 1.—Has been delirious all night, walking about the ward talking to himself and disturbing the other patients greatly. Is evidently not quite himself this morning, but says he has no headache. Fever not at all abated; tongue still very thickly coated; limbs very unsteady when extended; no deafness this morning. Pulse full, hard, and frequent.

Rep. VS. ad deliq. animi; haust. sennæ et magn. sulph., statim. Rep. quin. disulph. ℈j., ter die. Head to be shaved, and cold applied.

Vespere.—Twelve ounces of blood were taken this morning, but he has continued very troublesome all day. His waiting-man has had great difficulty in managing him. He has been turning men out of their beds and lying down in them himself. He is under the influence of the quinine, though not so completely so as yesterday evening. Pulse reduced in volume, and temperature of skin somewhat diminished; but he has been drinking incessantly all day. He has eaten nothing since admission. To have a fourth scruple of quinine and a little arrowroot.

August 2.—Has been very troublesome all night, trying to get out of the window "to get his jacket;" has been rather suspicious, too, fancying some one was under his bed, that some one was coming to take his life, and so forth. While I was in the room he was even violent in his endeavours to get out of the window after "his jacket." Skin is covered with perspiration, and its temperature much reduced, though still somewhat higher than natural. Pulse very frequent, but compressible. Has had much less thirst during the night; is very unsteady upon his legs; hands and tongue tremulous. Medicine acted freely yesterday. He is slow in answering questions, and sometimes does not answer to the point at all. If told to put his tongue out he complies, but if asked a question immediately afterwards, instead of answering protrudes the tongue again.

It was now obvious that no benefit could be expected from quinine. I therefore determined to give him support, with a little opium to quiet the delirium. Accordingly he was ordered one pint of beer and tinct. opii. ♏xl. statim. This he took with avidity, and soon afterwards he lay down and fell asleep, and he continued in a disturbed slumber for about four hours, after which he awoke and sat up, muttered to himself a little, and kept pulling about his shirt and drawers, but was not troublesome at all. Took another pint of beer and also some beef tea, and soon after fell asleep again.

In the evening, awoke and had another pint of beer, with tinct. opii. ♏xl., after which he slept most of the night, though interruptedly, awaking occasionally and muttering to himself, and throwing his hands about during his sleep, so much so that his attendants secured one of them.

Vespere.—Learned that he had passed no urine since the previous evening. Found the bladder distended, and drew off a large quantity of high-coloured urine. Afterwards pressed the abdomen carefully all over, to see if he had any tenderness, but could elicit none.

Aug. 4.—Urine has been running from him in the bed during the night. He lies partly on one side, with limbs gathered up a little, apparently asleep, but occasionally opening his eyes and trying to speak. He evidently understands partially what is said to him, and makes an effort to answer and to do what he is told. A good deal of jactitation; breathing embarrassed; much less phlegm collected in the throat; pulse frequent, liquid; skin warm, bathed in perspiration; chest and abdomen covered by miliary vesicles about the size of pins' heads, containing a perfectly clear watery fluid, and having no redness round the base. There is one distinct rose-spot on the last bone of the sternum. He has to-day, for the first time, marked tenderness in the right iliac fossa. Has not had his bowels open since August 1; has had some difficulty in swallowing to-day. Another rose-spot was discovered on the abdomen in the evening. We tried to give him a small dose of castor-oil, but he closed his teeth against it.

August 5.—Breathing very rapid to-day, but less phlegm; has taken no nourishment since we tried to give him the oil; closes his teeth against everything; eyes are wide open, and apparently fixed on some particular object; still expresses pain when pressure is made upon abdomen; rose-spots paler. His gestures during the night have been indicative of fear; stares wildly at one part of the room, and then makes an effort to escape; conjunctivæ look rather dry, and are slightly vascular; pulse almost imperceptible; hands cold and clammy. Died about nine a.m.

Post-mortem Examination Three Hours after Death.—Almost no emaciation; rose spots have disappeared; sudamina remain.

Abdomen.—Position of organs natural.

Large Intestine.—Perfectly healthy, with the exception of the cœcum, which was very vascular; the whole gut was full of soft healthy fœcal matter.

Small Intestine.—Ileum deeply injected; the solitary glands raised about the size of millet-seeds, of a white colour; above this the injection became less, and the elevation of the solitary glands less marked; both morbid conditions ceased about three feet above the ileo-cœcal valve; Peyer's patches were remarkably distinct, having well-marked black spots upon them, producing the appearance described as resembling the newly-shaven beard; those at the lower end of the gut were very slightly raised above the level of the surrounding surface, but by no means so much so as the solitary glands; the intestine contained a large quantity of soft, healthy fæces.

Mesenteric Glands.—No disease discoverable.

Liver.—Greatly congested, of a general red colour, both systems of veins being full of blood; it had several patches of fatty matter, about a quarter of an inch in thickness, on its convex surface; weight, 80 oz.

Spleen.—Engorged; weight, 11½ oz.

Kidneys.—Contained a good deal of fatty matter; right weighed 5¾ oz.; left, 5 oz.

Thorax: Lungs.—Very much congested throughout, but the greater portion of them crepitated; the middle lobe of the right lung, however, was almost wholly in a state of hepatization, and sank in water; the anterior portion of the upper and lower lobes were in a similar condition; a few small tubercles were discovered in the posterior portion of the left lung.

Heart.—Healthy; weight 10 oz.

Head: Brain.—Greatly congested, bloody points being very numerous through the substance, and all the sinuses distended; no effusion of fluid either into the ventricles or beneath the arachnoid; consistence natural.

Rangoon, August 14, 1853.

ON THE

REVIVAL OF THE ANCIENT TREATMENT OF THE CALLOUS ULCER BY EXCISION OF THE MARGIN.

By JOHN HAINWORTH, F.R.C.S.

Late Surgeon to the Lincoln Dispensary and City Gaol.

[Read before the North London Medical Society.]

(Continued from page 58.)

Down to the close of the last century, the approved mode of treating the callous ulcer appears to have been by excision of the callous edges. Why an established operation should have fallen so completely into oblivion is surely worth inquiry. The maintenance of a place in the favour of the Profession during so many centuries is *primâ facie* evidence of its value as a curative mode of treatment; yet, so completely is it forgotten, that, with one exception, I have been unable to meet with any one who ever saw it performed, and with one person only, who had any notion of the mode of operating, and even he, though eminent as an experienced practitioner, and as an authority among teachers and writers on surgery, was not acquainted with the immediate object of the operation, nor did he know the tissue composing the parts intended to be removed, or those which should be left untouched.

The earliest trace I have found of a proposed abandonment of the practice is in the works of Mr. Benjamin Bell, about the year 1780. He states, that he had successfully used the arg. nit., with the view of removing the callous edges, as a milder remedy than excision. Here, I consider, is also evidence that Mr. B. Bell removed more than was required, and thus rendered severe what is in reality mild.

Not long afterwards, Mr. Baynton wrote, and the view he presented of the obstacle to the healing of circular ulcers was so novel and attractive that the Profession eagerly adopted, and, in my opinion, will not willingly relinquish it, although his doctrine has recently been denounced as "based on a false principle." The vindication of Mr. Baynton's view may, however, safely be left to Mr. Gay, whose paper on the management of cicatrising ulcers at a certain stage cannot be too highly commended, and whose operative procedures form a most valuable addition to our resources. The views of Mr. Baynton, however, diverted the attention of the Profession from the real primary obstacle to the healing of a large proportion of callous ulcers; from what may be styled the "previous question" to all plans of treatment. No doubt, many even of this class of sores recovered under Mr. Baynton's plan, because the indurated cuticle, being hermetically sealed from the action of the air, became softened by infiltration of the secretions, and peeled off with the plaster on changing the dressings, so that it ceased to exercise a compressing and constricting power on the living structures. But those who have had the manual treatment of these ulcers, must acknowledge that they have not unfrequently been almost disheartened at the utter failure of all their careful and laborious bandaging. Mr. Critchett, while strongly advocating Mr. Scott's plan, candidly acknowledges that some such cases resist the employment even of the measures he advises, based as they are on what he considers the only sound principle. I have, however, some ground for stating that the late Mr. Scott, of Bromley, in his own practice, occasionally resorted to a measure which effectually removed the callous edges, and stimulated the surrounding integument to new and vigorous action. Many years ago, one of the surgeons of St. Thomas's Hospital, mentioned publicly in the wards, that he had been told by a patient who had been under the care of the elder Mr. Scott, that the strapping and bandages, having been applied in the accustomed manner, were allowed to remain untouched for about ten days, exercise being enjoined from the commencement. When removed, at the end of that time, it was found that, not only the callous edges were removed, but the ulceration had apparently extended over a large portion of the leg; the acrimony of the retained discharge from the sore, and of the secretions from the sound and unsound skin, having occasioned extensive excoriation. It was stated, that after this preliminary step, the usual mode of applying his bandages was employed by Mr. Scott, with the gratifying result of the rapid healing of an old and obstinate ulcer. Now, after making every allowance for the unintentional departure from strict accuracy in the reports of treatment given by a non-professional patient, we may, I think, perceive a certain amount of truth in the above account; especially when we recollect the admitted success of the blister, as recently advised by Mr. Syme, and in ancient days by Hippocrates, and by most systematic writers in all subsequent ages. The operation of of a blister is similar to the mode said to have been pursued by Mr. Scott, though more rapid. In each case sound and unsound cuticle would be removed at the same time, and with it the solid ring forming the callous margin. Mr. Syme's plan is another instance where a remedy proposed for one purpose actually effects another, and in that way proves beneficial. Objections have been raised, as that the blister is very painful, and that patients are unwilling to submit to the application,—an objection which must be deemed valid when a painless substitute is offered, and that more efficient. Another still stronger is, that it is apt to produce permanent irritability of the skin. A third objection can scarcely be deemed admissible: it is said to be "insufficient of itself to effect a cure." The same objection would avail against any single mode of treatment. As I understand Mr. Syme's proposal, he intends the

blister as preparatory to other treatment. Now, in point of severity, the treatment by excision will bear a most favourable comparison either with that said to be Mr. Scott's, acting by the acrimony of the retained secretions, or with Mr. Syme's blistering plan, or with the recent method, by applying nitric acid; while, as to safety and rapidity, I think not a question can be raised. Mr. B. Bell's proposal to substitute arg. nitr., with the direct view of removing the callous edge, I tried extensively in conjunction with the plan of Mr. Higginbotham, of Nottingham, but in this class of ulcers, without a single instance of success.

The more indirect plan, as that by filling up the wound to the level of the margin with melted wax, I have seen to fail, even in the hands of the proposer's friends and fellow-students. Where it has succeeded, the cause has probably been, that the wax, when cold and firm, took off the pressure of the solid ring of cuticle from the vessels of the cutis.

Mr. Skey's treatment by small doses of opium I have known to be followed by occasional success, even in other hands, though many have been greatly disappointed. Having practised in a district where opium-eating is not uncommon—where the white poppy is commonly grown in the peasant's garden, in order that the cottage may always have a supply of poppy-tea for the infant, while the mother goes out stone-picking or weeding, or other field-work—I have met with old ulcers among habitual consumers of opium; and here of course Mr. Skey's proposal fails us. Perhaps the true explanation of the success which has followed many plans in hospital practice, may, in some instances, be found in the improved health which attends on rest from labour, on regularity of hours of meal-time and repose, and on a regulated diet. On one occasion I determined to put these influences to the test in the case of a prisoner for theft. He had had an ulcer over the front surface of the tibia for seven years. The sore was about the size of a half-crown, with elevated edge, and smooth glassy surface. He was put on the ordinary prison diet, which was ample or even liberal, but not allowed beer, wine, or spirits. Of course he was not permitted to work on the tread-wheel, but other work in-doors and out was provided, and he had at least two hours out-door exercise daily. The only applications were lint to the wound, and simple ointment, to prevent evaporation, care being taken thoroughly to cleanse the surrounding skin, and to prevent the patient from wiping the surface of the sore, which had been his previous habit. The improvement was steady. In about six weeks the ulcer was firmly healed, and continued so during the term of his imprisonment. As usual, he again committed an offence which brought him under my notice some months afterwards, when I had the opportunity of ascertaining that the cure was permanent.

I have thus hastily and imperfectly reviewed the opinions entertained in ancient and modern days of the circumstances which occasion the acknowledged difficulty in the treatment of the old callous ulcer. I have endeavoured to show that the primary obstacle to all successful treatment is the presence of a solid ring of compact and indurated effete cuticle; that the necessary preliminary curative measure is the removal of this ring; and that the safest, the mildest, and yet the most speedy and efficacious method of attaining this end is the excision of the callous margin, strictly confining this operation to the paring or shaving off the accumulated cuticle without wounding the cutis.

For a practical knowledge of this operation, I am happy to acknowledge my obligation to Mr. Hewson, one of the Surgeons of the Lincoln County Hospital, who told me, that he had acquired his familiarity with it from a House-surgeon of that institution, whose thirty years' tenure of office dated from the commencement of the current century.

For the description and other remarks I alone am responsible.

Since the foregoing remarks were penned, I have learned, with much satisfaction, that the plan has been fairly tested at St. Thomas's Hospital within the last few months. When visiting that Institution, last spring, I mentioned the subject to Mr. South, who appeared surprised at the description given of the simplicity and painlessness of the operation, and expressed his willingness to give it a trial. The result of that trial has been most gratifying. Mr. South declares "the success has been admirable." He kindly requested Mr. Walter Tyrrell to furnish me with the notes of some cases, and accordingly I have been favoured with the two following:—

David Brooks, aged 30, labourer, was admitted into Henry's Ward, St. Thomas's Hospital, August 14, 1853. He has an ulcer on the right leg, consequent on an injury sustained ten years ago, since which time it has never entirely healed. He has lived very badly, being at times half starved. Has usually worked among the barges on the river, being often a considerable time in the water and mud. Numerous remedies were applied to the sore, with little or no effect, the hardened cuticle appearing to form a barrier to the cicatrization. At last, Mr. South determined to try the effect of paring the edges of the ulcer. This was done several times, and the sore soon showed a healing margin. Before the sore was quite healed, this patient was discharged, in consequence of a deficiency of beds. He then became an out-patient, and then was again admitted into the hospital; but of his subsequent progress no notes were taken. There was no doubt of the benefit ensuing on the paring of the edges while he was in Henry's Ward.

Timothy Driscol, aged 40, an Irish labourer, was admitted into George's Ward, St. Thomas's Hospital, on Tuesday, September 13, 1853. He has had, on the front of the right leg, an ulcer for the last sixteen years. It is now about the size of a man's hand; the edges are raised and callous, and the surrounding cuticle is much thickened; the surface of the sore is glassy, but at the edges are a few unhealthy granulations. He suffers little or no pain, unless from injury; the discharge is scanty, thin, and unhealthy. Mr. South directed the application of linseed poultice and the dilute nitric acid lotion. After a little time the granulations became more numerous and healthy, but the edges showed little inclination to heal, the white callous ridge remaining as on admission. About three weeks after admission, Mr. South directed the edges to be pared. Hardened cuticle, in many parts of some thickness, was removed; this was done with little or no pain to the patient, and the bleeding was inconsiderable. In some parts, where the edges were not so hard, simple scrapings were required. At the end of a week a manifest improvement had taken place; a thin healing margin extended towards the centre of the sore; the same applications were continued. The paring process was repeated several times at intervals of about eight or ten days. As soon as the granulations rose to the level of the surrounding healthy parts, simple ointment and bandage were applied, the edges being now perfectly natural. The sore healed rapidly, and, when the patient left the hospital in December, was not larger than a half-crown. He afterwards attended as an out-patient, bandages being applied till the sore was entirely healed.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATIVE OF THE TERMINATIONS AND TREATMENT OF PLEURISY, WITH EFFUSION.

(Continued from the last Number but one.)

ST. THOMAS'S HOSPITAL.

CASE OF PLEURISY, WITH EFFUSION, ETC.

Case 40.—*Empyema.—Evacuation through the Bronchial Tubes.—Profuse Expectoration of Fetid Pus.—Favourable Progress for a Time.—Subsequent Death.*—The following case is unfortunately not complete; as it enables us, however, to add another to our already extended list of examples of expectorated empyema—an event hitherto regarded as very rare—we must not omit it. The boy was at different periods under the care of Dr. Peacock, at the City Hospital for Chest Diseases, and subsequently under that of Dr. Bennett, in St. Thomas's Hospital. It is to the notes taken by Dr. Peacock during the latter period that we are indebted for the following details.

William Connor, aged 6, an Irish boy, was stated to have had good health until aged 4, when he got a severe influenza. About six months later, crossing over from Ireland, he caught cold, and had inflammation of the chest, since which he had never been well. After several periods of improvement and relapse, he was admitted into St. Thomas's Hospital on August 2, 1850, having shortly before begun to expectorate matter very profusely in lieu of the small quantities of mucous and bronchitic sputum which he had always before brought up. The right chest was found to be rounded and prominent; but it moved scarcely at all during inspiration, and was dull to percussion in every part excepting immediately beneath the clavicle, where an obscure tympanitic note might be elicited. In the supra-scapular region, and beneath the acromial half of the clavicle, loud cavernous respiration, voice and cough were heard; and, along the right side of the spine,

loud bronchial breathing; but, in all other parts, auscultatory sounds were quite absent. Over the left side, which was visibly much smaller than the right, percussion was very resonant, and loud, puerile breathing audible. The boy was of pale complexion, and tumid features; he had a good appetite; the fingers were clubbed; he always lay on his right side, and, if turned over on to the left, cough and expectoration were at once excited. The expectorated matters were very profuse, consisting of a dirty yellow puriform fluid, having a most fetid odour. This fluid was often brought up in gulps, almost without coughing effort, and in such quantity as to produce apparent risk of suffocation.

Dec. 4.—The right side has considerably fallen in since last note, and there is now not much difference in size between the two sides. The extent in the upper part of right over which percussion is clear, has increased, and there is a distinct *bruit de pôt félé*. The amount of matter expectorated is much less, but it still has the same characters, and is brought up in the same manner, with much suffocative cough. He has been taking a teaspoonful of cod-liver oil three times daily, and has much improved in flesh.

March 1, 1851.—He has much improved in general health, but the local symptoms continue as before. The paroxysms of cough now occur only about once or twice daily, and the expectoration is not nearly so profuse. The right chest has not, however, much contracted, and it is still nearly full of fluid.

A few days after the last note, this boy left the hospital to attend as an out-patient. He was very irregular, and in a short time was lost sight of entirely. By accident, Dr. Peacock heard, some time afterwards, that he had died. Death had probably been occasioned either by some renewal of inflammation in the large suppurating cavity, or else by a bronchitic attack, involving the only remaining lung.

ST. MARY'S HOSPITAL.

Case 41.—*Subacute Pleurisy with Effusion —Extreme Dyspnœa. —Paracentesis Twice Performed with Relief.—Death Four Days Afterwards.—Autopsy.*—Emma Wilson, aged 18, admitted under the care of Dr. Chambers, June 10, 1853. She was a delicate, pale-complexioned, servant-girl. The account given of her illness was, that for two weeks or more she had been suffering from a cold, attended by cough. The expectoration had several times been tinged with blood; she had, however, till within a day or two, remained at her place. On examination, the whole left chest was found to be dull to percussion, and, on listening, no respiratory sounds could be heard. The impulse of the heart was felt just above the epigastrium. Ordered a pill, containing two grains of calomel, and four of Dover's powder, to be taken three times daily, with a saline draught.

June 11.—The distress of breathing is increased; physical signs as before; pulse 136; tongue red and dry. To continue the medicines, and to have a blister applied to the side. The prostration is so great that three ounces of wine are to be allowed daily.

12th.—Dyspnœa yet more urgent, and the distention of the side increasing. The pill is to be taken every three hours, and the blister to be repeated. Instead of the saline draught, the following is to be given :—

℞ Chloroform ♏ vj.; sp. æth. nitr. ♏xx.; mist. acaciæ ℥j.; mist. camph. ℥j.

13th.—Has been delirious, and without sleep, during the night. Perspires profusely; distress of breathing extreme; pulse 144, very feeble. There has evidently been gradual increase in the quantity of effusion, and the impulse of the heart may now be felt quite to the right of the sternum, and as high as the second rib.

Dr. Chambers believing that a fatal result must soon ensue if the respiration were longer unrelieved, had a consultation on the case with some of his colleagues, when the immediate performance of thoracentesis was determined on. The operation was performed by Mr. Bullock, the House-Surgeon, the part selected being the middle of the lateral region, between the sixth and seventh ribs. A trocar was used with a syringe fitted to it, so as to prevent the entrance of air. About ℥xviii. of clear serum were removed. Immediately previous to the operation, the pulse was 156, and the respirations 42; the countenance deadly pale, with the exception of a slight leaden hue about the cheeks. The lower jaw was drawn down, and the alæ nasi moved at each inspiratory gasp. The operation seemed to have given no pain, and it was followed by apparent relief. The pulse fell to 144; and there was much less of anxiety and distress manifested in the aspect of the patient; although the respirations continued nearly as frequent as before, and the nostrils still dilated, yet the movement of the lower jaw ceased, and the difficulty of breathing was not so great. The dulness did not now extend across the sternum, and there was some tubular respiratory sound heard beneath the clavicle. A free allowance of wine and beef-tea was ordered. The draught to be continued, but the pill omitted.

14th.—Has passed a restless night, and the dyspnœa is again more urgent; respirations 40; pulse 152. At three p.m., the trocar was again introduced, and a pint more of serum evacuated. Not the least air entered during the operation; but, after it, there was a tympanitic note audible on percussion beneath the clavicle. The fluid removed contained a flake of false membrane, which the microscope showed to be lymph, in which blood-corpuscles were entangled. To continue the medicines.

15th.—Down as low as the nipple in front there are heard creaking sounds of a somewhat doubtful character, but too distinct to be transmitted ones. The girl has again slept badly, and her dyspnœa is very distressing. Respirations 40; pulse 144. Diarrhœa has come on. To take chalk-mixture during the day, and at night a morphia pill.

16th.—Had several hours quiet sleep during the night. Pulse 136; respirations 36 Tubular breathing audible over the apex, and percussion decidedly tympanitic, but becoming quite dull at about an inch below the clavicle. Heart's impulse behind the lower part of sternum. To resume the chloroform draught, and to again take the morphia at night.

17th.—The cough is more troublesome, and there is no material mitigation in the general symptoms. Pulse 126; respirations 36.

18th.—Having passed a very restless night, she rather suddenly expired this morning. There had been no symptoms exciting particular alarm before death.

Autopsy.—The left pleural sac was found full of clear serous fluid, in which the lung was floated in contact with the anterior parietes of the chest. The apex of the lung was crepitant, but its lower portions compressed and sodden. The pleura was everywhere vascular, and slightly flocculent with false membrane. Around the spot where the trocar had entered, quite a thick layer of lymph had been effused. Neither of the lungs contained tubercle; the right one, excepting some small portions which had collapsed, appeared healthy. There were extensive membranous adhesions in the peritoneal cavity, the result of old inflammation. On the surface of the liver were some patches of deposit which much resembled tubercle.

The above particulars are from the notes taken by Mr. Trotter, one of the Resident Medical Officers to the Hospital.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

CASES OF PLEURISY WITH EFFUSION, ETC.

Case 42.—*Acute Pleurisy with Empyema.—Thoracentesis in the Fourth Week.—Second Operation.—Subsequent Spontaneous Opening and Continued Discharge for Six Months.—Perfect Recovery.*—The subject of the following case was sent up to the Chest Hospital a month after the sinus had closed, in order to obtain Dr. Peacock's opinion as to the condition of the lung which had been involved. She was then a stout, healthy-looking child, and did not suffer in the least from dyspnœa or cough; Dr. Peacock ascertained that there was free expansion of both sides of the chest, and that the respiratory murmur, though of feeble intensity as compared with that of the right, was audible over the whole left chest. We have been favoured by Dr. D. H. Tuke (now of York), the gentleman by whom the case had been so successfully treated, with the following particulars of its progress. Rebecca French, aged 4, was first seen on Nov. 15, 1850. She had then been ill three weeks with cough, some expectoration, and great dyspnœa, the latter of which was much increasing. Physical examination proved that the left chest was filled with fluid up to the second intercostal space, and the heart displaced over to the right of the sternum. Diuretics, mercurials, and counter-irritation were employed for a week, and at the expiration of that period the dyspnœa had become so urgent, that it was not deemed warrantable to delay the operation of paracentesis. By a trocar, introduced below the inferior angle of the left scapula, a small quantity of pus was removed, with great relief. A poultice was applied over the wound, and on the following day the canula re-introduced, and a much larger quantity evacuated. From this date, all depressing and so-called

absorbent remedies were laid aside, and liquor cinchonæ, with nutritious diet, prescribed. The wound was allowed to heal, but it re-opened spontaneously into the poultice on the 27th, and on again passing the canula on this day, about 8 oz. more of pus were drawn off. (On each occasion some obstruction to the orifice of the instrument occurred, and prevented the operator from more completely emptying the chest.) From the last date the sinus was allowed to remain open until, after the lapse of six months, it finally closed. The discharge, at first copious, gradually diminished, and for several months previous to its cessation had been very small in quantity. The child continued the bark, and took, in addition, the cod-liver oil; her general health steadily improved, and during the greater part of the treatment she was able to go to school and play about as usual. Dr. Tuke examined her chest a year after the illness; the lung had then perfectly recovered itself, and there was very little if any contraction of the affected side.

Case 43.—*Acute Pleurisy, with Empyema—Great Distension of the Chest—Thoracentesis Twice performed Nine Months afterwards—Spontaneous Opening Externally—Pleural Fistula, and Continued Discharge of Pus—Favourable Progress.*—Adam Hartman, aged 6, a fair complexioned German boy, was admitted under Dr. Bennett's care, on August 9, 1852. He had that morning walked the distance of a mile to the hospital. He was extremely pale and emaciated; hair thin and very dry; pulse rapid and feeble; tongue red, smooth, and glazed; fingers clubbed. In the upright posture, either sitting still, or walking slowly, he suffered no dyspnœa; but his breath became short, if he attempted to lie down, or to walk quickly. His mother stated, that his illness had commenced nine months ago by a three days' attack of most severe pain in the left side, since which his breathing had always been short, and he had been losing flesh. He had been under many Medical men, and for three months had been an in-patient at the German Hospital. As soon as he was stripped, the eye confirmed the diagnosis which the history had suggested. The whole left chest was full and prominent, quite motionless during respiration, and its intercostal spaces bulged. By measurement its relative increase in size was not so great as it appeared to the sight, there being only about an inch difference between the two. The heart beat under the right nipple, or almost in the right axilla. The dulness, on percussion, which involved the whole left side, from the apex to a little below the free margin of the ribs, extended to the right of the sternum, in its upper half to a distance of one inch, in its lower to about an inch and a-half. Posteriorly the right chest did not appear to be encroached upon. There was very distinct fluctuation in the left intercostal spaces. With such extreme displacement of the thoracic viscera, the great disturbance of the general health, and the long duration of the disease, not a doubt could be felt as to the measure indicated.

On August 23, paracentesis was performed by Mr. Hilton, in the presence of Dr. Bennett and others. The puncture was made with a very small trocar, between the eighth and ninth ribs, in the middle of the side. Rather more than four pints of thick, creamy pus, of a slightly fetid odour having slowly escaped in the space of two hours, and the stream having ceased to flow, the canula was withdrawn, and the wound closed; no air had entered. The boy bore the operation well, and afterwards laughed and talked, and said he could breathe much better. The bulging of the intercostal spaces had been entirely removed; there was clear percussion under and to the right of the sternum, and for one inch beneath the left clavicle. The heart still beat nearly in its former site, but did not appear to be so close to the walls of the chest.

Slight feverishness, but no signs of local inflammation followed the operation. For several weeks great relief to the breathing continued, but gradually the fluid was re-secreted, and, by the middle of September, the condition of the chest was almost exactly as at first. The treatment pursued had consisted in blisters to the side, with tonic and diuretic medicines.

On September 6, the diuretics were abandoned, and a teaspoonful of cod-liver oil, with a quinine draught, ordered to be taken twice a-day. The boy had a poor appetite, and could not be persuaded to eat meat.

On October 4, paracentesis was again performed. The former wound had quite closed, and the trocar was now inserted very nearly in the original place. After a little more than two pints of pus had escaped, a violent fit of coughing occurred, and appeared to have been caused by irritation to the upper surface of the diaphragm (which had now risen into its place) by the end of the canula. The instrument was held in a very oblique position, pointing upwards, and every attempt to make it assume a horizontal direction brought on a paroxysm of cough. On percussion, it was found that there was tympanitic (stomach) resonance nearly as high as the level of the puncture. In one of the coughing fits, air several times rushed into the chest, probably, however, only in small quantity. The canular was then withdrawn, and the wound closed. The pus evacuated this time was rather more fetid than on the former occasion.

No symptoms, excepting those of relief, followed the operation. The relief, however, was not permanent, as the fluid was rather rapidly re-secreted.

Towards the end of October a fluctuating swelling formed below the fifth rib on a line with the nipple. As it received an impulse on coughing, and was rapidly increasing, Mr. Hutchinson, the clinical assistant to the hospital, made a free incision into it the day after its appearance. The matter spurted out in a large stream across the room, and within half an hour at least five or six pints had flowed, to the great relief of the patient. The opening was somewhat valvular, and no air entered. When the pus, which was this time very fetid, had ceased to flow in a stream, a large poultice was applied over the chest. From the last date to the present time the boy has made slow but steady improvement, the discharge continuing, and the chest gradually contracting. The treatment has been the persistent employment of cod-liver oil, with a draught containing quinine and the sulphate of iron three times daily. Occasionally, on account of diarrhœa, astringents and opiates have been given. The following notes as to progress were taken at their respective dates:—

Dec. 20, 1852.—Aspect still hectic; has walked to the hospital; above the third rib on left side there is a clear or rather box-like percussion-note, and distant harsh respiration may be heard. There is clear percussion over the sternum and the whole of right chest; heart's impulse an inch to left of right nipple, and below it; the upper half of left side is contracted, the lower half bulges; the girth of the left is eleven inches and a-half, that of the right twelve; appetite good; pulse 100, and feeble; the discharge is much less profuse than it was for a few weeks after the puncture, but it still averages several ounces each day.

June 16, 1853.—Improvement in general appearance, but he is still very thin. For some months back he has regularly gone to school. Respiration is now heard tolerably clearly over the apex of the left lung, but the line of absolute dulness to percussion still commences at the third rib. The diaphragm appears to have been drawn up, for there is tympanitic (stomach) resonance nearly as high as the fistulous orifice. The left chest measures an inch less than at last note, the right being the same as before. To obviate a tendency to frequent recurrence of diarrhœa, two minims of tincture of opium have been added to each dose of the mixture.

Jan. 16, 1854.—He does not suffer any material dyspnœa, and can run up stairs with ease. Aspect still hectic and pale; hair thin, and very dry; fingers a little clubbed, but not so much so as at first. The discharge continues to the amount of about two or three ounces a-day; it is of thick, yellowish pus, and has a very fetid odour. The lower two-thirds of the sternum have been gradually drawn inwards, so that the middle of his chest now presents a deep curved depression. The heart beats beneath the right border of the sternum. The left chest has yet further contracted in its lower half, while its upper third is rather fuller than it was; over the latter region there is free vesicular respiration, and a percussion-note of healthy tone. Absolute dulness still commences at the third rib, and extends downwards to the lower border of the sixth; it includes the whole side, from the left border of the sternum to the spinal column. The measurements now are, of the left side a little more than ten inches, of the right twelve. The tongue is clean, but red; it still retains a smooth and glazed streak down its dorsum. The boy has grown considerably during his illness, but has not very greatly increased in flesh.

These notes show, that the suppurating pleural sac is gradually diminishing in size, and make it very probable that the involved lung, notwithstanding the long period through which it had been compressed, has, to some extent, recovered its permeability. As the level of the fluid is still considerably above the fistulous opening, there is no indication for making another lower down, indeed, the contraction of the cavity appears to be taking place quite as much from below as from above, and all that seems necessary to an ultimately favourable result is, that the powers of the system may bear up against such long-continued and profuse suppuration. In all probability the process of complete evacuation will at the best occupy several years, and during this period there is, of course, much risk that some intercurrent mischief may occur to prevent a final recovery.

Case 44.—*Acute Pleurisy.—Empyema.—Spontaneous Evacuation through the Bronchial Tubes, and subsequently Externally*

also.—Expectoration of Fetid Pus, and Continued Discharge for Five Years.—Partial Recovery.—Matthew Moorish, aged 8, a fair-complexioned boy, first came under the observation of Dr. Peacock in May, 1849. We shall accordingly commence the history of his case by an extract from the note taken at that date:—

May 31, 1849.—He states that he has been ill sixteen months, having previously been strong and robust, and that the illness commenced suddenly, he having gone to bed in usual health, and been awoke in the night by severe pain in the left side. This pain continued, and for eight weeks he was confined to bed, and under the charge of a neighbouring surgeon, who applied leeches, blisters, etc., to the chest. After this he improved sufficiently to get about, and for a month he attended Guy's Hospital as an out-patient. Subsequently he went into the country, and from that time remained without any medical treatment until he came under the care of Dr. Bentley, at the Queen-street Dispensary, five months ago. During the first three months of his illness he had scarcely any expectoration, but about that time his mother describes it as having become very copious, and "appearing to contain matter." After he had been under Dr. Bentley's care for three months (fourteen months from beginning of illness), a swelling formed below the left nipple, which was opened by Mr. Poland, and two weeks later a second, opening a little to the left of the artificial one, formed spontaneously. From both of these pus continues to be freely discharged. Under the use of tonics he has now very much improved in appearance.

Present Condition.—The right side of the chest is full and expanded, the right shoulder being elevated, and the left sunken; the lower end of the sternum is pushed to the left side, and projects forwards. Over the whole right side there is heard loud compensatory respiration, and the percussion note is morbidly resonant. The pulsations of the heart's apex are easily visible about midway between the right nipple and the lower end of the sternum. The whole of the left side is comparatively dull on percussion, the dulness and increased sense of resistance being very marked low down, while about the middle of the lateral region there is an obscure, cracked-pot resonance; over this part there is heard, on auscultation, an amphoric sound, attending both inspiration and expiration, no respiratory murmur whatever being heard over the other regions of this side. The right chest is in all parts abnormally resonant, and loud compensatory breathing is everywhere audible. The vocal thrill is lost on the left, but very distinct on the right side; appetite good; pulse quiet, 100.

August 21, 1850.—The boy has improved in health; the opening which was made has quite closed, but the other still continues to discharge. The physical signs chiefly differ from those last reported, in that they afford no evidence of the existence of a cavity containing air either in the lungs or pleura. The left chest is still dull on percussion, but it is gradually contracting; there is a decided curvature of the dorsal spine, the convexity being to the right.

Dec. 10, 1851.—The boy has continued his attendance regularly. He is gaining flesh, and the physical examination shows improvement in the condition of the chest. The contraction of the left side increases, and the heart's apex may now be felt to beat a little below the left nipple. His fingers are clubbed, but not to a great degree.

Nov. 23.—Since the last date he has once or twice suffered from colds on the chest, during which he has expectorated small quantities of very fetid sputum; at other times he has no expectoration. He is now able to walk about easily, and has sometimes walked as much as four miles in the day. He has a powerful voice, and appears to be much improving in general health.

Oct. 20, 1852.—The discharge has again commenced, after an attack of severe pain in the chest, and he has lost health considerably. There is now from two openings a very profuse discharge of fetid pus; his cough is also attended by the expectoration of very offensive matter. He is suffering from hectic and profuse night perspirations.

June 8, 1853.—During the last six months the amount of discharge has been gradually abating, and it is now inconsiderable. He is gaining strength.

After the last note the boy went into the country, where he staid several months, and returned in much improved health, the discharge from the chest having diminished to a very small quantity. During the last few weeks, however, he has relapsed, fresh attacks of inflammation of the chest having occurred. He is now confined to bed, and it is feared will ultimately sink.

THE QUEEN ADELAIDE DISPENSARY.

CASE OF PLEURISY WITH EFFUSION, ETC.

Case 45.—Acute Pleuro-pneumonia, with Empyema.—Ulceration into the Lung.—Profuse Hæmoptysis.—Pneumothorax.—Formation of an Air-tumour Externally.—Expectoration of Pus.—Complete Recovery.—Charlotte Flidall, aged 10, of a somewhat phthisical family, but herself healthy, was suddenly attacked on April 20, 1853, with sickness and chilliness, followed by severe pain in the left side. On the next day the pain had increased, and there was much cough with expectoration of what from her mother's description was rusty sputa. On the 23rd she was admitted under the care of Mr. Filliter, the then Resident Medical Officer, who found her suffering from acute pyrexia, with a pungently hot skin, excited pulse, and thickly-coated tongue. There was dulness and deficient respiration over the lower region of the left chest, and in the axilla was a loud friction-sound.

From this date to the end of May Mr. Filliter's daily notes show that she suffered from the symptoms of acute inflammation of the chest. These symptoms underwent several variations, and relapses repeatedly occurred. The physical signs were doubtful as to whether they indicated pleuritic effusion or pneumonic consolidation, and could only be explained by supposing that, from the effects of a former attack of inflammation, (of which, a year previously, a clear history was given,) the pleural layers had become adherent. As indicative of effusion, there was dulness more or less complete over the whole lung, and vocal fremitus was entirely lost; but, on the other hand, there was heard, even down to the very base of the chest, bronchial respiration and crepitation, the latter varying at different times between large rhonchus and small pneumonic crackling. The dulness, too, was most pronounced over the apex, and it varied in degree, while, at times, a tolerably clear vesicular inspiration was audible. Friction-sounds in the axilla and also in the front of the chest were several times heard. The constitutional symptoms, at first severe, were subdued by cupping and blisters, with the internal administration of mercurials and antimony. Although after the first six days the patient's strength was much reduced, yet recurrence to active measures was several times necessitated by return of the inflammatory symptoms. During the latter part of the time, however, tonic medicines were given, and the patient improved somewhat in general health. Throughout this period, the expectoration was moderate in quantity, tenacious and muco-purulent in character, never (while under Mr. Filliter's observation) containing blood. The condition of the chest remained as it had been until May 24, one month after the commencement of the illness, at which date there suddenly occurred an attack of copious hæmoptysis. This was checked by a saline mixture with ipecacuanha, but returned on the following day to a larger amount, at least half a pint of nearly pure blood being brought up. Coincident with the first spitting of blood was a relapse of acute pain in the chest, and general fever. On auscultation, there was found large bubbling crepitation, with cavernous respiration and whispering pectoriloquy about the region of the nipple. To arrest the hæmorrhage, the acetate of lead was prescribed.

June 1.—Since the 25th no pure blood has been expectorated, but the sputa have occasionally been tinged. The matters coughed up are at present scanty, tenacious, and of light rust colour. There is a total absence of vocal resonance and fremitus, and of all respiratory sounds over the whole left chest, excepting just beneath the clavicle, where they are very feeble. Percussion gives a hyper-resonant note over the upper half of the chest, but a perfectly dull one below the level of the nipple. The girl has rather improved in general health. Since the relapse of inflammatory symptoms which followed the attack of hæmoptysis has subsided, she has been able to take a more nutritious diet, and, in addition thereto, small doses of cod-liver oil. To have a blister to the affected side.

3rd.—Extremely pale and anæmic, but looks cheerful, and says she is better. After coughing violently this morning, she brought up about two ounces of rusty muco-purulent matter, streaked with bright blood. A small swelling has formed beneath the left nipple, at a spot which has been painful for several days. There is very little inflammation of the surrounding skin. The physical signs are as before, except that the hyper-resonance of the upper part of the left chest is yet more marked.

6th.—Improving. The amount of expectoration has mostly, during the last few days, been very small; but on two occasions, after violent coughing, considerable quantities of pus, tinged with blood, and mixed with mucus, have been brought up.

The swelling has increased in size; it is distended during coughing, communicating a strong impulse to the hand.

8th.—The spitting up of tinged pus again returned yesterday, with increase of cough. The swelling having become large, (the size of half an egg,) Mr. Filliter thought it best to make a puncture, and ascertain its contents. On doing so, by a very small incision, a free gush of air escaped, and the opening was accordingly at once reclosed by sticking-plaster. Considerable pain followed the operation, accompanied by hurried respiration, an anxious countenance, and extreme pallor, each respiratory act being attended by a clicking noise in the tumour. These symptoms gradually passed off, and the child had a good night. To-day she is free from feverishness; tongue clean; pulse 148; respirations 52. In the erect posture, percussion is clear over the upper half of the chest, in front and behind, but more dull in the axilla. When she lies down it assumes a markedly tympanitic character in the latter region. In the supra-scapular fossa, the respiratory murmur and the vocal resonance are feebly audible, but, with the exception of a very slight sound indeed, quite lost in all other parts.

10th.—On each of the two latter mornings at waking cough has come on, and, in the course of a few minutes, about two ounces of thick, reddish, puriform liquid have been brought up, after which the cough has abated. There is great pain in the swelling during cough; the incision is quite healed, but the tumour has increased to the size of half an orange.

11th.—The swelling is yet larger; its upper half is distinctly tympanitic, but the lower part is dull, and fluctuates. It can easily be emptied by pressure with the hand. The child improves in health, and the physical signs are as before. A bandage and compress are to be applied over the tumour.

13th.—Except in quite the lowest part of the chest percussion in front and laterally gives a tympanitic note; posteriorly the dulness extends as high as the middle of the infra-spinous fossa. No respiration is heard in any part. The heart beats under the lower part of the sternum, and the abnormal resonance does not extend beyond the middle line of that bone. The child is extremely emaciated, but is in cheerful spirits; has a clean tongue and good appetite. She is to continue the cod-liver oil, and to take a quinine draught three times daily.

18th.—Much improvement. She is now able to be up a considerable part of each day, and eats heartily. The sputa are still purulent, and usually amount to from two to three ounces a-day. The cough is not very troublesome; there is no pain in the chest, and she is now able to sleep on the left side, which she could not do previously. Under the employment of pressure the swelling has disappeared into the chest, and now scarcely protrudes. Physical signs as before.

23rd.—On pressure over the site of the previous swelling a little emphysematous crackling is perceived, and after two or three coughing efforts an impulse is distinctly perceptible. The physical sounds indicate that the removal of the air and fluid from the pleural sac is progressing. Expectoration scanty, and bronchial.

July 8.—It would appear, that the air has been nearly absorbed, as the vocal fremitus has been restored to all parts excepting the lowest third of the lateral region, where there is loud cavernous respiration, and large crepitation, and over which percussion is still tympanitic. During the last ten days, there have been friction-sounds audible at different parts in the front of the chest, showing that the pleural layers have again come into apposition; these are at present very distinct a little to the right of the nipple. There is but slight deformity of the chest, and it appears to expand well; the respiration over the whole dorsal region is free and vesicular, and the percussion note good. The heart has returned to its natural site, and all remains of the air-tumour have disappeared. The child has regained her strength, and is accustomed to go out every day. She continues the cod-liver oil and quinine.

The above statements are extracts from the detailed notes kept by Mr. Filliter, to whom the writer was also indebted for several opportunities of making personal examination of the patient at different periods in the course of her singular illness. On careful consideration of its very complicated facts, the following appeared to be the most probable conclusions:—That the disease had originally been acute pleuro-pneumonia, resulting in the effusion of pus. During this, the lung, from old adhesions, had been prevented from collapsing, and held in many parts at no great distance from the thoracic parietes. That on May 24th, ulceration into the lung tissue had occurred, attended by copious hæmoptysis, by the escape of air into the pleural sac, and a consequent renewal of the pleuritic inflammation; that an ulceration through the intercostal structures had taken place and permitted of the escape of air and fluid under the integument of the chest; that subsequently the air and fluid had been, to a considerable extent, either absorbed or expectorated, and that (contrary to rule when air is present) the lung had come in contact with the walls of the chest from above downwards, aided, probably, by old adhesions at the apex, and by the circumstance that the bronchial fistula passed through the lowest lobe. This last conclusion was based on the fact, that tympanitic percussion-note etc., remained low down anteriorly after vesicular breathing had become audible in the upper two-thirds of the chest. We will now follow the case to its conclusion, and shall have to see that a perfect cure was effected.

On July 29, at Mr. Filliter's request, Dr. Peacock made a careful examination of the child's chest, and the following note was dictated. At this date the girl had quite recovered her health, and she walked without difficulty a distance of a mile and a-half to the Chest Hospital. "The left chest is somewhat contracted, and the shoulder droops, the right being expanded and full. Percussion on the left side over the upper parts is rather less resonant than on the right, but low down in the dorsal region it becomes entirely dull, and in front there is an area of about two inches in depth, and rather more in width, commencing half an inch below the nipple, where the resonance is decidedly tympanitic. There is feeble respiration over the upper two-thirds of the left side, attended occasionally by slight crepitation. During inspiration, over the tympanitic area there is audible a distinct sound, as if air entered a large cavity. The heart's sounds and impulse are detected at a higher level, and more towards the left axilla than natural."

For some weeks previous to the last date the girl had expectorated nothing, and been all but free from cough; as very little was subsequently brought up, there can be no doubt but that what remained of the empyema was afterwards removed by absorption. She continued the same medicines a week or two longer, and then, appearing quite well, was allowed to return to her ordinary mode of life.

Jan. 14, 1854, (Six months after the convalescence).—She is now a stout, florid, and healthy-looking child. There is no visible want of symmetry in the chest, nor does measurement discover any. The heart is in its natural site, and there is clear percussion-note, with free vesicular respiration, unattended by any morbid sound, over every part of the left side.

LIST OF SCIENTIFIC MEETINGS.

This Evening, January 28.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. *Subject:*—"On Some Points in the Pathology of the Rheumatism of Children." By Dr. Willshire. Eight o'Clock.

——— ——— Guy's Hospital Physical Society. Eight o'Clock.

Tuesday, January 31.—Royal Institution. *Subject:*—"On Heat." By Professor Tyndall. Three o'Clock.

Wednesday, February 1.—Geological Society. Half-past Eight o'Clock.

——— ——— Pharmaceutical Society. Half-past Eight o'Clock.

Thursday, February 2.—Royal Institution. *Subject:*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.

——— ——— Royal Society. Half-past Eight o'Clock.

——— ——— Hunterian Society. Eight o'Clock.

——— ——— Harveian Society. *Subject:*—"On a Peculiar Case of Cardiac Disease." By Dr. T. King Chambers. Eight o'Clock.

——— ——— Aebernethian Society. Eight o'Clock.

——— ——— Medical Society of King's College. Half-past Seven o'Clock.

——— ——— Zoological Society. Three o'Clock.

Friday, February 3.—Royal Institution. *Subject:*—"On the Transmission of Electricity by Flame and Gases." By W. R. Grove, Esq., Q.C. Half-past Eight o'Clock.

——— ——— Western Medical and Surgical Society of London. Eight o'Clock.

——— ——— Botanical Society of London. Eight o'Clock.

Saturday, February 4.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. Eight o'Clock.

——— ——— Guy's Hospital Physical Society. Eight o'Clock.

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Medical Times & Gazette.

SATURDAY, JANUARY 28.

POOR-LAW MEDICAL OFFICERS OF IRELAND. CHOLERA.

SINCE the appearance of our last Article on the subject of Cholera, in connexion with the Medical Charities Act (Ireland), we have had an opportunity of examining the orders issued by the Poor-law Authorities to the Medical Officers of certain districts in which an outbreak of cholera is anticipated.

After the most careful and attentive consideration of these Orders, we are unavoidably led to the conclusion that the position assumed by the Commission towards the Profession, and certain of the services required by them of the Medical Officers, are unjust, unprecedented, and entirely unwarrantable.

The Commission has assumed to itself the right of disposing of the entire time and professional skill of the gentlemen who have the misfortune to be under their control. As we have already shown, they have, for the time being, given to every resident of the Dispensary districts, rich and poor, a right to demand gratuitous advice. Without fee or reward, the Dispensary Physician must visit *any one* within his district who chooses to send for him, if he but fancy that he has "premonitory symptoms." But, not satisfied with thus degrading the Medical Officer to be the public servant out-of-doors, they invade the privacy of his dwelling-house, and carry disease and contagion into his home; thus endangering the safety and health of that little circle which every man wishes to guard as sacredly as he can against all the ill chances of the world. So unjust and unwarrantable an interference with all the rights of private life we have never before known to emanate from men in a position of trust and responsibility. We know of not the slightest authority or justification for it in any section of the Act.

The following passage from the form of public notice issued by the Commissioners will show that our Correspondent "a Dispensary Surgeon" has not exaggerated the dangers to be apprehended; the italics and capitals are from the original:—

"If any person be attacked by *diarrhœa or looseness of bowels*, however slight, *whether with or without pain*, let him apply, WITHOUT A MOMENT'S DELAY (*no ticket or recommendation being necessary*) at the Dispensary, or at the Medical Officer's Residence, as above stated, where Medical Relief will be given with the least possible delay."

The Medical Officer is thus rendered liable to have his house besieged with applicants for relief at all hours of the day and night; and if we state, that a considerable number of such applicants will bear about them the contagion of other diseases than cholera,—that in the daily throng at the door of the doctor's house there will be more than one case of incipient fever, scarlatina, or small-pox,—we state what is no more than strictly within the limits of probability, and we have no hesitation in saying, that the house of the Medical man is thus rendered in a high degree unsafe for his wife and his children. In the name and for the sake of the sanctity, the privacy, and, above all, the sanitary safety of our homes, we protest against this most unjust Order; and we would say to our Medical brethren in Ireland, Give what extra time at your Dispensaries may be required of you in reason, but remonstrate, with one voice, against this pestilential invasion of the homes of your wives and your children; *while, at the same time, you, if possible, redouble your attentions to the poor in their homes and at your Dispensaries.* Another important question is still to be considered. The ordi-

nary duties imposed on Medical Officers of a Dispensary are in themselves sufficiently arduous, and in the great majority of instances, as we have already, on several occasions, most fully shown, the remuneration is most shamefully inadequate. Be this as it may, however, it cannot be denied that the ordinary dispensary duties are all that can be required of the Medical Officer by Committee-men or Commissioners; and that if any extra labours be imposed, this can only be justly done, by, at the same time, offering adequate remuneration proportionate to the amount of additional duty required; for the Medical Officer is *not* the *servant* of the Commission, to be ordered to go and to come—to do this work and that work, and to be paid as the niggard hand of his master shall please to dole out a reward to him when the labour required is accomplished. Does the Commission ever remember that, in the matter of Medical services and remuneration, it has to deal with educated gentlemen? It is provided (see XIX. Medical Charities' Act, Ireland), that all expenses which shall be incurred on account of visitations of an extraordinary nature, shall be charged on the rates of the respective electoral divisions. Remuneration, then, it is clear, the Medical Officer is legally entitled to for extra services, and, if so, it is but just that a proper scale should be at once determined on by the Commission, and that this should be duly announced to each Dispensary Officer when, *in the anticipation, for the prevention, or actual treatment of cholera,* he is called on to attend *daily* (Sundays included), at his dispensary, instead of three days in the week, as under ordinary circumstances; when he has to make constant reports to the Committee of Management, *weekly* to the Guardians, and *daily* to the Commission; and when he has to encounter all the endless demands on his time and his patience, made by the needlessly timorous, oftener perhaps than by the real victims of disease.

And yet, when an officer whose district has been declared a cholera district makes a request, that "the Commissioners will be pleased to grant him remuneration in proportion to such onerous and unusual services," he is informed that they "will be prepared, when the proper time arrives, to consider the subject of additional remuneration for attendance on cholera cases." Taking into view the previous acts of the Commission, we must confess that there seems but little reason to anticipate that their decision as to "the proper time," or the proper amount of such remuneration, will prove satisfactory to the Dispensary Officers. We think this is a question which should be determined at once, and that the rate of remuneration should be made known to each officer when he is called on to undertake extraordinary duties; and, moreover, that his pay should commence from the date of his being put in commission.

The Commissioners have taken a step with regard to the curative measures to be adopted in cholera cases, which we cannot but consider a most complete breach of all etiquette, and a slur on the professional knowledge of their Medical Officers. We allude to their enclosing, with their sealed orders, a copy of the Recommendations of the King and Queen's College of Physicians in Ireland,—a document of an avowedly popular character. We offer no observation whatever as to the merits or demerits of the rules of treatment therein laid down; but we hold, that enclosing such a document to a well-educated Physician or Surgeon is, in the first place, grossly indelicate; and, in the next, a breach of all etiquette. Little ceremony, however, is usually shown to those who are badly paid, remuneration seeming to be the criterion of social status most in vogue now-a-days.

In conclusion, we would recommend to our Irish friends the necessity of some united action to obtain forthwith the following changes in the system of cholera medical relief:—

"The registration of all persons in their district entitled to gratuitous relief, on some such simple system as that recommended by us already.(a)

"The adoption of a unanimous resolution not to receive contagious diseases into the homes of their wives and children, *while they redouble their efforts among the poor at their own dwellings and at their dispensaries.*

"The demand *unâ voce* of a proper system of remuneration to be determined on at once by the Commissioners, and to be assigned to each Medical officer, from the day his district is declared a cholera district."

How may these measures be most speedily obtained?

By each dispensary officer forthwith writing his immediate and personal remonstrance, and posting it to the Commissioners without delay.

THE LONDON WATER SUPPLY AND THE CHOLERA.

We referred last week to the position, that "the impurity in the water with which the inhabitants of London in the several districts are supplied is in nearly a direct proportion to the mortality from cholera;" and, at the same time, we promised to call particular attention to a Table in which this statement is illustrated. The Table to which we referred is contained in the Weekly Return of the Registrar-General for the week ending December 3, of last year. It appeared in our columns in November last, but it may be as well to bring it again before the attention of our readers.

Mortality from Cholera in Districts supplied by Water Companies:—

Water Companies.	Sources of Supply.	Aggregate of Districts supplied chiefly by the respective Water Companies. Elevation in feet above Trinity High-water Mark.	Population.	Deaths from Cholera in 13 Weeks ending Nov. 19.	Deaths to 100,000 Inhabitants.
London	.. ..	39	2,362,236	698	30
*(1) Hampstd. and (2) New River	Springs at Hampstead and Kenwood, two Artesian Wells, and New River.	80	166,956	8	5
New River....	At Chadwell Springs in Hertfordshire, from River Lee, and four wells in Middlesex and Herts.	76	634,468	55	9
Grand Junction.....	The Thames, 360 yards above Kew-bridge.	38	109,636	14	13
Chelsea	The Thames, at Battersea.	7	122,147	22	18
Kent.....	The Ravensbourne in Kent.	18	134,200	30	22
West Middlesx	The Thames at Barnes.	72	277,700	84	30
East London..	The river Lee, at Lee-bridge.	26	434,694	144	33
*(1)Lambeth & (2)Southwark	The Thames, at Thames Ditton and at Battersea.	1	346,363	211	61
Southwark....	The Thames, at Battersea.	8	118,267	111	94
(1)Southwark and(2)Kent	The Thames, at Battersea, the Ravensbourne in Kent, and ditches and wells.	0	17,805	19	107

* In three cases (marked with an asterisk) the same districts are supplied by two companies.

It is not our intention to attribute the excess of mortality from cholera in these districts exclusively to the impure character of the water supply. A considerable amount of influence is due to the effect of elevation, and to the occupation and habits of the population, for which, however, if the most liberal allowance be made, there is still a great excess of mortality fairly attributable to the impurity of the water alone. The residual mortality is least where the water is sweetest, and greatest where the water is known to be most impure.

The district supplied by the Southwark Company has a mean

(a) *Medical Times and Gazette*, Jan. 7, 1854.

elevation of 8 feet above Trinity high-water mark, while that of Lambeth has an elevation of only 1 foot above that standard. Had the water supply in each of these districts been from the same source, the recent cholera-mortality of Lambeth would have been greatly in excess of the rate in Southwark. It will be seen by the Table that the reverse was the case, the deaths in Southwark being 102 in 100,000 against 64 in every 100,000 inhabitants of Lambeth. We can account for this difference only by the fact, that the Lambeth Company derives its supplies from Thames Ditton, a pure source, furnished with admirable filtering apparatus; while the Southwark Company goes no further for its supplies than Battersea.

The Chelsea Company derives its waters from "the Thames at Battersea," and delivers its customers a purer supply than the East London, whose waters are taken from the River Lee at Lee Bridge. The district of East London has great advantage in elevation over Chelsea, the former being 26 feet above Trinity mark, and the latter only 7. If all the conditions except elevation were equal, we should find the excess of mortality in cholera in Chelsea, instead of East London, where there were 37 fatal cases in every 100,000 against 18 in Chelsea. The Lee is a most dangerous source of supply, its stream being constantly poisoned by the Thames below the Metropolis, the sewage of which has been plentifully taken up.

It should be observed, that we are now dealing with the mortality from cholera during only fourteen weeks, and if we throw out of the calculation the element of elevation, and suppose East London to be on the same level with Chelsea, we have still the rate of fatal cases more than double the Chelsea rate, the result being 162 deaths instead of 81,—in other words, 81 victims to the impurity of the water with which they were supplied. The only objection that can be made to this calculation is, that the results are given too much in favour of the East London Company.

In 1847 the cholera destroyed 14,137 persons in London. We are not going to assert that half these cases were attributable to the London water supply. We have, however no hesitation in expressing our deep conviction that some thousands of lives would have been saved to London during the two past epidemics, and during the first outbreak of the present invasion, if the inhabitants of London had been furnished with adequate supplies of water from pure sources.

From the investigations made after the epidemic of 1849, it appeared that the mortality from cholera was lowest in districts which have their water chiefly from the Thames so high as Hammersmith and Kew. The mortality was greatest in districts which derive their water from the Thames so low as Battersea and Hungerford-bridge. The districts of the New River occupy an intermediate station. In six districts supplied from Kew and Hammersmith, 15 in 10,000 inhabitants died, and the mortality ranged from 8 to 33. In twelve districts supplied from the most impure part of the river between Battersea and Waterloo-bridge, 123 in 10,000 died, and the mortality ranged from 28 to 205.

As the result of Parliamentary inquiry into these important matters, and legislation upon them, it has been enacted, that after August, 31, 1855, no Company shall supply London with water from any part of the Thames below Teddington Lock, or from any part of its tributary streams below the highest tidal-point. All reservoirs for storing water for domestic purposes, within a distance of five miles from St. Paul's, must be covered, except those containing water which, after it is discharged, will be subject to proper filtration. There are various other conditions binding on the Companies for the benefit of the public, all of them very excellent, but subject to the great disadvantage, that we shall not realise them unless the Companies anticipate the requirements of the Legislature by securing those advantages to the public before the outbreak which analogy leads us to anticipate in May next. The error of the Legislature has arisen from the supposition that the return of the cholera would not be for two or three years yet to come. We have now only to appeal to the Companies, and ask them to save us from the consequences of the too great generosity with which they have been treated. They have the legal right to aid the pestilence in its work—a right which we hope their philanthropy will induce them to forego.

GAY *versus* WAKLEY.

In our last Number, we published a letter from Mr. T. Wakley, jun., in which he positively denied that he had voted against his senior colleague, Mr. Gay, or had attended any of the meetings of the Committee. We have now to state, as we did, in a second edition of our last Number, that Mr. Gay has come forward and asserted at the meeting of the Committee of Management, and in a letter which we publish in this Edition, upon his honour as a gentleman, that he saw Mr. T. Wakley, jun., hold his hand up at the Meeting of Governors and vote for Mr. Gay's dismissal. It is, therefore, clear, that either Mr. Gay or Mr. T. Wakley, jun., has deliberately misstated the fact. Mr. Wakley, sen., by his repeated denial in the *Lancet* of all interference in the matter, has also made statements which compel us to put the question fairly—Who is to be believed? Are we to believe Mr. Gay, or the Messrs. Wakley?

We refrain from stating our own opinion, and leave the matter entirely in the hands of those who have read the statement drawn up by a Committee of disinterested gentlemen, and the letter of Mr. Wakley to Mr. Gay appended to that statement, with the letters of Mr. T. Wakley, jun., and Mr. Gay.

One word upon the statement of the Hospital Committee last sent to the Governors, and the present position of the officers of the Hospital and the Lecturers at the College. The statement, or rather the implied statement, that the Lecturers at the School approved of the proceedings of the Committee, has been already scornfully denied by Drs. Ballard and Cormack, who have resigned their chairs. Mr. Atkinson, the cupper, as may be seen in another column, has also resigned in a manner most creditable to him, as he is not rich, and did not resign in consequence of the example that others ought to have set him. The following advertisement, copied from the *Morning Chronicle* of Saturday, will show that a successor has been found for Mr. Gay. We shall, however, not make any reflections upon the conduct of Mr. Cooke, until we know whether he has accepted the appointment. In the meantime, we would direct his attention to an extract from *Punch*, in another column, which will show him what opinion will be entertained of him by the public should he accept:—

"THE ROYAL FREE HOSPITAL.—The Committee of this Hospital, at its weekly meeting, elected Mr. Thomas Weedon Cooke, of No. 76, Upper Berkeley-street, Portman-square, late Assistant-Surgeon of the Institution, to the post of Surgeon, vacant by the dismissal of Mr. Gay."

Are we to suppose that Dr. Brinton and Mr. Cooke, Dr. Tyler Smith, Dr. H. Bennet, Mr. De Méric, Dr. Hassall, Dr. Knox, Dr. Barnes, Mr. Syme, Dr. Glover,—unite with Mr. T. Wakley, jun., and his friend Mr. Gant, in braving the indignation of their professional brethren? Are they for the Committee or the Profession? They must make their choice. They have time to do it, and we wait the result of the last struggles between interest and duty; but let them reflect, if they throw away the support of their professional brethren, upon what species of support they place their reliance.

"—— Incedis per ignes
Suppositos cineri doloso."

And let the Profession consider whether they will continue to

support the man who has led to the necessity for such a universal determination to repel his attacks upon the honour and independence of the Profession.

It now becomes our duty to say a few words respecting those by whom these attacks have been so nobly repelled. Dr. Copland, the Chairman of the meeting, the President of the Royal Medical and Chirurgical Society—representing, as he does *ex officio*, the united classes of the Profession—came forward to do what he felt to be a duty connected with his position, undaunted by the personal abuse to which he exposed himself by so doing. He deserves the thanks of the Profession for his manliness. Dr. Roots, one of the oldest and most respected members of the College of Physicians, who was for so many years Physician to St. Thomas's Hospital, and Dr. Conquest, showed what the men of the old school thought of the matter. Mr. Jordan, Mr. Bickersteith, Mr. Webber, Mr. Humphry, Dr. Dundas, Mr. Ambler, and Mr. Woolcott, among others, represented the feeling of the Provincial Hospitals. The attendance of the following thirty officers of Metropolitan Hospitals, including names from them all, was a sufficient indication of the feeling of the Hospital Physicians and Surgeons in London :—Adams, Avery, Barwell, Barclay, Bristowe, Mervyn Crauford, Cooper, Childs, Chambers, Cutler, De Morgan, Fuller, Frere, Frazer, Goodfellow, Holthouse, Holt, Johnson, Jones, Lee, Ludlow, Murphy, Markham, Moore, Pollock, Radcliffe, Stewart, Smith, Sibson, Sieveking, Tanner, Walton, Wordsworth, and Ward. Drs. Druitt and Semple, two members of the Court of Examiners of the Apothecaries' Company, showed what was thought by those at the head of the great body to which they belong.

It will be observed, however, that while the Physicians and General Practitioners were represented by those at the head of their respective bodies, there was an absence of other members of the Profession who ought to have been foremost in protecting one of the Fellows of their own College from so gross an act of tyranny. If the Council of the College of Surgeons think that they are to obtain the respect of their own Body—of those who have placed them in their present position to perform public duties, and not to relieve them from duties or obligations because they are unpleasant,—they must be the first to come forward to protect the interest of every member over whose professional affairs they preside. They must not in future, as on the present occasion, be the only men who have shrunk from the fulfilment of a public duty. They will doubtless receive the praise of the *Lancet* for their conduct No punishment could be more severe.

The case of Mr. Rendell, published in another column, shows that the spirit of freedom is unknown in the Frec Hospital. A gentleman is promised an appointment as Junior House-Surgeon by Dr. Marsden, but on his refusing to sign a paper approving of the proceedings of the Committee, his appointment is withdrawn. This is a minor matter; but, we trust, will contribute to open the eyes of the Governors to the manner in which the Committee they have appointed abuse the trust confided to them, and will strengthen them in the resolve to dismiss a body which has brought such merited disgrace upon the Institution.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

THE following are a few extracts from some of the letters read at the Great Meeting, and from others received by the Secretary of the Committee :—

FROM THE PHYSICIANS AND SURGEONS OF THE HALIFAX INFIRMARY AND DISPENSARY.

SIR,—We, the undersigned Physicians and Surgeons of the Halifax Infirmary and Dispensary, desire you will convey to the Committee our appreciation of the motives which have induced them to convene a public meeting of the Profcssion in reference to the late dismissal of Mr. Gay, and our sympathy in its object in so far as the facts of the case have come to our knowledge.

The distance from town and our pressing engagements at this season preclude our attendance at the meeting.

JOHN LISTER, Chairman.
M. S. KENNY, M.D.
WM. ALEXANDER, M.D.
Halifax, January 17, 1854. LAW. BRAMLEY, F.R.C.S.

FROM THE MEDICAL OFFICERS OF THE NORTH STAFFORDSHIRE INFIRMARY.

SIR,—We, the undersigned Medical Officers of this Institution, regretting our inability to attend the meeting to-morrow, beg to express our sympathy for Mr. Gay, and trust that some means may be devised by which he may receive that redress which the circumstances of the case seem to require.

E. WILSON, M.D.
GEORGE JOHN WOOD, M.D.
DANIEL BALL.
SAMUEL MAYER TURNER.
Jan. 17, 1854. ROBERT GARNER.

FROM J. RISDON BENNETT, M.D., PHYSICIAN TO ST. THOMAS'S HOSPITAL.

DEAR SIR,—I am sorry that it will not be in my power to attend the meeting to-morrow in reference to the dismissal of Mr. Gay from the Free Hospital.

I am anxious, however, to express my sympathy with him, not merely as a gentleman whom I have long known and esteemed, but as a fellow member of the Profession who has met with harsh and most unjust treatment.

I take the Committec's own account of their proceedings in forming my opinion, and am persuaded that, from this account, every independent man must conclude that they have acted in a manner so tyrannical and unjust as to call for the expression of indignation and censure from all honest and right-feeling persons. But the proceedings of the Committee appear to me inexplicable, except on the supposition that they have been made the tools by which some unscrupulous enemy, or enemies, of Mr. Gay have wreaked their malevolence.

But, while I thus frankly statc my opinion of the unjust act of the Committec, I cannot refrain from expressing my disapprobation of the system of biographical puffing which appears to have been the ostensible exciting cause of the harsh treatment Mr. Gay has met with at the hands of those whose Institution he has faithfully served for many years with credit to himself and to the advantage of the public and the Profession.

Jan. 17, 1854.

FROM GARRETT DILLON, M.D.

SIR,—I have long looked upon the Free Hospital as one or the most valuable, if not really the most valuable of the public Medical Institutions of the Metropolis; and I have often strongly recommended it to the patronage of the wealthy and benevolent.

I fear very much, that this arbitrary and unjust conduct or the Committee of Management will damage the Hospital with the public, and with the Medical Profession especially; for no Physician or Surgeon can in future take office under such a Committee without putting on the livery of slavery. I think, therefore, in reference to the interests of the Hospital, and of the numerous poor relieved there without putting them to the trouble of getting letters of recommendation from subscribers, that a Resolution to the following purport ought to be passed at the meeting to-morrow :—

"Resolved,—That the arbitrary and unjust conduct of the Committee of Management of the Royal Free Hospital, in dismissing Mr. Gay from the office of Surgeon to that Institution, must necessarily injure the Hospital in the opinion of the wealthy and benevolent, who contribute so liberally to its support; and that, for the interests of the Hospital, and of the poor daily applying there for relief, it is desirable, that the future management of its affairs should be taken out of the hands of the present Committee, and vested in the administration of an open weekly Board of Governors."

5, Spanish-place, Manchester-square, 17th Jan., 1854.

[This letter was read at the meeting, and loudly cheered.]

FROM ALFRED EDENBOROUGH, ESQ.

* * * I regret extremely that it will be quite out of my power to attend the meeting to-day, although I entirely coincide with

its object. It appears to me, that, if a proper *esprit de corps* prevailed among us, there would no longer exist at the Free Hospital any Medical staff whatever.

3, West-street, Wednesday morning.

FROM W. H. GOOCH, M.D., PHYSICIAN TO THE KENT AND CANTERBURY HOSPITAL.

* * * Let me assure you, that I heartily concur in the objects of that meeting, considering as I do that Mr. Gay has been made the victim of a most unscrupulous and tyrannical cliquism, disgraceful alike to his late colleagues, and to the Governors of the Royal Free Hospital, with which he has been so long associated.

Who would be safe in office, let me ask, if such principles of action were to prevail?

But while I desire to express my abhorrence of the treatment which Mr. Gay has met with, and my sympathy with him on account of it, I must beg to enter my protest against the system of self-advertising and self-puffing so prevalent of late, and so dishonourable to the "Divine art" of medicine, by which, indeed, one is reminded of the low rivalries of trade.

I hope every Hospital staff in the kingdom will deem it proper to enter its firm protest against such conduct as has been displayed towards the late Surgeon of the Royal Free Hospital.

Precincts, Canterbury, Jan. 17, 1854.

FROM ALFRED LOCHEE, M.D., CANTERBURY.

* * * I shall gladly agree to any declaration of sympathy and support which the meeting may think fit to express towards Mr. Gay, with reference to the injustice and impertinence to which he has been subjected.

At the same time, I venture to express a hope that the newly-invented system of publishing Medical biographies in the public journals will be pointedly referred to at the meeting, as one which, to say the least of it, is too repugnant to good taste to allow the members of our Profession to be consenting parties to it.

Canterbury, Jan. 16, 1854.

FROM JAMES REID, ESQ., CANTERBURY.

* * * Not only does Mr. Gay appear to have been most unjustly and ungenerously dealt with by the Governors of an Institution professing to be charitable, after many years of earnest labour in their services, but a principle of influence and faction has been established in the governing body of the Institution, which is tyrannical, and utterly subversive of the honourable and conscientious independence of its Medical officers.

At the same time that I feel keenly the injustice that has been rendered Mr. Gay, with whom I have no personal acquaintance, I cannot but express an opinion, that the biographical system, which has of late years been adopted in some Medical periodicals, and out of which the present transaction has in some measure originated, is degrading and disreputable to the Profession; and that those members of the Profession who are tempted by, or lend themselves to it, only lay themselves open to its demeaning influences and consequences.

49, St. George's-street, Canterbury, Jan. 17, 1854.

FROM DR. PYE SMITH, HACKNEY.

* * * I regret I cannot aid in the public testimony towards Mr. Gay, and against the intrigues and errors of the Free Hospital people. Rather than hopelessly to take legal proceedings, however, I hope the gentlemen to meet to-day will try and obtain the efforts of independent Governors, who, by a more regular Special Meeting, shall re-instate Mr. Gay in an office which I am convinced he has done nothing justly to forfeit, and which Mr. Gay has so long and ably filled.

Hackney, Jan. 18, 1854.

FROM S. H. STEEL, M.B. LOND., ABERGAVENNY.

* * * In the impossibility of personal attendance by many country Practitioners, it may be as well for them to record their sentiments on Mr. Gay's case by letter. While, therefore, utterly condemning the many sneaking and underhand modes of advertising now adopted by men who would otherwise command the respect of the Profession, I beg leave to add my protest to that of my brother Medical men, against the unjust and tyrannical conduct of the Committee of the Royal Free Hospital towards Mr. Gay.

Abergavenny, Jan 17, 1854.

FROM GEO. SAYLE, ESQ., SURGEON TO THE WEST NORFOLK AND LYNN HOSPITAL.

* * * I think the only step for the remainder of the Staff, both Medical and Surgical, as a duty they owe to themselves and to the Profession at large, is to place their resignations in the hands of the Governors. Such a step would not only reflect great credit upon them, but it would also show that there still exists among the great body of our Profession that cordial unanimity, binding us indissolubly together, by which alone we can expect to stay the Profession from receiving a succession of similar insults, and to show to the world that individuals are not with impunity to be most unjustly deprived of character and station, which long labour, energy, and ability have enabled them to attain. Such a step, I also conceive, would inflict upon the governing body of the Institution the only chastisement the Profession has it in its power to give, presuming, as I do, that no one could be found base enough to offer his services to replace them.

King Staith-square, King's-Lynn, January 17, 1854.

FROM J. TUNSTALL, M.D., SENIOR PHYSICIAN TO THE EASTERN DISPENSARY, BATH.

* * * The time has arrived when both the Committees of public Charities, and the public generally, should be taught the great obligation they owe to the Profession; and I doubt not that the present movement in favour of Mr. Gay will tend to place the long-tried and gratuitous services of our body in a more favourable light with the public.

35, Brook-street, Bath, January 17, 1854.

Letters were also received from the following gentlemen, either regretting inability to attend, or agreeing that Mr. Gay had been treated with great injustice, and approving of the objects of the meeting. About 150 others were received, but were unfortunately destroyed.

J. Solomon, Birmingham.
Edward Ray, Dulwich.
Dr. Barker, Grosvenor-street; Physician to St. Thomas's Hospital.
Samuel Blackmore, Bath.
William Braithwaite, Plymouth.
C. J. B. Aldis, Chester-square.
Henry Bateman, Islington-green.
Miles Beale, Bishopsgate-street.
E. N. Berry, James-street, Covent-garden.
James Bird, M.D., 27, Hyde-park-square.
J. Black, M.D., Physician to Bolton Infirmary.
M. L. Britton, St. John's-wood.
Thomas Brown, St. Mary-axe.
P. J. Burchell, Kingsland-road.
William Bush, Bath.
W. E. Carpenter, Finsbury-sq.
A. Catherwood, Charles-square.
H. T. Chapman, Lower Seymour-street.
James Clark, Acton-place.
W. Michell Clarke, Bristol.
Nathaniel Clifton, Islington.
Dr. Cooke, Trinity-square.
William Connor, Battersea.
J. Courtenay, Artillery-place.
W. T. Dyer, Berkeley-street, Berkeley-square.
Augustus Eves, Surgeon to the Cheltenham General Hospital.
W. H. Gull, M.D., Finsbury-sq.
C. J. Hare, M.D., Langham-pl.
J. H. Hawthorn, Hoxton.
R. G. Holland, Highgate.
Joseph Hunt, Gray's-inn-lane.
Thomas Hunt, Bedford-square.
T. M. Kendall, King's Lynn, Norfolk.
George Lambert, Coventry-st.
Charles Law, Artillery-place.
A. T. Longhurst, Loughborough.
G. Macilwain, Albany-court-yard, Piccadilly.
W. Munk, M.D., Finsbury-place.
George Pilcher, Harley-street.
J. M. Ramsbotham, Amwell-st.
John Snow, M.D., Sackville-st.
J. P. D. Stevens, Brabant-court.
J. Stringfield, Weston.
G. C. Steet, Chadwell-street.
C. J. Tomkins, Colet-place.
Alexander Ure, Upper Seymour-street.
A. T. H. Waters, Liverpool.
Thomas Williams, Berners-st.
J. Windsor, Senior Surgeon of Manchester Eye Hospital.
G. L. Wood, Bath.
J. E. Wood, Surgeon to Rochdale Dispensary.

OPINIONS OF THE PUBLIC PRESS.

(From the *Daily News*, Jan. 20.)

THE disturbance at the Royal Free Hospital, in Gray's-inn-road, has provoked general attention, and the public are asking, What is the real meaning of it all? People want to know, how it can come about that a Professional man like Mr. Gay, against whose skill as a surgeon not one word has been said, and whose services as Medical officer to the Royal Free Hospital were

gratuitous, should be "dismissed" from his post in that establishment,—and how it happens that such dismissal should lead to a public meeting at the Hanover-square Rooms, and a general ferment in the Medical Profession. That Profession, though an eminently honourable and useful one, is in nowise remarkable for exhibitions of public excitement. Medical men are not, as a rule, heroes of platforms or promoters of "monster meetings." How, then, does it come about, that a place commonly devoted to morning concerts and charitable assemblages should all at once be frighted from its fashionable propriety, by being made an arena for Medical indignation? There must be something more in the whole affair than meets the eye—something not told in the speeches—not written in the Medical journals — perhaps not even suspected among the mass of Medical men themselves. Doctors would not leave their drugs and their prescriptions—their operations and their consultations —their patients (when they have any) and their hopes of patients (when they have none), to attend "indignation meetings" in Hanover-square, if some powerful though hidden undercurrent did not operate to induce so unusual a symptom in the usually quiet and philosophical body. What does it all mean? How does it come about? Mr. Gay, being a man of skill, character, and position, why do other men want to turn him out for the sake of getting a place without salary? Such are the inquiries reiterated on all hands. Perhaps a few words of explanation may unfold the mystery.

It is a strong thing, perhaps, to say, but it is the truth notwithstanding, that our whole Hospital system is rotten. Does London need such establishments as the Free Hospital at all? If the great funds of St. Bartholomew's Hospital in Smithfield, of Guy's Hospital and St. Thomas's Hospital in the Borough, of Middlesex Hospital near Tottenham-court-road, of Bethlem Hospital for lunatics in St. George'-fields, were properly husbanded and properly applied, and if the internal Medical arrangements of those Institutions were put in full agreement with the improved views of society in 1854,—if those endowed Charities were in efficient accord with the established, but less wealthy Hospitals of Westminster, of University College, and of King's College, the whole of these Institutions might, with the help of the London Hospital in Whitechapel, receive all the sick poor really requiring hospital accommodation in the entire Metropolis. The funds of Guy's and Bartholomew's are enormous; the funds of St. Thomas's, of Bethlem, of Middlesex, ample; and the income of the rest is good, and would be much better if the needless Medical establishments were out of the way. Why then, comes the question, do these other and seemingly unnecessary establishments start up? Simply because the old hospitals are managed upon a false principle—are generally hotbeds of jobbery—and, as a rule, are establishments in which Medical appointments are obtainable by favour and custom, rather than by open competition of skill and merit. If another Abernethy or another Astley Cooper were to spring up to-morrow in London among the apothecaries' apprentices,—nay, if a John Hunter were to appear in those ranks of the Medical Profession, the chances are a thousand to one against such prodigies ever becoming hospital surgeons. In Medicine, the honorary appointments are not allowed to be the prize of the swift or the reward of the strong. To be an Hospital Surgeon a man, as a rule, must, —say at Bartholomew's, for instance,—have been first a hospital apprentice. Great, and generous, and good, as such huge Medical Charities are, they are yet not half as great and good as they might be. They are all close boroughs. They have not, like the great hospitals of France, for instance, any open competition of merit to decide by whom a vacant medical post shall be filled. No English Velpeau could attain a position such as Velpeau gained in the sister kingdom. To be a cousin or a son-in-law to an hospital *don* is a far better claim to an hospital appointment than the most profound acquaintance with anatomy or physiology, the aptest power of diagnosis, or the soundest views on therapeutics. A huge establishment like Bartholomew's knows nothing of fair competition—nothing of a system of *concours*. It is always a favoured man who gets every chief appointment within its walls. But the sin does not stop here. The aid which gave him the post still waits upon his steps. He is allowed to carry on an old and vicious system. He has given to him, perhaps, a hundred or a hundred and forty beds. Every patient who from time to time may become the occupant of these beds is under his sole control. Giving, say, two minutes to each case a day, the patients on a hundred and forty beds would require, say, 280 minutes, or more than four hours a-day of the Surgeon's time. Is two minutes enough for the proper investigation of a case? Certainly not. If four minutes were given to each, it would require, under the existing system, eight hours a-day to attend to 140 beds, and so on, more or less, for a greater or lesser number. Can it be expected, that a Surgeon to Bartholomew's, for instance, who is not directly paid for his services,—who has to earn his bread by private patients, or by medical teaching,—can it be expected, we ask, that such an officer can give to the poor in his hospital eight hours a day, or six, or even four hours, without great injury to himself? He cannot give it, and, as a rule, *he does not give it.* The result is twofold in operation, and tenfold in mischief. Without saying that any poor person in an hospital suffers by neglect, we may say that the sick poor have much briefer medical inspection than might, under another system, be bestowed upon them,—while the candidates for medical knowledge and hospital honours have fewer opportunities for study and distinction than they would otherwise enjoy. The hospitals being "jobbed," when a Physician or Surgeon gets into office he monopolises more patients than he should do, and this monopoly drives those who ought naturally to be upon the staff of some established hospital, *to start useless hospitals for the sake of getting appointments within their walls.*

The cure for the double evil we have described would be,—firstly, for the whole funds and affairs of such rich charities as St. Bartholomew's to be made completely public, in order that those vast funds might be wisely applied to giving the greatest possible medical help to the greatest possible number of deserving sick poor. Secondly, no Surgeon or Physician in any hospital should ever have charge of more than (say) forty beds. To every forty beds there should be a distinct Medical officer. Five minutes to each patient a-day would thus absorb 200 minutes, or above three hours a-day,—quite as much time as a gratuitous officer is likely to be able to give up day by day. And surely five minutes to each bed, on an average, is not too much time to be bestowed on a patient pronounced by hospital authorities to be ill enough to need board, lodging, medicine, and attendance, at the cost of a public charity. If patients are not seriously ill, why feed and lodge them; if they *are* seriously ill, is five minutes a-day too much medical time to bestow on the treatment of each case, and on the medical instruction of the pupils who follow the Surgeon or Physician to learn the nature and treatment of that case? At present, there is no doubt but a truthful statistical return (if such were obtainable) would show that half a minute is much nearer the mark of daily temporal attention bestowed on some patients than five minutes; and we say, not only that a system which permits such things is wrong in itself, but eminently injurious also to the dignity, the honour, and the welfare of one of the noblest professions which men can follow.

If these Hospital abuses were reformed we should assuredly get rid of such painful and discreditable scenes as those recently witnessed at the Royal Free Hospital. On the face of the evidence at present before the public, Mr. Gay was dismissed on the flimsiest of flimsy excuses. Then the inquiry comes again—Why should Mr. Gay care for the loss of a post among men who could so treat him? The reply is, that an hospital appointment has professional value, both for the experience and the *prestige* it affords; but huge hospitals that ought to compete for, and to absorb, all the surgical talent of London, being close corporations, any active, clever Surgeon, like Mr. Gay, having no close-corporation interest, is ready to fight to the death for a berth in such third or fourth-rate establishments as would probably not exist at all if the funds of the great charities were wisely and properly applied. Apart from the medical question involved in these disputes, the general public have another and a pecuniary interest in all this. Why should the charitable be dunned for subscriptions for new hospitals, until it is clear that the funds of the old and enormously wealthy ones are shown to have been made the best and fullest use of? Why should we have people calling at our doors, and clergymen preaching over our pews for subscriptions to speculative hospitals, set up to provide medical appointments to honourable and active men, who ought to be busy in the wards of the old and established charities? If the Hospitals of St. Bartholomew, and Guy, and St. Thomas, were arranged upon the plan of giving but thirty or forty beds to a single Medical man, those establishments could absorb all the Mr. Gays who now quarrel for honorary offices in struggling institutions. The cure for such things is hospital reform. If we could have that, the public would be spared a good deal of charitable dunning,—the sick poor would certainly not be worse off than at present,—and the aspiring members of the Medical Profession would be afforded those chances of honourable professional status at great wealthy and ancient institutions which they now struggle and scuffle for at poverty-stricken, if not useless, establishments.

(From the *Globe* of January 19.)

We observe with satisfaction the unanimons Resolutions, at the meeting of the Surgical Profession held yesterday, under the presidency of Dr. Copland, on the subject of Mr. Gay's dismissal from the office of Surgeon at the Royal Free Hospital. We had already ventured to state our own impressions on a *primâ facie* view of the case, and we find those impressions confirmed abundantly by the speeches and Resolutions of yesterday's meeting at the Hanover-square Rooms. The charge upon which Mr. Gay was dismissed from his office by the Managing Committee of the Hospital, was, we should think, the most trnmpery one ever made the pretext of a public proceeding. Somebody else had published a biography of that gentleman, which his colleagues thought too complimentary; and because Mr. Gay had previously furnished his biographer with particulars of his birth, education, writings, &c. (a thing done every day), the Committee thought proper, notwithstanding his distinct disavowals, to hold him responsible for the whole style of a biography, which he declared he had neither suggested, nor even seen, before its publication. Mr. Campbell De Morgan well observed at yesterday's meeting:—

"Supposing that Mr. Gay had written every syllable of the sketch, all they could say of him would be, that he was a vain man, and that he was merely giving himself the first place in the hospital, which must always be occupied by somebody."

It would have been a strong proceeding to have dismissed a man for thinking and writing too well of himself; but, *à fortiori*, to dismiss a man, who declared he had written nothing, on the assumption, that he "thought the more," was to seize a pretext suggestive of a job. If anything of the sort was in any quarter contemplated, yesterday's meeting probably put a spoke in the wheel. Two of the lecturers at the Free Hospital declared, that their sympathies were entirely with Mr. Gay, and that they had had no share in his dismissal. One of them, Dr. Ballard, said, "After what he had heard that day, he felt that he had but one course to take, and he was determined to take it."

FREEDOM OF THE FREE HOSPITAL.

(From *Punch*, Jan. 28.)

Subjoined is part of a biography of an eminent surgeon which appeared lately in the *Lancet*, accompanied by an illustration ridiculously faithful to the text:—

"In stature Mr. Hancock is rather below the middle height. His countenance is animated, the features strongly marked, and the quick intelligence of a dark eye gives an expreseive sharpness to lineaments in which may be found harmoniously blended indications of kindness, intelligence, resolution, and thought. In his manner there is an admixture of serene drollery and serious consideration, combining, too, the *suaviter in modo* with the *fortiter in re*. With his pupils he is always found to encourage the industrious, to stimulate the inattentive, and, by his solicitude for the interests of all, he is deservedly considered in his school as a general favourite, and is looked up to by the students as the pupils' friend. His style of lecturing is peculiar, and partakes of the Abernethian order, both in matter and manner; while the illustrative cases, from their point, and the occasional anecdote, from its pungency, remind us strongly of the palmy days of Guthrie and Cooper."

Never mind, at present, the professional question as to the system lately adopted by certain Medical journals of puffing living practitioners by publishing their lives. Attention for another point. Were anybody to ask Mr. Hancock whether he wrote the above glowing description of his own personal appearance and professional merits himself, the fittest answer that Mr. Hancock could give would consist, to speak anatomically, first, in a contraction of the *psoas magnus, iliacus internus, biceps, semitendinosus,* and *semimembranosus* muscles, and then by a ditto of the *rectus,* the *vastus externus,* and *crureus* ditto, or, more vernacularly, in an elevation of the thigh and a flexion and extension of the leg, giving the *pollex pedis* or great toe a strong impulse, and causing the anterior extremity of the boot to impinge.

The Committee of the Royal Free Hospital, however, have not scrupled to put a precisely similar question to a gentleman —Mr. Gay, late Surgeon to their Institution—and, because they were not satisfied with his answer to it, have dismissed him from his office, in which he had earned much credit and reputation, but little else, during a period of seventeen years. The daily newspaper-reader will have seen, that a meeting was held the other day, at the Hanover-square Rooms, for the purpose of considering the best means that could be adopted to protect Mr. Gay from the consequences of his dismissal.

A biography of Mr. Gay had appeared in the *Medical Circular*, unaccompanied by any remarks upon his features, such as the above. But it contained matter offensive to the Committee; praise of Mr. Gay, at the expense of their Lazaretto. It spoke slightingly of the exterior of that edifice, and disparagingly of the internal arrangements thereof, in so much as the following passage amounts to:—

"It is not too much to say, that the position the Hospital has assumed is almost solely owing to the exertions of Mr. Gay; but for the success of his surgical operations, the Hospital would be little known."

Upon the strength of this not very strong discommendation of the Royal Free Hospital, the persons constituting its Committee addressed the following polite note to Mr. Gay:—

"Royal Free Hospital, July 15, 1853.

"Dear Sir,—In conformity with a Resolution adopted by the Committee of Management of this Hospital, I take the liberty of submitting to you the following questions:—

"1. Was the manuscript or proof of your Biography published in a medical paper of the date of the 30th of March last, seen by you previously to its publication?

"2. Did you supply any part of that Biography?

"3. If that Biography was published without your knowledge or sanction, have you written to the publisher to complain of any statements or allegations it contained?

"If you will favour me with an early reply, I shall be obliged, and am, dear Sir, "Yours, &c.

"John Gay, Esq." (Signed) "W. H. Fenn."

To these cool interrogations Mr. Gay distinctly replied that he had had nothing whatever to do with the biography, either in the ways particularised, or in any other, except in having supplied the editor with the mere facts of his birth and education. For the rest, he had simply taken no notice of it. These answers were voted by the Committee unsatisfactory. They were so, without doubt. But a body of men cannot be kicked.

Treating Mr. Gay as their servant—in plush—these people next requested him to write a letter to the Editor of the *Medical Circular*, in order to the correction of the *Circular's* article. An Hospital Surgeon will do much to keep his employment—though it be its own remuneration. Mr. Gay complied; in as far as concerned the misstatements of the *Medical Circular*. But this compliance again was unsatisfactory; the Committee dismissed Mr. Gay, and a Court of Governors confirmed his discharge.

Hospital Committees and Courts of Governors have a perfect right to do what they like with their own. Undoubtedly, they may treat their Surgeon with as much insolence and injustice as they please. They pay their guinea, and receive their power, —the privilege of being able to bully and insult a gentleman is one of the chief advantages of their subscription. To talk to them is idle. The appeal lies to the College of Surgeons. When a Surgeon is tyrannically and unjustly deprived of his office, like Mr. Gay, let the Council of that body set a mark upon the fellow who dares to fill his vacancy. Let its members decline to meet the sneak in consultation, and let all grades of practitioners combine to hiss the snob out of the Profession.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON LUPUS.

By Dr. OSWALD POHL, Assistant Medical Officer to the Surgical Clinique at Greisswald.

Both Cazenave and Schedel have assigned a special place to "lupus" in their well-known works upon cutaneous diseases; and even Hebra fails to define and describe it with accuracy as a part of a nosological system. Simon was the first to rank it among morbid productions of the skin; and, in an inaugural dissertation, Dr. Ed. Berger explains, that it consists of an hypertrophy of the Malpighian layer. Hebra states, that the affection consists in a chronic, fibro-albuminous exudation; and he remarks upon the misuse of the word "lupus," to represent ulcerative, scrofulous, or syphilitic processes. According to him, there form red knots in the skin, varying in size from a lentil to a bean; the seat of the affection is especially the cheeks, the nose, or the upper lip, whence it spreads, either by desquamation of the thickened and red portion of skin, or by purulent infiltration of the successive knots. Hence he speaks of lupus exfoliativus, lupus hypertrophicus, lupus exulcerans. When the knots assume a special arrangement,

he distinguishes lupus orbicularis, lupus gyratus, serpiginosus, etc. He subsequently affirms, that lupus exfoliativus is a local disease ; lupus hypertrophicus, exulcerans, and serpiginosus an expression of constitutional disease. Martin gives an almost similar account. Blasius, however, believes that a pustule first comes, bearing a resemblance to impetigo or ecthyma. It seems certain, that in most cases of lupus the affection begins with a more or less intense, but mostly chronic, inflammation of the skin, characterised by the formation of single or confluent, dark-red, hard, painless exudations, which itch and burn, and form, according to their mass, marks either on a level with the skin, or projecting from its surface. It is less important to know whether pustules form during this process, than that the disease may commence without inflammation at all; but the deposit cannot be regarded in the same light as tubercle, with which it has no affinity. Both Cazenave and Schedel speak of that form which commences with an inflammation of the mucous membrane of the nose. The surrounding skin becomes red and swollen, so that the disease seems of greater extent than is really the case. This turgescence is influenced by the amount of subcutaneous areolar tissue : *e. g.*, when the disease attacks the extremity of the nose, the swelling and redness seem to vanish at the line of junction of the cartilage with the bone. The exudations may disappear, the ulcerations may heal during the early stages ; but mostly scars or cicatrices remain ; and the morbid changes which, up to this time, have taken place, are singularly various and characteristic.

The author first investigates the morbid processes in L. exfoliativus and L. exulcerans. Lupus hypertrophicus he regards as a distinct form.

L. exfoliativus or non exedens attacks the body and extremities as well as the face. The knots ultimately desquamate, and during this period not only do the primary elevations subside, but the surface, which, from the thick layer of epithelium is of glistening white hue, sinks below the level of the skin. The scar becomes gradually paler as the disease subsides, and acquires an appearance resembling the cicatrix of a burn. The disease is well known to spread over the cheeks and ears, the chin and front of the neck, etc. It may, however, be more limited. Fuch's asserts, that the desquamation extends into the substance of the skin, and hence arises the thinning of the integument, giving the resemblance to a cicatrix. It may produce ectropium of the eyelids and other deformities ; often a yellowish fluid is found in the knots, which forms a thin scab, to be thrown off and renewed at long intervals. It indicates a more intense degree of hyperæmia, and points to the next form of the disease, L. exulcerans. In this, the knots, after a chronic stage of variable length, become suddenly hyperæmic, bright and œdematous, and upon their prominent parts a superficial ulceration commences, which is covered by a dry crust. In some an internal process of softening has been described, and the mass bursts before ulceration; but this the Author has never seen. The crusts, from addition to the under surface, acquire a prominent conical form as the ulceration extends.

The author has lately had an opportunity of examining parts so diseased, and he found that the morbid process is always preceded by hyperæmia, by dilatation of the blood-vessels, and general softening, from metamorphosis, into fat. The peculiar elements of lupus are, in part, filled with molecular fat, in part mixed with small blood-extravasations.

There exists a superficially and a deeply-ulcerating variety of the disease.

Lupus hypertrophicus, *(Lupus Tumidus,)* which is generally described apart from the preceding, especially attacks the face. Numerous pale, soft, and painless knots are developed, which extend over the entire face, rarely rising, however, above the level of the skin; they rarely ulcerate, but desquamate like the knots of L. exfoliativus. There is œdema of the subjacent parts, and general inflammatory symptoms. The region attacked acquires, from fusion of the knots, twice the normal thickness, and numerous white scars, like cicatrices, are ultimately seen, as it were, imbedded in its substance. "The swollen white cheeks," says Cazenave, "acquire an enormous size, and retain the impress of the finger."

The author, from his own researches, agrees with Dr. Berger in the anatomical investigations of lupus. The first forms consist of hypertrophic new formation of cells, finely granulated, and supplied with a nucleus. They resemble the normal cells of the rete Malpighii, but are occasionally egg-shaped, and of diameter 1-300th to 1-200th of a line. Between these cells there is normal fibrous tissue. This hypertrophy is developed, with rare exceptions, both at the spots of lupus degeneration and in the circumference. If the epithelium has been thrown off from a spot where the hyperæmia has existed a considerable time, dilated and elongated capillaries are seen through the the thinned and scar-like skin. This congestion of blood extends, in course of time, to the panniculus, the muscles, the cartilages, and the glands. The papillæ of the skin disappear, the looped blood-vessels, however, remaining, and involved in the morbid cell-layer. The enormous amount of hyperæmia which may be produced is well illustrated by the fact, that, in severe cases, change of temperature, or other exciting causes, will produce a swelling of the features sufficient to render dull the external senses. In partial extirpation, the hæmorrhage is profuse, the smallest vessels seeming to be dilated.

The swelling, then, first owes its origin to hypertrophy of the epithelial layer of the skin, and to the corpuscular layer, in which an albuminous fluid is exuded. As the epidermis becomes thinned with the growth, the albuminous fluid reaches the surface, where it dries, and is cast off as a scab. It is of very few diseases that we can thus distinctly localise the first manifestation.

After extirpation, the disease may return in the cicatrix.

In the spots of lupus degeneration, the hairs were often found pale, and their bulbs lost; morbid cells were found developed both parallel with the hairs, or in their interior, in which case the axis was larger than natural.

In lupus hypertrophicus the author found, in opposition to the opinion expressed by Berger, no hypertrophy of the Malpighian layer, but the whole skin was thinned, and stretched over the swollen subjacent parts, which were altered in tissue, of greyish-white colour, and of lardaceous consistence, not very dissimilar from the appearances presented by cancer. The morbid change consisted of newly-developed areolar tissue, arranged so as to constitute a dense layer in which the muscular fibres were seen; some pale, thin-walled, round, granular cells, somewhat larger than pus-corpuscles were found in the softer parts. The author compared it to "diffused sarcoma;" and in reference to here-narrated anatomical characters, he defines a "lupus cellulosus," and a "lupus fibrosus."

He describes some of the deformities consequent upon this disease. "The hypertrophied and thickened lips produce atrophy of the gums, by pressure; inflammation and suppuration ensue, and then disease of the alveolar border. Should lupus hypertrophicus attack the temporal and masseter muscles, the teeth become locked, etc., and difficulties are experienced in the nutrition of the patient.

The extirpation of morbid parts by the knife, when practicable, is recommended before other methods of treatment.—*Virchow's Archiv.*

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

MEDICO-CHIRURGICAL SOCIETY.

On Wednesday, the 4th instant, there was a full attendance of members to hear a paper by the President, Dr. Simpson, "On Puerperal Arteritis and Arterial Obstruction." Dr. John Taylor occupied the chair.

The writer began his paper by observing, that inflammation and obstruction of veins was comparatively a subject only of late research, and yet all were ready to acknowledge its practical importance as a subject in the pathology of obstetrics. Hitherto there had been no mention of arteritis and arterial obstruction in any of our obstetrical works. Dr. Simpson believed it not so common as venous inflammation and obstruction after labour; but still we as yet know little of the symptoms which indicated its occurrence, and perhaps the pathological results had often been overlooked. Dr. Simpson had collected a number of cases, and from them was led to believe it not so rare as might be supposed. Inflammation and obstruction of the arteries seemed to arise from several causes, as the separation of cardiac vegetations blocking up the vessels; the passing forward into the current of the circulation of fibrinous masses formed in the cavity of the heart; from local arteritis; from diseases of the blood; or, lastly, from laceration of the internal coats of the vessel. The only detailed case of arterial obstruction and inflammation in the puerperal female was one described by Dr. Simpson to the Obstetric Society of Edinburgh, and contained in the *Monthly Medical Journal* for March, 1847. The symptoms followed a case of placental presentation, and carried off the patient five weeks after delivery. The lady, before becoming pregnant, had

laboured under endocarditis, and during gestation had attacks of difficult breathing. Hæmorrhage came on at the eighth month, and the placenta was found presenting other complications, rendering the use of long forceps necessary, and a living child was extracted. The mother seemed recovering for some days satisfactorily; but, later, unfavourable symptoms showed themselves; and during the second week after delivery, Dr. Simpson found, on making his visit, that no pulse could be felt in the right arm lower than the elbow. The limb was stiff and benumbed. Gradually and feebly pulsation returned in the arteries of the right forearm, but the lower limbs seemed also similarly affected. At length, erratic symptoms of phlebitis showed themselves, and the patient died, apparently from phlegmasia dolens of the left arm and left side of the face. On the body being opened, the left vena innominata was found entirely shut up by a lymphy plug. The humeral artery at the bend of the arm was occluded, but no marks of laceration appeared, as in the cases described by Professor Turner some years ago. The uterus was healthy. The valves of the left side of the heart were covered with small vegetations. Dr. Simpson went on to inquire—Was the obstruction of the artery produced by the separation of a cardiac vegetation, and its deposition in the humeral artery? or was it the result of arteritis? Or, lastly, was it the result secondarily of the phlebitic inflammation. The first supposition he had regarded as most probable, but until last summer had had no opportunity of seeing a like case. A diagnosis had been formed then from the symptoms which had been verified after death. A young patient was prematurely delivered of her first child, and continued to recover for three weeks, when feverish symptoms and diarrhœa supervened, and the lochia became slightly hæmorrhagic. Soon pains, like neuralgia, were experienced in the right leg, sometimes in the left, and often it was very violent. Seven weeks after delivery there was sudden pain in the left groin, and a loud systolic bruit was heard on listening to the heart. No rheumatism had preceded. Some days after, the pulse in the right arm became arrested suddenly, as the day before it had been felt by Dr. Moir, the patient's usual attendant. The day after, the pulsation had disappeared from the femoral arteries in both sides. At last gangrene appeared in the toes of the left leg, and the patient gradually sank. After death most of the abdominal and pelvic organs were found healthy, but the spleen was pulpy, and some lymphy masses were deposited in it. The aortic valves of the heart were covered by friable vegetations, and the aorta just above its bifurcation into the iliac was occluded by a mass which extended along the iliac arteries, and was accompanied by purulent matter at several points. In the plugs were portions which resembled in appearance the valvular vegetations. A pulpy mass blocked the right humeral artery at its bifurcation. The left femoral vein was also inflamed. In general and microscopic characters, some parts of the occluding masses resembled the heart vegetations. Dr. Macfarlane had furnished particulars of a third case, which bore a marked resemblance to the last in its details; the cardiac vegetations were, however, very small. The brachial and femoral arteries were obliterated, and at the upper part of the occluding clots a small hard body was found, identical with the cardiac excrescences. Another case the author had through the kindness of Dr. Lever. The patient had acute rheumatism during pregnancy, and afterwards lost arterial pulsation in both extremities on the left side. Gangrene and death of the patient were the result. The valves on the left side of the heart were found covered with vegetations, and both arteries and veins in the affected extremities were obstructed. The subject of separated cardiac vegetations had been brought before the Profession in an admirable paper by Dr. Kirkes, and Ruhle, on the Continent, had subsequently offered some suggestions on the subject. The cases mentioned by these authors were chiefly instances in which head disease had resulted from detached cardiac vegetations, and in the puerperal female this seemed sometimes to be the form of disease exhibited. Dr. Burrows, who for some time had paid much attention to the subject, had sent him (Dr. S.) the details of a case of this nature. The patient, who was apparently suffering from the effects of over lactation, and had obscure rheumatic pains in the limbs, became suddenly hemiplegic, after making a little more exertion than usual. On examining with the stethoscope, a loud rasping bruit was heard over the heart, synchronous with its systole. The memory was impaired, the speech affected; and with these symptoms the patient died. At the autopsy the mitral and aortic valves were found covered with vegetations. The left corpus striatum was a mere diffluent pulp, and the artery supplying this portion of the brain was occluded by a small mass like a grain of wheat, which was implanted in it at its origin from the middle cerebral artery. No examination was made of the arteries in the painful limbs. From the occurrence of hemiplegia, with the loud systolic bruit, the true nature of the case had been diagnosed by Dr. Burrows during the life of the patient. The five preceding cases were apparently of the same nature, and there were two circumstances which were true as applied to the whole of them—1st. In the whole, vegetations were found in the aortic valves. 2nd. Loose portions, having a like appearance and structure to the cardiac vegetations, were found in the obstructed arteries. It seems certain, that if vegetations are detached from the cardiac valves, they must be carried along the current of the circulation; and it seems necessary to examine the circumstances or reasons which render it probable that such vegetations ever become detached. The cause of obstruction could not have been simple arteritis in the preceding cases, inasmuch as the supervention of the symptoms was almost immediate. In all, the vegetations were probably the result of an endocarditis, and in three of them rheumatic symptoms were present during life. As to the reasons for supposing that such vegetations, when formed on the cardiac valves, might become detached, analogy might be taken, in the first place, from the spontaneous separation of adventitious structures in other parts of the body. Thus, cartilages and other bodies became detached in the interior of joints; polypi from mucous surfaces, and polypoid growths, as described by Dr. Reid and Mr. Hodgkin, from the free surface of the peritonæum. In the heart are conditions which render the separation of vegetations much more probable than perhaps the detachment of polypoid growths in other parts of the body. 1st. The vegetations are often loosely attached, after death being easily removed with the handle of the scalpel. 2nd. The valves to which they are adherent are parts constantly in motion. 3rd. Currents of blood are ever rushing over them with considerable force. Exertion, or whatever increases the action of the heart, may cause detachment; and, when thus separated, they will be carried along, until, meeting with a vessel whose calibre is smaller than their bulk, they will become impacted. More than one result may follow such impaction; coagula may be formed from the blood around the obstruction; the artery may inflame where it is occluded, and this inflammation may involve the accompanying veins; lastly, the vegetations thus deposited may become disintegrated and pulpy, as was the case with the humeral artery in the second instance of the group just adverted to. The second cause of arterial obstruction was that in which recently formed coagula were projected from the heart into the general circulation. Fibrinous polypi had been found after death in the cavity of the heart, and records of such cases might be found in several works on Pathology. They were specially likely to be formed when endocarditis was present, as their rough projections might be present on the internal cardiac surface, which would form a nucleus for fibrinous deposition, and a superfibrinated condition of the blood would favour their formation. Were these two conditions present, there would be the chemical tendency to coagulation, and facilities of a mechanical kind for entangling the readily-deposited fibrin. Experiments, in which foreign bodies were projected into the cavity of the heart seemed to have established as a fact, that fibrin is deposited around bodies so projecting. M. Cruveilhier mentions a case detailed by M. Langier, where a needle passed quite through the cavity of the heart, and remained so imbedded. Gangrene of the lower extremities followed, and it was believed that fibrin which had coagulated around the needle in the cavity of the heart had become detached, and caused the existing obliteration in the arteries in the lower limbs. M. Legroux's case, of which an abstract appeared in the *British and Foreign Medical Review*, favoured this view. The patient had suffered from rheumatic endocarditis, arterial obstruction suddenly supervened, and old fibrinous clots were found in the heart. Several arteries in the body were occluded. In another case, a puerperal patient of Dr. Macfarlane's, who had suffered from rheumatic endocarditis, and evidently had diseased aortic valves, arterial obstruction followed, and the patient died some time afterwards. The subclavian artery (which could only be examined) was plugged with a fibrinous clot, but no traces of vegetations were found. Thus it would seem, that fibrin deposited on valvular excrescences may be detached without separating the vegetations themselves. To illustrate the third cause, or that of local inflammation of an artery, in puerperal patients, obliterating its canal, two cases were mentioned as having occurred respectively in the practice of Drs. Duncan and Cowan. Dr. Duncan's patient came under his treatment while Surgeon to the Hospital. She had acute gangrene of both lower extremities, and had been confined

only two weeks. After death, the aorta was found blocked by a firm fibrinous exudation, which descended along the iliac arteries, and in some situations was closely adherent to the arterial walls. The coats of the obstructed arteries were much thickened. The fourth cause of arterial obstruction in puerperal females was, a diseased condition of the blood, or morbid matters absorbed, and effecting changes in it. Phlebitis often occurred in puerperal patients, and in many of these cases pus must mix with the blood and pass into the circulation. Pus was believed to cause coagulation of the blood when introduced into the vessels,—at least in some circumstances; and cases were on record where the pulmonary arteries had been occluded in puerperal patients while suffering under uterine phlebitis. Two cases of this nature are recorded by M. Cruveilhier. It seemed not improbable but that the lobular pneumonias occurring in such patients might result from the occlusion of the artery snpplying the pulmonary lobule; and the lymphy deposits in the spleen, liver, and kidneys, may have a like origin. The last cause of puerperal arterial obstruction was, laceration of the internal coats of an artery. The members of the Society were referred to an excellent paper on this section by Mr. Turner; and a case had since been published in the *Provincial Medical and Surgical Journal* by Dr. Oke, of Southampton, as one of those to which Turner had drawn the notice of the Profession. Dr. Oke's patient had uterine hæmorrhage, terminating in abortion. Three days after, her left arm had become cold and insensible, and the tips of the fingers discoloured. No pulsation could be felt in the limb. The action of the heart, and the respiration, were natnral. The tips of the fingers became gangrenous, and dropped off, but the gangrene proceeded no further, and the arm recovered its natural plumpness. The patient is still alive, and no heart affection can be detected. The time would not permit a further detail of cases, but, before concluding, Dr. Simpson had a few remarks to make on the effects of arterial obstruction. The symptoms would, of course, vary according to the artery obstructed. Thus, in the 4th case, where the middle cerebral artery was obstructed, Dr. Burrows found sudden hemiplegia, followed by symptoms of ramollissement, in a young puerperal subject, and these, with the valvular disease, led to a correct diagnosis. When more is known of the subject, it may be found that other organs, which are principally supplied by one artery, have their functions suddenly arrested by the impaction of small vegctations in their canals. Sesta, Corvisart, and Stokes give instances where, in patients suffering from heart disease, onc eye had become suddenly destroyed without apparent cause or explanation. Were these cases of arterial obstruction, where a small vegetation had obliterated the ophthalmic artery, and thns cut off the greater supply of blood? Our knowledge on this subject seems as yet confined to arterial obstruction occnrring in the extremities. It is possible that the arteries supplying other internal viscera may be occluded in a similar manner as the cerebral or ophthalmic, but as yet we are quite unacquainted with the symptoms of such lesions. In the extremities, besides fever and symptoms of endocardiac disease, we have, first, arrestment of pulse. As we are not in the habit of examining the arteries in the lower limbs, this may overlooked; or, after ccasing for a time, the pulse may return to some extent by the collateral circulation, and this symptom may pass unnoticed. 2. Pain in the limb supplied by the occluded artery; and this in proportion as the vessel is perfectly or less obstructed. If the occlusion is sndden and complete, there may be at once paralysis of sensation and motion, as occurred after the celebrated operation in which Sir A. Cooper ligatured the aorta. Sometimes the pain may be slight, and a pricking sensation be present; but generally the pain is intense and excrnciating. The sudden supervention of the pain, and its severe character, would at once raise a snspicion of arterial obstruction. The cause of the pain in these cases seems obscnre. It has been ascribed to neuritis by some authors; but, in the second case mentioned, the nerves were not implicated in the inflammation. Again, by Mr. Tufnell, it was ascribed, in aneurismal cases treated by compression, to distension and pressure on the nerves. Cruveilhier believed the nerves in the coats of the vessels becoming inflamed to cause the pain. In a case of aneurism lately injected with the perchloride of iron, thc pain was instantaneous and intense; if the result of inflammation it could not have occurred so soon. When gangrcne occurred, it seemed to be produced by the arterial supply being so far cut off as at oncc to destroy the vitality of the limb. After some remarks in apology for the crude and unfinished remarks he had presented to the Society, Dr. Simpson concluded his paper.

In reply to questions by Dr. Gairdner, Dr. Simpson said, that, in several of the cases he had mentioned, the symptoms of obstruction had supervened suddenly without symptoms of arteritis, and that after death small masses unattached to the walls of the vessel were found in the affected arteries. These masses were identical in appearance with the cardiac vegetations. The principal difference between the cases just described, and those of Dr. Turner was, that in the former no laceration or puckering of the vessel could be detected, while it was present in Dr. Turner's cases. Again, in the latter, no heart disease was recorded.

[We are compelled to defer the discussion on Dr. Simpson's Paper until our next.—Ed.]

IRELAND.

MEDICAL CHARITIES ACT (IRELAND).

Sir,—I beg to call your attention to one of the most extraordinary documents ever issued by a Public Board in this or probably in any other country,—a sealed Order of the Poor-law Commissioners in reference to cholera. They decree, that, while a district continues under the ban of their proclamation, all its dispensaries must be open daily, at such hours as the Managing Committee may direct, and that at all other hours the Medical Officer is to be consulted at his own house. Heretofore every man's house was his castle, and I would be glad to know what section of the Act empowers the Committee to send disease, cholera, dysentery, small-pox, scarlatina, etc., etc., into the household, among the very children of the men whom they so illiberally pay. No doubt cholera and diarrhœa are specified, but those affected with any other disorder have only to complain of a bowel attack to insure admission, examination, and relief; and, lest this comprehensive order, to give your professional assistance, at your own house, to all comers, with all diseases, from all quarters, at all hours, would not be sufficient to occupy the time of the "Medical Officers," they further require that reports be sent daily to themselves, and weekly to the Guardians, and they also direct an elaborate report to be made to themselves of each case of cholera; and when asked for remuneration for such an amount of labour (professional and otherwise), they coolly tell the applicant "they have read his request with regret," and that they consider it "very unreasonable."

I am, &c. A Dispensary Surgeon.

GENERAL CORRESPONDENCE.

MR. GAY'S DISMISSAL FROM THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was one among the hundreds who attended the meeting of the Profession on Wednesday last to express their indignation and disgust at the treatment Mr. Gay had received at the Royal Free Hospital. One thing, however, struck me forcibly, and must, I think, others also—namely, the absence of all the members of the Council of the College of Surgeons from taking any part in the proceedings. I wish to make no comment on this fact, but would ask one or two questions. Is not the Council of the College—and, if not, ought it not to be—the gnardian of the Medical Profession, and to take the lead in vindicating its integrity and honour, when one of its members, holding a public appointment, too, has been assailed and so grossly insulted as has been the case at the hospital referred to? Would not their countenance and support have aided greatly in crushing the tyranny and vindictive jealousy exercised by one member to another in the same profession? The conduct of the Council can only admit of one of two constructions,—either cowardice and timidity, or silent indifference to the honour and dignity of the profession over which it presides, and which it onght to protect. The members of the College and the Profession generally had a right to expect the Council to express some feeling upon the subject. It ought to act the part of a tribunal of honour in such cases; if it will not, the sooner the Profession appoints one for its own protection the better.

January, 1854 I am, &c. Honor et Virtus.

[To the Editor of the Medical Times and Gazette.]

Sir,—Being unwilling that any one should be exposed to annoyance on my account, I beg you will permit me, although I do it most reluctantly, to reply to some statements made by Mr.

Thomas Wakley, in his letter in the last Number of your Journal.

That gentleman says, "I deny most positively and emphatically that I gave any vote whatever on the motion for Mr. Gay's dismissal." I regret exceedingly, in defence of your Correspondent, to state, that I *saw* Mr. Thomas Wakley's *hand held up*. Sitting as he was, near to Mr. Gant, my eyes were directed to both at the same time; and, had I been on those terms of intimacy with Mr. T. Wakley as I was with Mr. Gant, I should not have hesitated,—knowing that Mr. T. Wakley's name is not on the list of Governors for 1853 entitled to vote,—to have openly challenged him as to his right of voting, as I did Mr. Gant. If Mr. T. Wakley wishes it to be understood that the posture he assumed at the time was not intended by him as a vote, I doubt not but your Correspondent would, with myself, accept this as an explanation.

Mr. T. Wakley further states: "From first to last I was not present at any one of the meetings of the Committee." It is quite true Mr. Wakley was *not* present at "three out of the five meetings;" but Mr. Wakley's memory must be very treacherous as to the *first*. I *saw* Mr. T. Wakley and his father in the room as I passed the window, quite unconscious of there being a Committee meeting. Moreover, in a list of the members who attended the meetings respectively, taken by myself at the dictation of the Secretary of the Hospital, Mr. T. Wakley's name stands as having been present at that of the 15th of July. It is true the Secretary did not read the name with those of the members of Committee present; but, on my saying that Mr. Thomas Wakley was present, he said, "Yes, and so was Mr. Gay at some of the meetings." A gentleman of the Committee was present when this took place, and, I doubt not, would come forward, if necessary, to substantiate my statement.

I assure you I am most reluctant to obtrude myself upon your notice in reference to this truly infelicitous affair, having carefully abstained throughout from taking any more prominent part in it than has been absolutely necessary for the cause of truth and justice. I am, &c.

January 21, 1854. JOHN GAY.

P.S. I have sent a copy of this note to the *Lancet*.

The following appeared in the *Times* of Saturday last:—

"TO THE GOVERNORS OF THE ROYAL FREE HOSPITAL.

"My Lords, Ladies, and Gentlemen,—

"In consequence of the recent proceedings at the Royal Free Hospital, I beg to withdraw from the office I have for so many years held as Cupper to that Institution.

"I am, my Lords, Ladies, and Gentlemen, your humble servant, "JOHN ATKINSON, Cupper.

"15, Abchurch-lane, Jan. 20, 1854."

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. G. B. Childs, on the 18th inst., publicly stated, at a meeting of the Medical Profession, he had been informed of my having said, some five months since, that Mr. Gay was to be dismissed from his office as Surgeon of the Royal Free Hospital, and I elected in his place. I immediately wrote to Mr. Childs, requesting him to supply me with the name of his informant. In reply, Mr. Childs stated, he would only comply with my request provided I pledge him my honour to receive the information in confidence.

Comment on such a proceeding is from me unnecessary.

I am, &c.

FREDERICK JAMES GANT,
Lecturer on Anatomy and Physiology,
Medical College, Royal Free Hospital.

13, Old Cavendish-Street, Cavendish-Square, Jan. 25, 1854.

[We think that Mr. Childs was perfectly right. His informant was doubtless fearful of exciting the animosity from which Mr. Gay has suffered.—ED.]

[To the Editor of the Medical Times and Gazette.]

SIR,—The conduct of the Committee of the Royal Free Hospital, and of some individual members of that body, having drawn the attention of the Profession to their late performances, eliciting a universal and unmistakable opinion of them, induces me to think that my humble and recent experiences at that Institution may not be altogether considered unworthy of your attention. On the 14th of December last I received an invitation from the House-Surgeon, empowered by Dr. Marsden, to assist him in the performances of the duties of a resident Medical officer, the gentleman who had last filled the post having left. I complied, and, during the four weeks that followed, I had at times the entire charge of the hospital as a Surgeon, during the temporary absence of my senior (by one year.) On the evening of Tuesday, the 17th ult., I was requested by Dr. Marsden to affix my name to a document or testimonial, as one of the House-Surgeons of the Institution, setting forth, with other things, that the Medical officers of the Hospital had entire confidence in the management of the Committee, which was calculated to support the honour of the Profession, etc., etc., or words to that effect. Before giving any reply to the Doctor, who I pre-supposed to be acting on that occasion as the Senior Surgeon of the Hospital, I was induced—in consequence of some misunderstanding as to my duties in connexion with the Senior House-Surgeon, who had not, as I had expected, divided the responsibility and management of the wards with me, simply from my not having been formally recognised by the Committee as Assistant or Junior House-Surgeon—to demur to such a request, on the plea, that I had not been regularly appointed, and consequently could not sign as one of the House-Surgeons, even if I wished so to do. This objection was speedily overruled by Dr. Marsden taking upon himself the responsibility, at the same time naming the remuneration given to such an officer. Though somewhat dazzled by the sudden, and to me mysterious, transformation of the Senior Surgeon into an influential member of the Committee, I was, nevertheless, inclined to be contented with this (to me) official assurance. Upon the request being repeated, I declined to sign the testimonial, awaiting the result which I was aware would probably follow. Three days after, I received an intimation, through the Senior House-Surgeon, from Dr. Marsden, who had informed him in a conversation relative to myself, that two of the Committee had observed me about the Hospital, had wondered who I was, had thought me "too young," etc. etc., and that, consequently, he had better do the entire duty himself, until an "older looking" person should be appointed. Not receiving this intimation as official, and being by this somewhat disgusted at the cavalier manner of dealing with those connected with the Hospital, I determined instantly to resign into Dr. Marsden's hands the post I had, under his responsibility, held from the Tuesday preceding. A copy of the note I enclose, not having up to this time received any reply or answer to my communication. I am, &c.

W. J. RENDELL, M.R.C.S., and L.S.A.

St. Bartholomew's Hospital, Jan. 24, 1854.

[COPY.]

"St. Bartholomew's Hospital, Jan. 21, 1854.

"SIR,—After the intimation from you, conveyed to me last night through the House-Surgeon of the Royal Free Hospital, and in consequence of other circumstances which have lately occurred in connexion with the Institution, too obvious to mention, I find, after consideration, that I can no longer retain, as a gentleman, the position I have held there, a position as Assistant House-Surgeon, fully acknowledged by you on behalf of the Committee so lately as Tuesday last.

"I am, Sir, your obedient servant,

"W. J. RENDELL, M.R.C.S.E., and L.S.A.

"Dr. Marsden, etc., etc., etc."

THE WAKLEY QUESTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the reports of the meeting of Medical men in the Hanover-square Rooms on January 18, I miss the following Resolution:—

"That Mr. Wakley having, in the recent proceedings at the Royal Free Hospital, in respect to Mr. Gay, sacrificed all principle, and the interests of the Profession to his own family advancements, is no longer a fit person to represent the Medical Profession. That he has forfeited the confidence of the Profession, and is hereby dismissed from his office of Journalist to them. That every member here present pledges himself to cease countenancing his (Mr. W.'s) periodical, either by subscription or by articles for insertion."

This is a grave omission, but it is not too late to adopt the Resolution. Will you oblige me by inserting this for the consideration of your readers?

I am, &c. BERNARD RICE.

Stratford-on-Avon, January 20, 1854.

[We have received the above from Mr. Bernard Rice, M.B. Lond., M.R.C.S.E., of Stratford-on-Avon. We do not express any opinion, either on the Resolution proposed for adoption, or

on the after proceedings recommended, nor hold ourselves in any way responsible. Our views on this question generally will be found in our leading Article. We unhesitatingly leave all points connected with Mr. Wakley to be decided by that instinctive sense of honour which is the characteristic of the Medical Profession.—Ed.]

DR. TURLEY'S REJOINDER TO DR. REID ON THE SALINE TREATMENT.

[To the Editor of the Medical Times and Gazette.]

"Brief let me be."

Ghost in Hamlet.

Sir,—Knowing your predilection for short letters in favour of "Dr. Stevens' Saline Treatment of Cholera," and that this, my rejoinder, must close my correspondence with Dr. Reid, of Belfast, I shall attempt a short *résumé* of our former and present relative positions.

In his first letter, Dr. Reid *asserts*, that, in 1849, he felt himself bound to give a fair trial to Dr. Stevens' method of treatment by salines in 17 cases, though he excepts *one* as not being a true case. In his reply, Dr. Turley *denies* that Dr. Reid gave a fair trial to Dr. Stevens' plan. *Proof*:—Opium and stimulants form no part of Dr. Stevens' oft-published method. Hence Dr. Reid has mistaken the facts.

Dr. Reid's second *assertion*, of seven cases of collapse (first table), all died, under the saline plan, in eleven hours, on the average.

Dr. Turley's *denial*.—Neither opium nor stimulants constitute a part of Dr. Stevens' plan, as set forth in his own works.

Proof or *Inference*.—In the two quoted cases, three days elapsed in the first, and five days in the second case, before brandy and water was given. The first recovered, the second died in fits.

Dr. Reid's *third assertion* of case No. 5, of third table, accorded in his own evidence, *I deny* being a case of cholera. Why, then, did Dr. Reid make it to constitute one of his recoveries?

Dr. Reid's *fourth assertion*, viz., that he had given all the particulars necessary thereon to form a correct opinion of all the patients to whom the saline treatment was administered in the Belfast Hospital.

Dr. Turley *denies*, inasmuch as Dr. Reid cannot state what treatment many of his cases received prior to the administration of Dr. Reid's pseudo-saline plan.

Proof.—The last paragraph of his first letter.

We come now to the second letter—Dr. Turley's reply to Dr. Reid.

Dr. Turley first *asserts*, that not one case of Dr. Reid's was treated on Dr. Stevens' method.

Dr. Reid's *denial*, supported only by two imperfect cases, during Dr. Stevens' first experiments in 1832.

Proof.—See all Dr. Stevens' publications on the true treatment of Asiatic cholera.

Dr. Turley's *second assertion*. No medicinal substance, excepting animal *solvents*, can excite any *action* on dead or living matter. Not *denied* by Dr. Reid,—*ergo*, admitted.

Dr. Turley's *third assertion*, that Dr. Reid was uninformed, when he first wrote of the *essence* of Dr. Stevens' saline treatment. Not *denied*,—*ergo*, *admitted*, as Dr. Reid refers to the reviewer's review of Dr. Stevens' cases.

Rejoinder of Dr. Reid to Dr. Turley.

Dr. Reid's *first assertion*, that Dr. Stevens was obliged to come to the rescue with hot brandy-and-water. *Denial*—no facts exist for this position. Since, one died—the other recovered.

Dr. Read's *second assertion*, that opium was given to his patients in doses from two to four grains (!) as Dr. Reid determined.

Dr. Turley *denies* that any judicious Practitioner was justified in giving opium at all, or in such doses.

For the sake of brevity, I purposely pass over many minor matters in Dr. Reid's rejoinder. I entirely reciprocate his sentiment, that no personal feeling should have place in scientific discussion, especially when human life is at issue; and, therefore, should any offensive expression or wrong spirit be imagined by Dr. Reid, I desire to retract such altogether.

Finally, should Dr. Reid desire to know the data of Dr. Stevens' hypotheses, I believe them to be generally as follow:—The inhaled poison of cholera kills or impairs the functions of the ganglionic nerves, lining the air-cells of the lungs,—hence their vital chemistry is suspended; neither caloric nor vital electricity is evolved,—hence the coldness; the blood continues black and carbonated, and the heart becomes asphyxiated. Now the neutral electric salts can, either in or out of the body, instantly change the black, choleraic blood to arterial red, thus sustaining life while the vital power in the body exerts itself to pass off the poison. Therefore a saline composition, similar to the voided salts contained in the ejecta, is recommended; and all who have seen this practice fairly performed are wonder-stricken, and satisfied with its magical effects. So that Dr. Stevens' conclusions were not arrived at empirically, but resulted from abundant experiments on the blood in fevers and cholera.

I now take leave respectfully of Dr. Reid, and thanking you for this favour, I am, &c. E. A. Turley, M.D.

Ivy-house, Worcester, Jan. 9, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

January 21, 1854.

Mr. Canton in the Chair.

Dr. Wynn referred to a case of entropium, which had been greatly relieved by the application of collodion, and strongly recommended the drug as a palliative in that disease. He advised that a line should be drawn across the orbicularis muscle by a camel's hair pencil dipped in the collodion, and then a second one, should the first not have produced sufficient corrugation. If the collodion be coloured, it would enable the operator to limit its application more perfectly. It should be re-applied twice a-day; and, although it is not fitted to produce a permanent cure, it gives an enduring degree of comfort.

Dr. Routh and Mr. Canton made a remark, after which

Dr. Snow read a paper on the Principles on which the Treatment of Cholera should be based. [We shall publish the whole of this valuable paper in an early Number.—Ed.]

Mr. Lee understood the basis of Dr. Snow's theory to be, that the essence of cholera must exist in the intestines, because the symptoms first appear there, and objected to it from analogy, since, if putrid matters be injected directly into the bloodvessels, their first effects also are upon the intestinal canal. The symptoms following such injections bear some resemblance to those of cholera—viz., vomiting, purging, inspissation of the blood, congestion of the capillaries of the mucous membrane of the intestines, with serous exudation; and there are no *post-mortem* evidences of inflammation. Since these result from a blood disease, he would infer that cholera could not be necessarily a disease resulting from some direct action upon the mucous membrane. He regarded the serous exudation in both cases alike as an action set up by Nature to eliminate diseased matter, and to relieve congestion of the capillaries.

Mr. French also believed the serous exudation to be an eliminating process, and therefore a consequence of the disease. He was also of opinion that the vomiting and absorption of fluids are reparative processes; the former to remove the capillary congestion, and the latter to dilute the poison, and to facilitate its elimination. He considered that the value of saline injections, as shown by Dr. Snow, did not depend upon the saline ingredients, but upon the accompanying water, which acts as above indicated.

Mr. Dendy made several objections to the author's theory. If the poison be taken with the ingesta, he could understand how whole families or assemblages of families, would be influenced at the same time: but on the same theory he could not account for isolated cases of attack or exemption. This difficulty is removed by admitting cholera to be a blood disease. Again, on Dr. Snow's theory, the poison is taken at once into the alimentary canal, and acts by direct contact with the mucous membrane; but if that contact exist, how can it be proved that no absorption of the poison takes place, and a blood disease induced? Moreover, there are cases of true cholera *(cholera sicca)* in which there is no serous exudation, but which fall into collapse almost immediately: how can these be induced by the direct contact of a poison with the mucous membrane? He approved Dr. Snow's treatment, but believed it to be equally valuable whichever theory of the disease is adopted. He strongly recommended the administration of sulphur.

Dr. Lankester admitted, that, so far as direct evidence had been obtained, Dr. Snow's theory had the advantage over every other; but, as the amount of it is insufficient, he was disposed to admit analogical reasoning. He then instanced the communi-

cation of the exanthemata and the attendant condition of the alimentary canal, as offering some analogy to cholera, although he was well aware that some practitioners deny the contagiousness of that class of diseases, and that Dr. Southwood Smith, the only Medical member of the Board of Health, had affirmed that scarlatina is not contagious. He would base his treatment of cholera upon two facts, viz., the excessive serous, or rather watery exudation; and the suspension of the absorbing power of the mucous membrane; and would combat the first by opium, and reinstate the latter by mercury. On strict physiological principles, therefore, he would conjoin calomel and opium. He had but little confidence in other remedies, but yet saw no objection to the use of sulphuric and tannic acids on the above-mentioned principles. He believed animal charcoal and antiseptics in general to be theoretical, and perhaps valueless. He then dwelt upon the fact, that no remedy is found of service until after the culmination of the epidemic; but when that point has been passed, every practitioner believes that he has discovered many specifics; the truth being, however, that the disease was then dying out.

Mr. Ross believed cholera to be a blood disease, and in the treatment of it would seek to restrain the discharge and to supply the loss of fluid. He had greater confidence in the action of nitrate of silver than of sulphuric or tannic acids, and, indeed, of any other drug; but he believed saline fluids, as whey, to be worthy of attention. As the power of absorption is nearly destroyed, it is in vain to give calomel, for then it only lies upon the surface of the mucous membrane. He believed the characters of the disease to vary with the period of the epidemic, having at first more that of English diarrhœa, and at last that of gastric disorder, and therefore that the treatment must be varied. It is not at any time a disease of congestion, for no congestion of the great organs is observed after death. When, however, vomiting does not occur, the attack is more rapidly fatal.

Mr. Richardson disagreed with the author as to the pathology of the disease, although the weight of evidence is at present in its favour. As objections, he instanced the fact, that many families or members of families escape the disease, while the water and other ingesta remain the same; also that purging may be induced by smoking and attendance in the dissecting-room, in which cases it cannot be from direct application to the mucous membrane of the bowels of any poisonous matter. He then referred to the fact, that the Germans inspired the breath of cholera patients with impunity; and that, of two persons who ate cholera fæces, only one died. He believed the rapid excretion to account for the loss of power of absorption. He approved the use of astringents, and more particularly of creosote, in two or three minim doses, and believed it to act by glazing the mucous membrane. He then referred to the difficulty attending the first treatment of these cases of purging, which appear to have been produced by improper food, and also to the fact, that in ascites we may purge with elaterium to almost any extent without doing injury.

Dr. Gibb informed the Society, that a number of cholera patients seized on board a steam-boat near to Quebec, in 1832, were relieved by the free drinking of cold water, and that a non-professional person in the same city, in 1849, had cured many cases by the administration of charcoal and lime-water. Calomel had also been employed with benefit, and thence he inferred that the power of absorption was not altogether lost.

Mr. Milton had seen much of the last two epidemics, and was not disposed to admit Dr. Snow's theory. He instanced Dr. Knox, among others who were indisposed to drink water, and yet had been attacked with the disease. He also believed, that the character of the disease is not invariable, and had observed at Newcastle during the late epidemic that collapse had set in more rapidly than was the case in London in 1849, and that a painful diarrhœa prevailed towards the subsidence of the disease. He had given sulphuric acid in 400 cases, with benefit; but believed that the relapses were less frequent when calomel had been administered. He objected to the use of chloroform and all other stimulants. He was of opinion that electrical or other atmospheric conditions had great influence.

Mr. Hinton informed the Fellows, that, as he had understood, olive-oil had been found very beneficial in the black vomit in the West Indies, and, as that is a blood disease, he inferred that Dr. Snow's theory could not be correct. He attached but little importance to local causes, but believed that the atmosphere exercised much influence.

Dr. Radcliffe believed that Sydenham had given the clue to the proper investigation of cholera, and that it was not a specific disease, but one which, to a certain degree, accompanies all diseases at the period of its occurrence. There was a marked tendency to the occurrence of diarrhœa in 1849. He had found the greatest benefit, at the Westminster Hospital, from the administration of ʒss doses of dilute sulphuric acid, when conjoined with the exhibition of cold drinks and the avoidance of tea. He had noticed that opium in all these cases did harm.

Mr. Harding observed, that very contrary remedies appeared to be equally beneficial in cholera; for, in the treatment of 500 cases of choleraic diarrhœa, he had found the greatest benefit from the use of liquor potassæ.

Dr. Snow, in reply, stated, that the analogy of purulent injection did not hold good, since the disease, in that case, is not restricted to the alimentary canal. He also demurred to the opinion, that saline injections act only by diluting the poison; for, as the inspissation of the blood cannot proceed beyond a limited extent, only one-sixth or one-eighth of the total volume of the blood can be introduced into the vessels. He accounted for the isolated attacks of cholera on the supposition, that, as the poison is organic, and therefore probably cellular, when it exists in small quantities only, it cannot be universally diffused through the water, and thus only one person, or a limited number of persons, can draw the prize. In poor neighbourhoods, he believed the communication of the poison to be literally from hand to mouth. The poison must at all times be imported.

MEDICAL NEWS.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Jan. 19:—

Fernie, William Thomas, Yeldon, Beds.
Field, James, Leeds School of Medicine.
Harris, Arthur Anthony, Wadrington, Oxon.
Lane, James Cleife, Grosmont, Hereford.
Stabb, William Wilking, Ilfracombe, Devon.
Walker, William Day, Battesford, Leicestershire.

The Hunterian Oration.—We have authority for stating that there is no truth in a paragraph going the round of the daily papers, to the effect that the oration in memory of John Hunter will be delivered, as usual, on the 14th proximo. The Council of the College of Surgeons have decided otherwise.

APPOINTMENTS.

Naval.—Assistant-Surgeons Thomas J. Breen (1847), from the Royal Naval Hospital at Plymouth, to the Plymouth division of Royal Marines; Marmaduke P. S. Ward (1848), recently serving in the Spy brigantine on the West Coast of Africa station, to the Royal Naval Hospital at Plymouth, vice Breen.

Military.—4th Regiment of Foot—Assistant-Surgeon John Dunlop, M.D., from the 32nd Foot, to be Assistant-Surgeon, vice Boyd, who exchanges. 32nd Foot—Assistant-Surgeon William Boyd, from the 4th Foot, to be Assistant-Surgeon, vice Dunlop, who exchanges.

London Hospital.—Dr. Herbert Davies has been elected Physician, in place of Dr. Cobb resigned.

VACANCY.

London Hospital.—The office of Assistant-Physician is vacant.

DEATHS.

Cunningham.—Jan. 21, by the wreck of the Tayleur, emigrant ship, bound to Australia, off the Isle of Lambay, Surgeon Cunningham. He was remarkable for his efforts in endeavouring to save, first the lives of his own wife and child, and also the lives of his fellow-passengers. When the vessel struck, amid the confusion and dismay that prevailed, Surgeon Cunningham was seen everywhere trying to restore confidence and courage among the passengers, and endeavouring to preserve order and coolness. He was next seen crossing the perilous means of escape (a rope and plank) with his little child on one arm, supporting the infant still more securely by holding its dress in his mouth. The ship heaved on the surge of the sea, the rope swerved, he was swept from his hold, and his child was torn from him by the force of the sea and perished. He himself sank twice, but at last made good his grip on a projecting point of rock. While in this precarious position a drowning woman swept by him—he grasped her, and was observed to raise her up, and hold her above the

water. He put back her hair from her eyes, and seemed to encourage her; but a heavy wave tore her from his grasp, and she perished. Mr. Cunningham then seized hold of a rope ladder hanging over the side of the ship, by which he lifted himself on board, hand over hand, and soon after appeared, carrying his wife for the purpose of rescuing her. He had nearly succeeded in getting her across the spar by means of the rope, when another heavy wave rushed on and swept off this devoted man and his wife, who were both swept out in the under tow, and drowned in sight of the survivors. The daily papers well observe, "He deserved a better fate!"

FEARON.—Jan. 18, at the residence of Mr. Abercrombie, Southampton-street, Fitzroy-square, in his 35th year, Samuel Turner Fearon, M.D., of Hoddesdon, Herts, late Professor of Chinese Literature, King's College, London.

HAMLEY.—On the 21st inst., at his residence, Bodmin, Joseph Hamley, Esq., in his 74th year. He was forty-four years Coroner and Surgeon to the County Gaol. Deservedly beloved and respected by every one who knew him.

STAFFORD.—Richard Anthony Stafford, Esq., of Old Burlington-street, expired on the 15th inst., aged 52. The deceased, who was the third son of the Rev. Egerton Stafford, Rector of Chachombe, and of Thenford, Northamptonshire, commenced the study of the Profession in 1820, as a student at St. Bartholomew's Hospital, where he soon obtained the special notice of Abernethy, who conceived so well of his talents and application, that in 1823-4 he appointed him House-Surgeon to the Hospital, and honoured him with his friendship until his death. In 1825 he was admitted a Member of the College, and in the following year carried off the Jacksonian prize, awarded by the Council to him for his essay on the "Nature and Treatment of the Diseases, Distortions, and Injuries of the Spine." In 1843 he was elected a Fellow of the College, and a few years since he became a member of the Council, from which he retired, at the expiration of a year or two, on account of ill health. Mr. Stafford was the author of several valuable contributions to the advancement of chirurgical knowledge; indeed, so highly did His Royal Highness the late Duke of Cambridge appreciate his talents, that he appointed him his Surgeon-Extraordinary. The deceased was unmarried.

THE LATE DR. CUMIN.—This gentleman, whose death was announced in our last, was the son of Dr. Patrick Cumin, Professor of Oriental Languages in Glasgow College. After serving for a considerable time as a Medical officer in the Army, he settled as a practitioner in Glasgow; and, on the demise of Mr. John Towers, and after the withdrawal of Dr. Robert Lee, obtained—through interest with the late Lord Melbourne—the chair of Midwifery in the University; but, finding the office too laborious for his state of health, he retired to Bath, where he has resided for a number of years. The duties of the Professorship have in the mean time been fulfilled by Dr. Pagan, who now succeeds to the whole emoluments. We understand that Dr. Cumin was, for several years before his death, deprived of sight from amaurosis. While resident in Glasgow, he contributed several valuable papers to the Medical periodicals, and to the "Cyclopædia of Medicine." He possessed an extended and minute acquaintance with the literature of his Profession.

DR. ROOTS.—We are happy to learn, that since the recovery of this eminent practical Physician from his late illness, he has resumed the active duties of his Profession.

CHOLERA IN THE METROPOLIS.—Only 1 case is reported for last week—female, 64; duration, 2 days; intemperate habit.

COMPULSORY VACCINATION EXTENSION ACT.—A Meeting of the Medical Profession was held at the Town Hall, Croydon, on Thursday, the 19th inst. Mr. Edward Westall in the chair. A Memorial to Lord Palmerston was unanimously adopted, expressive of the opinion, that, in its details, the Act would be found incompatible with the very objects of the Legislature in passing it; and that in some of its features it was repulsive to the Medical Profession. The following Resolutions were also passed:—"That the performance of vaccination be placed in the hands of all legally-qualified members of the Profession, and they be paid for certificates in all successful cases." "That the time for compulsory vaccination be extended to six months." "That one, or at most two, forms of books be required for registration." "That the carrying out of the Act be confided to the Registrar-General."

LEGAL.—KING'S COLLEGE HOSPITAL *v.* WHIELDON.—This was a suit instituted by the Trustees of the King's College Hospital against the executors of a person named Croft, under the following circumstances:—The testator by his will had given a sum of 400*l.* to the "Carey-street Infirmary." There is no such institution in Carey-street known by such name, but there is one called "the Public Dispensary;" and King's College Hospital also stands partly in Carey-street and partly in Portugal-street. Being thus situated, both the dispensary and the hospital advanced a claim to the bequest of 400*l.*, which the executors, however, refused to pay to either, except under the direction of the Court. The Master of the Rolls gave judgment, that the "Public Dispensary" was entitled, but, as there was considerable ambiguity in the wording of the will, the plaintiffs would be entitled to their costs.

COMMISSIONERS IN LUNACY.—The office of the Commissioners is now removed to No. 19, Whitehall-place.

ACCORDING to a statement in the First Number of the *American Medical Monthly*, it appears that the mate of an American merchant-ship tied the subclavian vein to stop bleeding in one of the sailors. The patient did well.

MORTALITY NOTABILIA.—The health of London has experienced a favourable change. A milder atmosphere has reduced the deaths from 1492, registered in the preceding week, to 1195 in the week that ended on Saturday. A rise in mean temperature from 29° in the last week of 1853, and 30·2° in the first week of the new year, to 37·5° and 42·2° in the last two weeks, has been followed by a decrease in the mortality of about 300. The Return of last week gives a result less by 61 than the corrected average of ten years.

Births.—Last week the births of 845 boys and 855 girls, in all 1700 children, were registered in London. In the nine corresponding weeks of the years 1845-53 the average number was 1451. Births over deaths, 505.

Meteorology.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·881 in. The mean temperature of the week was 42·2°, which is 5·8° above the average of the same week in 38 years. The highest temperature was 52·3° on Friday; the lowest was 39·1° on Thursday. The mean dew-point temperature was 40·2°. The wind blew from the south. The mean temperature of the water of the Thames at Greenwich was 40°. No electricity shown during the week. Horizontal movement of air, 535 miles; rain, 0·08 inches.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January* 21, 1853.

CAUSES OF DEATH.	JAN. 21. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	505	365	309	1195	11420
SPECIFIED CAUSES	502	365	309	1177	11316
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	190	39	24	253	2377
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	10	22	18	50	491
3. Tubercular Diseases	57	110	13	180	1861
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	54	38	43	135	1282
5. Diseases of the Heart and Blood-vessels	2	18	18	38	437
6. Diseases of the Lungs and of the other Organs of Respiration	87	76	87	250	2441
7. Diseases of the Stomach, Liver, and other Organs of Digestion	26	27	15	68	635
8. Diseases of the Kidneys, etc.	1	10	8	19	114
9. Childbirth, Diseases of the Uterus	..	8	1	10	106
10. Rheumatism, Diseases of the Bones, Joints, etc.	5	2	..	7	72
11. Diseases of the Skin, Cellular, Tissue, etc.	2	2	..	4	19
12. Malformations	2	..	..	2	26
13. Premature Birth and Debility	35	3	3	41	279
14. Atrophy	23	..	13	36	191
15. Age	..	..	64	64	676
16. Sudden	..	..	1	1	76
17. Violence, Privation, Cold, and Intemperance	8	10	1	19	233
CAUSES NOT SPECIFIED	3	..	..	18	104

ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,
AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.
Physician to St. George's Hospital.

Lecture V.

ON DIABETES.

The subject of diabetes, like that of Bright's disease, is far too extensive to admit of compression into an hour's lecture. I shall, therefore, on this occasion, occupy your attention with those points of the disease which are of practical interest, or which have lately formed the subject of my own experiments.

The methods of determining the presence of sugar in the urine are now far more delicate, and, therefore, perhaps more liable to lead to erroneous conclusions than formerly. Care is requisite in the employment of these tests,—not because the substance we search for is liable to be overlooked, but because other substances are likely to be mistaken for it. There is no single test for diabetic sugar, and for it alone. There are many tests which, collectively with care, will lead to a very decided opinion as to the presence of this sugar; but there is no one infallible test for diabetes.

The general failing of all the reduction-tests is, that they lead to the opinion, that sugar is present, when none, in truth, exists in the urine. Of all the metallic tests, the reduction of copper is the most employed; but it is very easy to show you the error which may arise in using it without care. Here is M. Barreswill's test-liquor, prepared by taking 61 grs. of crystallised sulphate of copper, and dissolving it in 247 grs. of water; 247 grs. of tartrate of potassa are dissolved in a little water; to this 864 grs. of a solution of caustic soda, specific gravity 1·12, are added. The copper solution is poured into this, and the whole diluted to 6 cubic inches at 60; one-tenth of this quantity is taken, diluted with four times as much water, and heated to boiling. The urine, diluted ten times, is then dropped in from a graduated tube as long as copper is reduced. The quantity of urine required contains ·8 of a grain.

Now, when this solution has been kept for many weeks, on testing any urine which is perfectly healthy, you will see the reduction is as decided as if diabetic sugar in large quantity were present. If you try the experiment without adding any urine at all—that is, if you heat the test-liquor—the oxide of copper will be reduced. It is clear then, that, when this test-liquid has been long prepared, you would be led to conclude, that sugar was present in any fluid to which you added it. The reduction of the oxide of copper depends on the time which the test-liquid has been kept. When fresh prepared, no reduction occurs on long-continued boiling. It is very evident, then, that, to avoid mistakes, the test-liquid must itself be tested before it is used even for qualitative examination. Moreover, other substances besides diabetic sugar reduce oxide of copper; and therefore this test alone is not sufficient.

Let me take now a microscopic test. It has been asserted as positively as words will admit, that torulæ are certain proof of the presence of sugar in the urine. On the contrary, I have said, that if you trust to this test alone, you will find that it also will lead you into error.

Torulæ may form in the urine when there is no trace of sugar present. It may be said, these are not the true torulæ; and it is perhaps possible, that, by practice, some slight difference may be observed between the torulæ of diabetic urine and the torulæ which are found in urine which is not diabetic; but the difference is so slight, that in doubtful cases (which try the test) it is not to be trusted. In support of my statement, let me read you a short extract from Lehmann's "Chemistry." He says:—"It must be remembered, that in healthy urine, by long standing, similar torulæ are formed. Such cells may occur even in very acid urine, though they are more common when it is neutral. Each cell, like the yeast cell, contains a nucleus. Usually the size is one-half less than the true yeast-cell; but it must be remembered, that yeast-cells are much smaller when they form spontaneously than when they arise from other parent cells introduced from without. Moreover, the apparent size of bodies seen with the microscope is a very relative criterion." I have seen many medical men who have been alarmed by the fear of diabetes, in consequence of the observation of torulæ in the urine. When you find torulæ, employ other tests for sugar before you venture to assert that the case is one of diabetes.

Having said thus much on the necessity of using more than one test for the presence of sugar, I must add a few words on the determination of the amount of sugar present.

In the present state of our knowledge, it must not be considered sufficient to take the specific gravity, and from this, by means of Tables, to calculate the amount of sugar present. I may refer you to a paper which will probably appear in the "Medico-Chirurgical Transactions" for 1853.(a)

The following numbers were obtained in two cases of diabetes. The analyses in the first case were made by Mr. Kemp, of Edinburgh; and the method of analysis was totally different from that which I used in the second case. They are interesting also inasmuch as they show the great variations in the specific gravity and in the amount of sugar which may occur in the course of the disease.

Case 1.

Urine, Spec. Grav.		Grains of Sugar to the Ounce of Urine.	Urine. Spec. Grav.		Grains of Sugar to the Ounce of Urine.
1023	contained	2·2	1030	contained	3·6
1025	,,	2·1	1030	,,	7¼
1026	,,	4	1031	,,	14½
1027	,,	2·3	1032	,,	17·5
1027	,,	4½	1033	,,	6
1027	,,	4½	1034	,,	8
1028	,,	14½	1035	,,	10
1029	,,	3·3	1036	,,	5½
1029	,,	2½	1038	,,	7½
1029	,,	3			

Case 2.

Urine, Spec. Grav.		Degrees of Scale.		Grs of Sugar to 1 oz. of Urine.	Urine, Spec. Grav.		Degrees of Scale.		Grs of Sugar to 1 oz. of Urine.
1013·8	gave	5	= about	5	1035.4	gave	7	= about	7
1014-4	,,	5	= ,,	5	1035·4	,,	17	= ,,	17
1023·2	,,	14	= ,,	14	1037·8	,,	19	= ,,	19
1025·6	,,	2	= ,,	2	1037·8	,,	20	= ,,	20
1028·5	,,	4	= ,,	4	1038·3	,,	3	= ,,	3
1029·6	,,	4	= ,,	4	1039·0	,,	20	= ,,	20
1030·0	,,	15	= ,,	15	1043·4	,,	13	= ,,	13
1031·0	,,	10	= ,,	10	1044·4	,,	24	= ,,	24
1031.2	,,	2	= ,,	2	1044·8	,,	25	= ,,	25
1032.2	,,	24	= ,,	24	1045·0	,,	13	= ,,	13
1032·4	,,	16	= ,,	16	1045·4	,,	13	= ,,	13
1033·4	,,	13	= ,,	13	1045·8	,,	25	= ,,	25
1034·0	,,	16	= ,,	16	1048·6	,,	18	= ,,	18

And now, regarding the disease itself, I have first some remarks to make on the causes and occurrence of the disease.

It has been said that it exists in old people, to a slight extent, always. A gentleman, who, I hope, will pursue this subject and publish his own results, has written to me to say, that the most careful repetition of the experiments made by M. Dechambre, in the Salpêtrière, did not give the same results. Old people are not necessarily diabetic; but, in referring to the notes of many cases of diabetes which I have seen during the last two or three years, I find, out of 29 cases of which I kept notes, 11 were above 60 years of age, and 6 of these 11 above 70 years old. Nor is this the most important fact regarding these cases; but it appears to me, that the disease in old age is generally milder and more chronic than at other periods of life.

Of the 11 cases, in 2 the sugar was not constantly present in the urine.
,, ,, 6 the quantity of urine was very small, not above the average; and there were almost no symptoms.
,, ,, 1 the quantity of water was increased, but the disease had probably existed sixteen years.
,, ,, 1 Bright's disease also existed with the diabetes, which was very slight.(b)
,, ,, 1 the diabetic symptoms were most decided, and the patient quickly sank.

Our time will not admit of the reports of these cases, but, in the "Transactions of the Medico-Chirurgical Society" for

(a) See "Transactions," 1853, p. 404.
(b) M. Rayer lately told me that M. Arago suffered from this complication. For many months before his death, from Bright's disease, the sugar disappeared from the urine.

1853,(a) I hope you will see them at length. Two of these cases, as they are connected with the previous lecture, and will show you how I consider that diabetes is modified by old age, I may mention here. The first case shows how slight the diabetic symptoms may be. The patient is at present apparently in perfect health. The second case proves that diabetes and Bright's disease may co-exist, and continue to the close of life.

February, 1850.—I saw a gentleman, 66 years of age, who had passed many years in the East Indies. For six or seven years he had had more thirst than other people, and had passed an excess of water. The thirst had been more decided since Christmas twelvemonth; he had been wasting two years, and had lumbago with some fever, since Christmas. For thirty years he had a remarkably good appetite. The urine was clear and pale, specific gravity 1027·4; it contained sugar, and a trace of albumen.

Pulv. Doveri gr. v., horâ somni omni nocte.

℞ Liq. ammoniæ ℥. xl.; mist. camph. ℥xij.; coch. magna iij. bis die.

On March 13 the urine was specific gravity 1031·8. Still contained sugar. No albumen.

On March 14, before food, specific gravity 1018·2; still sugar; doubtful if any albumen.

He states that he has much less thirst and no more frequency of passing water than when in perfect health; in point of quantity he passes much less. Thinks that he is much stronger, and feels more healthy altogether. He takes no sugar, no vegetables, and a little bread, milk, butter, eggs, fish, and meat; has continued the medicine. Weight now 14 stone; has weighed 16 stone 8 lb. A little perspiration yesterday.

July 10.—The urine has specific gravity 1023·9; contains the slightest trace of sugar. The quantity of urine now is not more than one-half what it was; could not be absent two hours from home before; now never feels any urgency; passes the night from eleven to four without being disturbed; has continued to gain decidedly; was near writing to ask whether he was not making too little water. Weighed, a fortnight ago, 14 stone 2 lb. Thirst gone, does not drink one-third what he used to drink.

Has continued the Dover's powder, 4 grs.; also liq. ammoniæ, ℥j.; mist. camph., ℥xij.; coch. iij., bis die.

June 11, 1852.—Has remained well; the urine is specific gravity 1024·5; contains the slightest trace of sugar. Has felt well, but was given the sulphuret of arsenic, which he took for a fortnight. At the end of this time he felt "something unusual," and he gave it up. The quantity of water was reduced by it; now the quantity is about 40 oz. He drinks but little; he weighs 14 stone; does not think that he has lost flesh lately; has continued the ammonia off and on for two years.

A gentleman, aged 62, for a year and a-half had suffered from carbuncles, and during that time he had been falling away. He has had frequency in passing the water, rising four times at night. The bowels were confined, and he complained much of giddiness and pain in the head, for which he had a seton in his neck. The urine had specific gravity 1034. Triple phosphate crystals, albumen, blood-globules, and sugar, in small but distinct quantity, were present. Torulæ were evident in twenty hours.

April 29, 1848.—Some œdema of the legs.

November 22.—Urine more albuminous, specific gravity 1029. Still contains sugar.

Dec. 14.—Specific gravity 1028·9, albuminous, and saccharine.

April 11, 1849.—Urine, specific gravity 1016·6, contains albumen; with copper test, or with liquor potassa test, shows scarcely a trace of sugar; gave a deposit of urates on standing.

16th.—Urine specific gravity 1021, no precipitate of urates; gives evidence of more sugar; albumen as before.

May 1.—Passes a pint and a-half of urine in twenty-four hours; specific gravity 1022·4. With the microscope multitudes of uric acid crystals were seen, with very coarse fibrinous casts. There was much albumen and very little sugar.

The symptoms of Bright's disease increased, with cough and expectoration, and he died comatose on May 18.

Examined Seventeen Hours after Death.—The body was much emaciated. The parietes of the chest and abdomen were thickly coated with yellow fat. There was no fluid in the abdominal cavity. The kidneys were very adherent to the fatty substance surrounding them. The surface of the right kidney was smooth, and mottled with deep depressions. Some cysts and some stellated veins were very marked. On section, the small arteries of the cortical structure were open, and the substance was not wasted. The left kidney contained more cysts and depressions of a darker colour, with blood streaks extending from them. No fibrinous deposits were visible in cutting through the depressions. The kidneys were markedly mottled.

The pancreas contained much interstitial yellow fat, and did not look healthy. The liver was healthy, with good-looking bile. The stomach was large, and very thin at the larger curvature, but not pulpy; it did not break on pressure. The blood in the veins was dark; not so elsewhere.

There was an immense cavity as big as the fist in the apex of the right lung, and tubercles in all the upper lobe. The left lung was full of tubercles, with some small vomicæ.

The heart was full size, with dilated cavities; not much, if at all enlarged. The aortic valves were slightly thickened, and the auricles contained an immense clot.

At the meeting of the Pathological Society at which I showed the kidneys of this patient, Dr. Garrod stated, that he also had seen cases in which the two diseases co-existed. The opinion so long received, that in diabetes albumen appears in the urine as the sugar disappears, and that therefore the appearance of albumen is to be regarded as a favourable sign, has nothing to justify it in modern observation.

Next to old people, it appears that fat people best resist the progress of this disease, and in them the sugar not unfrequently, from time to time, is found to disappear from the urine. You will see some of these cases recorded in the paper to which I have alluded under the head of "intermitting diabetes."

I pass on now to make some remarks on the treatment of the disease.

First, regarding the use of wine and porter. M. Bouchardat has long recommended claret in this disease, and to the amount of two bottles even in the day. Dr. Prout used to permit his patients to take porter. Being desirous of determining which of these directions was to be preferred, I made some experiments regarding the amount of saccharine matter and acid in wine and beer. I have come to the conclusion, that claret is usually perfectly free from all saccharine matter. The same may be said of Burgundy, Rhine wine, and Moselle wine. Very rarely, indeed, a sherry may be met with which contains no sugar, but generally sherry, port, Madeira, Marsala, contain amounts of sugar varying from 2 grs. to 34 grs. to the ounce. The best porter gave me from 23 grs. to 40 grs. of saccharine matter to the ounce; the best stout from 45 grs. to 64 grs.; the best bitter ale from 14 grs. to 130 grs. to the ounce. Hence it appears that claret will not increase the sugar in the urine, while porter will do so considerably. Direct experiment with diabetic urine has also proved the same fact.

Spirits, as brandy, whisky, rum, usually contain no trace of sugar, and hence they may be prescribed for diabetic patients.

M. Bouchardat, who has seen more of this disease than any one, says that milk is not allowable. The most careful experiments lead me to the opinion that milk scarcely increases the sugar in the urine, even when it is the sole article of diet.

A very extensive farmer, aged 37, came to me October 27, 1852. Six years previously he had great irritation of the urinary organs, having to make water thirty times an hour. He never passed any blood. He first found an increased flow of urine from the 10th to the 20th of last August. The quantity was two gallons of urine daily. He had excessive dryness of the throat; and in five days he lost 14 lbs. The weight of the urine had been 1050. When he drank water the mouth was perfectly dry, as if he had taken nothing. This state lasted two weeks. Has been subject to violent bilious headaches.

The urine now is very thick from urates. Specific gravity, 1038. Contains decidedly some sugar, and an excess of urea, so that it crystallises out immediately with nitric acid. No albumen. No pus. Complains of very much flatulence. The bowels act regularly daily. Weight now 12 st. 1 or 2 lb.

Has been a great eater of common fruit puddings. Vegetables in great quantity. Always greens and much potatoes, with very little meat, twice daily, but little each time. For the last six years he has drunk no beer or port wine; they caused irritable symptoms. Takes brandy and water. Can walk three or four miles. Red faced and ruddy, but fallen away. For two or three years sexual desire has gradually decreased. Has taken excessive exercise.

Dec. 25.—He adhered most rigidly to dietetic directions, and to the treatment until the end of November, when he was passing only about 14 ounces a-day. Specific gravity, 1040. His appetite failed him, and he was losing flesh and strength, and getting depressed in spirits, besides which, he was suffering very severely and constantly from excessive and most distressing irritability of the bladder. The urine being very acid, and densely loaded with lithates and excess of urea, he was given by his medical attendant more fluid.

(a) Page 420.

℞ Potass. bicarb., ℥j.; tr. hyoscy., ℥j.; inf. buchu, ℥iv. M. sumat ℥j. ter die.

This was taken from November 30, with great relief to the irritable state and diabetes; he now passed twenty-five to thirty ounces, specific gravity varying from 1010 to 1020, and without sugar. The daily averages from the 18th were 1028, '27, '23,' 21, '29, '30, '29.

The prostate was found enlarged on examination, and very painful to the touch.

The urine sent to me, December 25, contained no sugar. Two specimens were examined.

Jan. 31.—Four specimens of urine passed this day.

		Sp. Gr.	Degrees of Scale.	
5½ oz. at	3 p.m.	1031·4 gave	5 = about 5 grs.	of sugar per oz.
6½ „	7 „	1035·4 „	7 = „ 7 „	„
10 „	9 „	1032·4 „	16 = „ 16 „	„
7 „	6 a m.	1038·3 „	3 = „ 3 „	„

He has been going on much the same since last report, sometimes passing water with little or no trace of sugar, and on one or two occasions with evidence of a large quantity. The last few days he is weaker and much more depressed; appetite good. Taking inf. buchu, tr. hyoscy., and acid. nitro-muriat.

March 27.—The report was not so favourable. He said he had adhered most rigidly to the diet, not having eaten eight ounces of vegetables since October. His stomach, he said, detested animal food. Cream, he said, increased the thirst, and made the mouth foul. The usual quantity of liquid taken in twenty-four hours would not amount to one pint.

26th.—The water passed was sent to me.

		Urine.	Sp. gr.	Degrees of Scale.	Sugar to the ounce.
5	p.m. he took two eggs and a mutton chop.				
7	„ . . .	7 oz.	1045·4 gave	13 = about 13 grs.	
10	„ mutton chop and lettuces.				
10.15	„ . . .	7 „	1045·8 „	25 = „ 25	„
27th :—					
3.30 a.m.	. . .	9 „	1044·4 „	24 = „ 24	„
6	wing of a guinea-fowl.				
6.45	„ . . .	3½ „	1045·4 „	13 = „ 13	„
9	2 eggs and a chop.				
10.30	„ . . .	9 „	1043.4 „	24 = „ 24	„
1	p.m. boiled rabbit.				
1.15	„ . . .	6½ „	1044·8 „	25 = „ 25	„
3	„ . . .	2½ „	1048·6 „	18 = „ 18	„

In each of these specimens, nitric acid caused an immediate crystallization of nitrate of urea; and in all there was free uric acid and oxalate of lime.

May 13.—For two days, nothing except milk was taken, no other food whatever. Last food was eaten at 9 p.m. May 12.

Urine passed before		Milk.	Urine.	Sp. gr.	Degrees of Scale.	Sugar to the ounce.
At 6½	a.m. . . .	22 oz.	...	1030·8 gave	1 = abt.	1 grs.
8	„ bowels acted	...	4 oz.	1035·4 „	17 = „	17 „
9¼	„ . . .	22 „				
9¾	„ bowels acted	...	4 „	1037·8 „	20 = „	20 „
1¼	p.m. . . .	...	7 „	1037·8 „	19 = „	19 „
1½	„ . . .	22 „				
3	„ . . .	11 „				
6	„ . . .	11 „	10½ „	1034·0 „	16 = „	16 „
7½	„ . . .	11 „				
9	„ . . .	22 „				
9½	„ went to bed	...	6 „	1039·0 „	20 = „	20 „
12¾	„ . . .	11 „	15½ „	1014·4 „	5 = „	5 „
4¼	„ . . .	6 „	14 „	1013·8 „	5 = „	5 „
		138 „	61 „			

Every specimen, except the last two, contained an excess of urea, and free uric acid and oxalate of lime.

14th :—

	Milk.	Urine.	Sp. gr.	Degrees of Scale.	Sugar to the ounce.	Contained excess of Urea, Uric Acid, and Oxalate of Lime.
7 a.m.	11 oz.					
7 „	... „	8½ oz.	1023·2 gave	14 = abt.	14 grs.	„
9¼ „	11 „					
1 p.m.	11 „	8½ „	1032 „	24 = „	24 „	„
5 „	22 „					
5¾ „	...	5 „	1030 „	15 = „	15 „	„
9¼ „	22 „					
9¾ „	...	4½ „	1028·5 „	4 = „	4 „	„
4½ a.m.	11 „	8 „	1025·6 „	2 = „	2 „	„
	88 „	34½ „				

So that at the end of two complete days, in which milk and nothing else was taken, only two grains of sugar existed in each ounce of urine.

15th.—For two days the diet consisted of fish only,—codfish, either boiled or fried, eaten without bread, or vegetable, or sauce of any kind whatever.

		Urine.	Specific Gravity.	Degrees of Scale.	Sugar to the ounce.
7	a.m fish . . .	4 oz.	1031·0 gave	10 = about	10 grs.
8	„ fluid mag., 1½ oz.; 3 oz. Bristol water.				
9	„ bowels acted slightly, fish. .	5½ „	lost.		
12¼	„ 5 oz. Bristol water.				
1¼	p.m. fish.				
2¼	„ 11 oz. Bristol water.				
3	„ bowels acted slightly . .	10½ „	1031·2 „	2 = „	2 „
3¾	„ 11 oz. soda water.				
5½	„ fish.				
5¾	„	7½ „	1029·2 „	½ = „	½ „
6¾	„ 11 oz. Bristol water.				
9	„ fish.				
9¼	„	8 „	1029·6 „	no sugar	
16th :—					
3¼	a.m.	14 „	1028·9 „	„	
6¾	„ fish.				
7	„ bowels acted slightly . .	4½ „	1030·1 „	„	
8	„ 11 oz. Bristol water.				
9	„	5½ „	1026·4 „	„	
9½	„ fish.				
10¾	„ 6 oz. Bristol water.				
11	„	4 „	1026·0 „	„	
2	p.m.	6½ „	1029·1 „	„	
2¼	„ fish.				
3¼	„ 11 oz. Bristol water.				
4¾	„ 11 oz. soda water.				
5¾	„ fish . . .	7½ „	1030 „	„	
9	„	8½ „	1023·0 „	„	
17th :—					

		Urine.	Specific Gravity	Sugar.	Excess of urea, uric acid, oxalates.
1¼	a.m.	6½ oz.	1030·0	„	„

For two days butcher's meat and nothing else was taken.

6	a.m. mutton chop.				
6¼	„	5½ „	1028·0	none.	„
7½	„ 11 oz. Bristol water.				
9	„				
10	„	5½ „	1027·0	„	,
12¼	„ 11 oz. Bristol water.	4 „	1030·0	„	„
1½	p.m. tripe.				
3¾	„ 5 oz. Bristol water.	6 „	1030	„	„
5½	„ mutton.				
9	„ lamb.				
9½	„ 11 oz. Bristol water.	10 „	1031	„	„
18th :—					
1½	am.	9 „	1027	„	„
7	„ mutton chop.				
7¼	„	8 „	1029	„	„
8	„ 11 oz. Bristol water.				
9	„ mutton chop.				
11	„	5½ „	1028	„	„
1½	p.m. mutton chop.				
2½	„	6½ „	1029	„	„
2¾	„ 11 oz. soda water.				
5½	„ mutton.				
6	„	5½ „	1030	„	„
7	„ 11 oz. Bristol water.				
9	„ mutton.				
9½	„	6½ „	1029	„	„
3¼	a.m.	10 „	1028	„	„

I again requested this gentleman to try the effect of an animal and milk diet.

May 22nd.—The second day of an exclusively animal diet.

	Food and Drink.	Urine.	Sp. Gr.	Sugar.	Appearance.
6 a.m.	4 oz. Bristol water	11 oz.	1024·8	none	red sand and excess of urea
7 „	mutton				
7¼ „	. . .	1 „	1024·6	„	„
9 „	mutton . .				
11¼ „	11 oz. Bristol water	6 „			
1 p.m.	chicken				

Food and Drink.	Urine.	Sp. Gr.	Sugar.	Appearance.
2¼ p.m. chicken . .	4½ oz.	1024.0	none	red sand and excess of urea
4 „ 11 oz. Bristol water				
5 „ mutton				
7¾ „ . . .	9 „	1026·9	„	„
8 „ 11 oz. Bristol water				
10 „ . . .	4 „	1026.2	„	„
—	—			
37 oz.	35½ oz.			
May 23rd.—Exclusively milk diet.				
5½ a.m . . .	13 oz.	1024·6	„	„
6½ „ milk, 22 oz.				
10 „ „ 11 „				
10¼ „ bowels moved	8½ „	1029·4	7°=7 grs. to oz.	„
11 „ milk, 11 oz.				
1¼ p.m. „ 11 „				
3 „ fluid magnesia, 2 oz.				
3¼ „ . . .	7 „	1029·5	1°=1 gr.	„
5½ „ milk, 22 oz.				
9 „ „ 11 „				
10 „ . . .	8½ „	1027·2	doubtful	„
May 24th :—				
1¼ a.m. . . .	8½ „	1010·0	very doubtful	no red sand nor excess of urea.
6 „ bowels moved	5½ „	1018·8	no sugar	„
6¼ „ 22 oz. milk, 2 „ fluid magnesia				
7½ „ . . .	8½ „	1009·2	2°=2 grs. to oz.	„
10 „ 11 oz. milk; bowels moved				
12 „ . . .	11½ „	1014·8	½°=½	„ „
1 p.m. 22 „				
3¼ „ . . .	7½ „	1014·4	no sugar	„
6 „ 22 „				
7½ „ . . .	11 „	1010·8	„	„
9 „ 22 „				
10 „ . . .	7 „	1009·8	„	„
1¼ a.m. . . .	20 „	1004·8	„	„
—	—			
99 oz. milk	71 oz. urine.			
4 „ magnesia				

He said—"My kidneys and bladder are always most comfortable under milk diet, but I frequently have a little heartburn; but I do not feel the same morbid irritability of stomach that I do when living entirely on animal food." As I wished still further to try the effect of milk diet, he undertook to take nothing else for a week. The daily quantity was from 100 oz. to 130 oz., and on one day 149 oz. He passed from 50 oz. to 90 oz. of urine.

Urine passed at	Sp. Gravity.
June 17th, 7 a.m. {before milk diet was begun,}	1029 contained no sugar; red sand
„ 18th, 7 „ . . .	1016 contained no sugar
„ 19th, 7 „ . . .	101⁻ 11 deg.=1 gr. to oz.
„ 20th, 7 „ . . .	1020 under 1 deg.=1 „
„ 21st, 7 „ . . .	1016 trace
„ 21st, 12 midday . . .	1005 „
„ 22nd, 7 a.m. . . .	1017·6 no trace
„ 23rd, 7 „ . . .	1015·0 „
„ 24th, 7 „ . . .	1034·2 „

Animal diet only was taken on the 23rd.

July 23rd.—His pulse was 72; his tongue clean; he looked florid and well; had no irritation of the bladder; could take tolerable exercise; had gained 8 lb. in weight, being now 12 st. 10 lb. He said that, from the time of his first visit to me, all the flour he had eaten would not one quarter fill his hat, and he had not taken a pocketful of vegetables. The urine was perfectly free from sugar.

From this case, it is most probable that milk-sugar is not easily converted into glucose in the human body. I have, therefore, constantly permitted it to be taken by diabetic patients. It is apt to give rise to constipation, and this has been best obviated by taking an equal quantity of fluid magnesia with the milk in the morning.

I must pass on now from the diet to some of the medicines which appear to me to be most useful. One of the terminations of diabetes is by phthisis, and on this account, as well as for the emaciation, I was led to prescribe cod-liver oil. The following cases may be taken as examples of the use of this remedy.

To a young woman in St. George's Hospital I gave an ounce daily for three months. In this time she gained eleven pounds in weight. Her thirst so diminished that she passed only 2½ pints of urine in twenty-four hours, instead of 12 pints.

A man, 40 years old, came into the hospital passing 7 pints of urine in twenty-four hours. He was put on cod-liver oil, 1½ ounce in the day, with a drachm of liquor potassæ. In the first fortnight he lost four pounds and a-half. He then took 3 ounces of oil in the day, with 2 drachms of liquor potassæ, and in a fortnight he had gained eight pounds. The quantity of urine was reduced to 3 pints. At the end of five weeks from his admission, he went out at his own request, saying that he was stronger than he had been for eight months, and that he was quite well. The urine still contained a small quantity of sugar.

An enormous amount of cod-liver oil may be taken in diabetes; thus one of my patients took, in five weeks, eight pints fourteen and a-half ounces.

George Groombridge, aged 24, single, admitted into York Ward, June 13, 1849; florid face; lives near Tonbridge Wells, and has known three or four others like himself affected with "sweet water" in that neighbourhood. So far as he knows, he was quite well eight months ago, since which time increasing debility has prevented his working. General health good, except that, for the last four years, he has had each Spring a sharp pain (on exertion) in the loins, for which he has been bled. Of late he has made about 7 quarts of urine in 24 hours. Thirst and appetite great. Thinks he has lost two stone the last few months. Tongue coated and clammy; bowels irregular; generally has a bad, and often a sweet taste in the mouth; also great soreness of the stomach and flatulence; no cough.

Ol. ricini ℥iii, statim; liq. ammoniæ ♏v., ol. jecoris aselli ℥ss, ter die. Roast slice and mutton chops, beef-tea, two eggs; only three ounces of bread daily.

14th.—Rep. mist. 6tis horis.

15th.—Weighs 9 stone; medicine agrees well; urine passed in 24 hours, about 5 pints, specific gravity 1040.

18th.—Urine, 4½ pints, specific gravity 1030. To take 3 ounces of oil daily.

20th.—To take 4 ounces of cod-liver oil.

21st.—Urine, 3½ pints in 24 hours.

22nd.—Urine, 3 pints, very pale, very full of vibriones, so as to have quite a milky appearance; no oil in it; specific gravity, 1032.

23rd.—Weight, 8 stone 8 lb. To take 6 ounces of oil daily.

26th.—Urine, 3 pints, and specific gravity 1030.

29th.—Weight, 8 stone 8 lb.

July 2.—Urine, 2½ pints; specific gravity, 1032. To take 7 ounces of oil and 1 drachm of liq. ammoniæ daily.

3rd.—8 ounces of oil. Oxalate of lime in the urine.

8th.—Weight, 8 stone 12 lb.

14th.—Weight, 9 stone 1 lb.

20th.—Went out at his own desire, considering himself well. Still sugar.

In five weeks this patient took 8 imperial pints 14½ ounces of cod-liver oil. On first coming into the house he lost 6 lbs. in weight; while taking the larger quantity of oil he regained this, and 1 lb. more. The urine, with the diet, decreased from 5 pints, specific gravity 1040, to 2½ pints, specific gravity 1032. The sugar never disappeared from the urine.

I should weary you with the details of cases in which I have tried various specifics that have been from time to time proposed. Permanganate of potassa, rennet, so-called pepsin, arsenic, electricity, Vichy water, creosote, opium, bark, iron, mineral acids, alkalies, and I might add many others. Hitherto the search for a specific has only proved that none is yet known to exist.

Still, when we look at the morbid anatomy, when minute microscopical examination can give no clue to the seat of the disease, when it pronounces that the stomach (a) and viscera are healthy, when it indicates that a functional error has ended life, we are led to hope that further investigation (some remarkable experiments have lately been published by Dr. Harley on the artificial production of diabetes in animals by the action of stimulants injected into the vena portæ) may lead to the perfect theory of the disease, and by this to the radical cure, instead of the palliative treatment, of this most interesting disorder.

(a) My friend, Dr. Handfield Jones, has lately examined minutely for me the stomach of a patient of mine who died of diabetes in St. George's Hospital. It appeared to be healthy.

ORIGINAL COMMUNICATIONS.

CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By BERNARD E. BRODHURST, Esq.
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TALIPES.

(Continued from Vol. VII., p. 549.)

THE ETIOLOGY OF MUSCULAR RETRACTION.

Speaking of congenital talipes, I alluded to some causes which have been assumed as probable causes of distortion only to discard them, believing every congenital distortion which is due to muscular action to be dependent on irritation of the cerebro-spinal system. And I endeavoured to show, referring more especially to talipes, that it originates primarily, not in displacement of the bones, as was taught by Scarpa, neither in insufficient development of the muscles, as was suggested by Delpech, but in muscular retraction, occasioned by cerebro-spinal irritation; and I am persuaded that a just consideration of post-natal muscular retraction, of circumstances which pass under the eye of the bystander and with his entire cognizance, will enable us to ally cause and effect in congenital and non-congenital distortions, to penetrate even the "secresy of the womb."

It is well known that the most minute investigation of morbid structure fails to discover pathological change,—such change as occurs, for instance, with epilepsy in its most acute form and after long duration; which may, perhaps, be demonstrated when our means of appreciation are more conclusive, but which, as yet, the eye is unable to distinguish from the ordinary appearances presented in health. That epilepsy may be developed in utero is the opinion of our highest authorities; nor can it be admitted, as disqualification to such an opinion, that anatomical research is unequal to demonstrate the truth, for the same applies to this disease of adult age. And whether convulsion arise from irritation and inappreciable structural change, or be occasioned by undoubted disorganization of cerebral substance, the disease is to the physician in both cases identical; and whether muscular retraction be occasioned by irritation and lesion which is not cognizable, or be the result of inflammation and destruction of a part of the cerebro-spinal system, cause and effect are in both instances deemed analogous. So that, whether retraction be simply talipes, or strabismus, or torticollis, or chcirismus, and not dependent on a local cause, as inflammation; or whether it be of many, or all, of the muscles of the body, there is a similar affection, differing alone in degree and in localization; in degree, as is evidenced by the more or less simple or compound nature of the affection, and also the locality of the retraction differing as the irritation itself differs. Thus, the muscles of the eye are most frequently affected by intestinal irritation; those of the neck through uterine irritation, and of the hand and foot through dental irritation. However various the nature of the affection, if not dependent on a local cause, it is symptomatic of, at least, irritation of the cerebro-spinal motor system. When we are able to trace disease from its most complex to its simplest forms, to find similar characters pervading each, with a difference of manifestation dependent rather on the amount of disease than on its kind, we are led to conclude that these differences are those of a class which vary somewhat in outward appearance, but which agree essentially in those basic characters which pathology acknowledges. And perhaps the extremes of any given pathological question offer equally wide marks of difference as this to which attention is at present directed.

Lately, I had occasion to examine a fœtus, through the kindness of my friend Mr. Bower, in which all the flexor muscles of the body and the extensors and adductors of the feet were extraordinarily retracted. The brain was in a state of suppurative liquefaction, and the spinal cord softened in structure. Talipes often presents itself as apparently a local affection, and independent of irritation of the cerebro-spinal nervous system; and so does strabismus. Now, congenital strabismus, avowedly, cannot depend on extrinsic causes; and reason tells us, that a common cause is sufficient for one distortion and the other. At the present moment I have under my care a child with congenital strabismus and talipes varus. At one extremity of the chain we find the anencephalous monster; at the other, simple retraction of one or more muscles; with intermediate links, such as the hydrocephalic and the hydrorachitic fœtus; and again, others in which there is, perhaps, simultaneous retraction of the muscles of the back, feet, and hands, or of an extremity, inducing, perhaps, dislocation or flexion. The circumstance of congenital dislocation, of rotation of tarsal bones, of the more or less uniform retraction of a limb in accordance with the distribution of the nerves supplying the limb, are arguments so weighty as to exclude extrinsic causes; besides, it is impossible that a circular or elliptic surface, as the walls of the uterus, or that pressure of one part of the fœtus upon the other should produce such uniform distortion, always agreeing with the action of the muscles retracted, as is found in talipes. Moreover, the recurrence of retraction, or the tendency to recurrence, after operation, and after the shape of the limb has been perfectly restored, shows, that congenital retraction is, not a passive, but an active process, dependent on no local, but a general cause. It may be stated, as a rule, that, with congenital retraction, there is a tendency to its recurrence; so that, although there is no paralysis present, artificial support is necessary for the heretofore retracted muscles, to prevent them resuming their former condition; while, on the other hand, when distortion is dependent on a local cause, and there is no paralysis of the opponent muscles, retraction will not recur, after the shape of the limb has been perfectly restored. This recurrence of retraction may take place, and generally does take place, gradually, and without attracting attention, until the heel is again raised from the ground, and the toes more or less inclined inwards; but, also, occasionally, it returns suddenly and violently, at the moment of an epileptic seizure. Such was the case in the following instance, *Case* 12, February 10, 1852. I divided the tendons of the tibial muscles and the tendo-Achillis, in a strong, plethoric infant of fourteen months, affected with double congenital varus. I had scarcely commenced the operation before the child was seized with an epileptic attack. I then learned, that at seven months old it had suffered with hooping-cough, and the first attack of epilepsy; and that, at intervals, since this time, on crying or coughing, the epileptic fit recurred. Both feet were in time brought to their normal shape, and a support was worn to prevent re-contraction. This was at length discontinued, and seventeen months after the first operation, the child being seized with another epileptic fit, the feet were drawn into the same forms, with almost an equal amount of distortion as at birth. Is it not fair to presume that this epilepsy was first developed *in utero?* This child's father was subject to epilepsy. It is probable, that during uterine life, slight irritation is alone necessary to induce spasmodic action; and it is certain that diseased action having once been set up, a small matter is alone necessary to recal it to existence. Guérin relates an instructive example of the recurrence of retraction after operation, induced by cerebral excitement. "I had to treat," says M. Jules Guérin, "twins who were affected with double congenital varus. I removed entirely the deformity, and the treatment had been concluded six months, when one of them was seized with a cerebral affection which brought back the club feet, so that in three days they were just as they had been before the treatment was commenced. I again treated and cured them, and, as though further to prove the relation of cause and effect, one year later the same child was seized with convulsions, less violent than previously, and one of the feet again became clubbed, namely, that one in which the distortion had been the most marked. On this occasion distortion was to a smaller degree than previously. At these three periods, namely, at birth and after the first and second attack of the cerebral affection, the club foot presented the same forms and precisely the same anatomical peculiarities. At birth these children appeared perfectly healthy, and this distortion of the feet was the only trace of the intra-uterine affection which had occasioned it." And this author adds further in comment, "It cannot be denied that at these several periods there was a repetition merely of a fact which was first produced during intra-uterine life; at a period, namely, when it is impossible to establish positively the circumstances of its production. The results being perfectly identical, however, before and after birth, we may conclude there is identity of effect and identity of cause.(a)

It may be said, that congenital talipes depends on irritation, cerebral, gastric, or enteric, or that it is due, as other affections of the same class, (and this does not exclude the foregoing causes,) to hereditary influence.

Mental emotion on the part of the mother would appear to produce a very similar effect on the fœtus and on the sucking child, and doubtless in a very similar manner, namely, through the agency of the blood. *Case* 7, p. 37 of the last volume, is an instance in which a person, during the sixth month of pregnancy, suffered from sudden and intense fear. By a powerful muscular effort she saved her life. For four days after this occurrence she

(a) L'Etiologie des Pieds-Bots, p. 21.

believed her child to be dead, as it remained motionless. After this time, however, it again began to be felt, and, in a few days, its movements were as distinct as before the accident. The child was born at the eighth month, with the most severe form of talipes varus and cheirismus that I have ever seen. A severe mental shock, followed by death of the fœtus, and premature parturition, is so familiar, that it requires nothing to be added to the bare mention of the fact. Nor is it necessary to make more than passing allusion to the relations of Baron Percy, Pinel, and many others, of the effect of sudden emotion, as transmitted to the fœtus in utero. One effect of the siege of Landau, and of the explosion of the arsenal, was, as we are assured by those who were present, that of ninety-two children who were born soon after, fifty-nine died in consequence of their mothers' alarm. Some were either dead when born, or died at the instant of birth; others lived a few months only; some few were idiotic, and, again, others were born with numerous fractures of the bones. I have noticed also, that emotion during pregnancy has given rise to muscular retraction after birth, of which the following is an instance.

Case 13.—During May, 1852, I was asked to see the infant child of a young person residing at Hammersmith. The mother, a healthy young blonde, aged 18, had given birth to her first child fourteen days before I saw her. The child was healthy in appearance at birth, and well developed. On the second day, there was observed, for the first time, retraction of the flexor muscles of the feet, which drew the dorsum of the foot into contact with the anterior surface of the leg. This position, however, was not constant, but the foot would resume almost its normal position, and again be plucked back, and held tonically flexed. During the fourth month of her pregnancy, the mother of this child had been much frightened, and also injured, by a vicious horse, on entering a paddock in which it was turned loose; the animal rushed upon her, and, seizing her with its teeth, tore her arm. Emotion, during pregnancy, is doubtless a frequent cause of impaired nutrition in the fœtus, giving rise to spasmodic action, both during intra-uterine life, and also by increasing excitability and irritability, disposing to morbid action and postnatal spasm on the application of a second cause, as the contact of the cold air, the ligature of the funis umbilicalis, or other source of irritation. The action of the brain, and its influence on the blood and secretions, cannot be better illustrated than by the following case, related by Tourtual:—"During Easter, 1821, a carpenter of this place (Munster) quarrelled with a soldier, who was billetted on him, when the latter fell upon him with his drawn sword. The carpenter's wife, at first, trembled with fear and horror; then, suddenly throwing herself between the combatants, she wrested the sword out of the soldier's hand, broke it, and flung it away. Some neighbours, attracted by the noise, hastened to the spot, and separated the men. The mother, while thus violently excited, and while this mad uproar still continued, took up her child from the cradle where it was playing, and gave it the breast. The infant was in perfect health, and had never had a moment's illness. After some minutes it became restless, and left off sucking; it panted, and sank dead in its mother's lap. A quarter of an-hour had scarcely elapsed when I saw the child. It was as though sleeping undisturbed in its cradle, and the body had not yet lost its natural heat. I applied immediately all the resources of my art (although I could not understand how death could take place so rapidly from such a cause), but in vain." (a)

Such, then, being the effect of emotion on the fœtus and on the sucking child, it will be understood how a minor cause shall produce a minor effect, to occasion convulsions, or that state which terminates in convulsion; or, short of this, in clonic muscular action. The following case is not a singular one:—

Case 14.—E. B., aged 17. When a child of nine months old, her mother, who was still suckling her, received the unexpected intelligence of the death of her father at sea, and was naturally much affected on hearing the report. A few days later, she was alarmed by her child shuddering and fainting in her arms without any apparent cause. These attacks were repeated, returning at short intervals, and terminated in convulsions: the toes were drawn downwards and the feet inwards, and the hands were clenched. At two years of age, these fits became less frequent, and assumed the ordinary character of epileptic attacks. The extensors and adductors of the feet, and the flexors of the fingers, were slightly but permanently retracted. At seventeen years of age she was robust and healthy in general appearance; the memory had suffered, and the temper was irritable. The epileptic attacks had assumed a periodical character, and preceded the catamenia; the pronators of the right forearm were spasmodically contracted, and the flexors of the fingers, the gastrocnemius, soleus, and tibialis posticus were also affected in the same manner. There was no paralysis of any muscle. In non-congenital affections of this class, paralysis is a usual accompaniment; but in congenital affections it is so rare, if ever it occur, that I am justified in saying it is not known. Mr. Tamplin, who has long observed these affections, says: "I have never seen a congenital paralytic affection of any of the muscles in any deformity, nor do I believe that it exists." (a) Paralysis, then, or weakness, or cessation of muscular contraction, by diminution or loss of the conducting power or stimulation of the motor nerve, does not enter into the category of affections of the fœtus, while, on the other hand, it enters largely into post-natal affections.

[To be continued.]

(a) Praktische Beiträge zur Therapie der Kinderkrankheiten. Münster. P. 94. 1829.

STATISTICS OF THE CASES OF THE CHOLERA EPIDEMIC, 1853,

TREATED AT THE NEWCASTLE DISPENSARY,

WITH THE CHEMICAL AND MICROSCOPICAL EXAMINATIONS OF THE EXCRETIONS, AND OBSERVATIONS UPON THE PATHOLOGY AND TREATMENT.

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[As detailed to the Newcastle and Gateshead Pathological Society. T. M. GREENHOW, Esq., President, in the Chair.]

It may not be uninteresting to the Profession that we should lay before them the statistics of the Newcastle Dispensary relative to the late epidemic, with the treatment pursued, the results, and some pathological deductions which have been made.

Table of Choleraic Disease from September 5, 1853, to October 31, 1853, inclusive.

Date.	Cholera.		Diarrhœa.		Total.	
	Admitted.	Dead.	Admitted.	Dead.	Admitted.	Dead.
Previous to Sept. 11.	5	2	15	...	20	2
Sept. 11 ...	2	2	1	...	3	2
— 12 ...	5	4	13	...	18	4
— 13 ...	3	3	36	...	39	3
— 14 ...	14	5	120	...	134	5
— 15 ...	22	11	229	...	251	11
— 16 ...	14	7	182	...	196	7
— 17 ...	21	9	158	...	179	9
— 18 ...	16	10	121	...	137	10
— 19 ...	28	10	149	1	177	11
— 20 ...	11	3	133	...	144	3
— 21 ...	25	14	101	...	126	14
— 22 ...	16	8	74	...	90	8
— 23 ...	14	4	73	...	87	4
— 24 ...	13	5	67	...	80	5
— 25 ...	8	4	45	...	53	4
— 26 ...	13	5	73	...	86	5
— 27 ...	10	5	64	...	74	5
— 28 ...	15	4	77	...	92	4
— 29 ...	5	3	61	...	66	3
— 30 ...	1	...	46	...	47	...
Oct. 1 ...	5	2	39	...	44	2
— 2 ...	2	1	21	...	23	1
— 3 ...	6	2	48	...	54	2
— 4 ...	2	1	48	...	50	1
— 5 ...	1	...	15	...	16	...
— 6 ...	...	...	14	...	14	...
— 7 ...	1	...	11	...	12	...
— 8 ...	...	...	6	...	6	...
— 10 ...	1	...	9	1	10	1
— 11 ...	...	...	2	...	2	...
— 24 ...	1	1	...	...	1	1
— 25 ...	1	...	...	...	1	...
— 31 ...	1	...	...	...	1	...
	282	125	2051	2	2333	127

Note.—The cases under the head Cholera were cases of collapsed Cholera. Under the head Diarrhœa is included—Simple Diarrhœa, Dysenteric Diarrhœa, and Rice-water purging.

(a) Op. cit., p. 45.

Unfortunately, during so severe an epidemic as that with which this town has been recently visited, the Medical officers had not a sufficient time at their disposal for watching and examining cases under their charge so minutely as might otherwise be done; nor have we had any time whatever for ascertaining fully the opinions of authorities upon this subject. Should, therefore, many of the facts not be original, we must only claim for them the weight of concurrent testimony to the truth of those already published.

As a fundamental statement, we may assert our belief, that cholera is a disease resulting from the action of a specific virus upon the blood, and that the consecutive and concurrent symptoms are the effects of abnormal forces in the system, possibly the efforts of Nature towards the elimination of such virus, particularly evidenced upon the gastro-enteric mucous membrane, and possibly upon the sympathetic system of nerves. Whether, however, this arises from an alteration in the constituents of the atmosphere, either from a specific material, or from relative quantitative or qualitative changes in it, induced by primary local ones, we have not been able to gain any tangible facts; yet we apprehend that it will in effect be the same; and, although many may doubt this theory, yet, in the absence of others more strongly advocated by facts, we know of none so capable of explaining the phases, effects, and location of the disorder; while, at the same time, it affords an agreeable and essential basis upon which the mind rests, as it were.

From a careful and industrious inquiry, we could not come to the conclusion, that cholera is contagious; which opinion coincides with that of the most eminent French pathologists and surgeons, as Petit, Husson, Majendie, Dupuytren, etc., who carefully examined the phases of the disease in March, 1832, in the Hôtel Dieu; and with them the officers of La Pitié and St. Louis concurred; since which time, the fact has been frequently discussed; and, from Dr. George Budd's able paper upon this point, in the "Library of Practical Medicine," we gather the same opinion. Very many scientific and careful observers, however, concur in considering it highly contagious, which we will not deny; but, after a careful inquiry as to the seizures and mortality among those attending cholera, we could not determine that the amount was in any degree proportionally larger than among a similar given number who had never seen a case at all. After all, we can only vaguely conclude, that there is located in a certain district a poison which tends, when once received into the frame, to produce specific effects,—in short, cholera; whether existing in the air or not, arising from causes primarily local, of which we know nothing,—suspended, as it were, as a cloud over the town, attacking all predisposed to it,—the laws of its action, and the predispositions, we cannot determine.

In support of this conclusion, it may be stated, that but few persons living in Newcastle passed through the period of the epidemic without exhibiting some symptoms referrible to the gastro-enteric mucous membrane; in some, diarrhœa; in others, constipation; in others, indescribable sensations of uneasiness in the bowels; besides which, it has been remarked, that many cases of dysentery which had been attended long prior to the outbreak of the epidemic, and having perfectly recovered from the disease, had a return of the symptoms, and often died of dysentery or cholera, when no cause whatever could be assigned for the return of the affection; how far it is a coincidence we cannot say, but the fact of persons coming into Newcastle, from a distance, in perfect health (not having any communication with affected individuals), being there suddenly seized with the premonitory symptoms, and speedily passing into collapse, tends to prove that it was the result of atmospheric infection.

Previous to the outbreak of cholera here in September, the Dispensary return shows a very large number of cases of diarrhœa infantum for the month of August, and the early part of September; whether or not it were the foreshadowing of the epidemic it were difficult to say; for diarrhœa infantum is so frequent a disease, and the result of so many causes—tending, too, to a speedy result (owing to the susceptibility of the nervous system at that period to any depressing action or irritation,) that it is difficult to state what relation (if any at all) existed between it and the then forthcoming epidemic; yet by far the greater number of cases could not be traced to the irritation of concurrent dentition or irritant ingesta received into the frame. Assuming that a virus be received into the blood, what is its mode of action? Can we say that it gives rise to a series of catalytic changes in that fluid, of a fermentative kind, which, like febrile poisons, acts primarily, by depressing the nervous system, which re-acts for its elimination.

Some would adopt Liebig's views *in toto* of the action of all poisons being of a fermentative kind; but, for our own part, we coincide with Simon, when he contends, that this is untrue and inadequate to explain the matter; regarding it as at best but a very rough analogy between a chemical process of which we know something, and a vital process of which we know nothing.

Whether, again, its primary action be upon the nervous system we cannot regard as settled; because, as a general rule, the intensity of the vital depression was in direct proportion to the amount of the exosmotic current; and some one or two cases in which collapse ensued without any vomiting or purging may be met by the fact, that numerous such cases dying collapsed have been examined, and the bowels found gorged with rice-water; although it appears true, judging from symptoms that the primary action of some poisons is mainly evidenced upon the nervous system; yet, to the healthy function of all parts, healthy nutrition is necessary; and, if a virus exists in the blood, it exerts its influence on all parts by causing some morbid alteration or change in the elemental constituents of the tissues. Upon the whole, it would appear that we are in mystery as to the primary action of the poison; but the disease may be regarded, in effect, as a hæmorrhage, not of blood, but of serum, giving rise to a state of collapse, analogous to syncope, but differing widely from the latter, inasmuch as it is the result of a specific materies morbi in the blood, in addition to an abnormally small quantity, not so much of the whole fluid, but of particular ingredients of it.

Before proceeding to any cases and their treatment, we will advert to the different chemical and microscopical examinations which have been made of the matters excreted.

The amount of water existing in choleraic purges has been long a matter of observation, and there is little doubt but that the paucity of this ingredient in the blood explains many of the symptoms referrible to the impaired fluidity and consequent imperfect movement of the circulating fluid. Thus, during collapse, it is highly probable that the shrunken, cold, and blue state of the skin, the collapsed, blanched countenance, and the shrivelled, deadened appearance of the eyes and cornea, etc., may be referred to this, and, in great part, the tarry, inspissated condition of the blood found in *post-mortems*; while the shrunken, ill-developed state of the blood-corpuscles, their stagnation in the Malphighian tufts, and the contracted state of the spleen noticed by Rokitansky, may be explained by the excessive exosmotic current of their contents through their cell-walls.

Lecanu found the water of the blood always considerably diminished,—in one case to less than half the total weight of the blood examined. Thus his Table:—

	Case 1.	Case 2.	Case 3.	Case 4.
Solid constituents ...	251	330	340	520
Water	749	670	660	480

Dr. O'Shaughnessy found the solid constituents, in his analysis of the serum, above 17 per cent., instead of 9—10 per cent.

Dulk found that the rice-water purging had an alkaline reaction,—contained albumen. Hennann found they had an acid reaction,—resembled the vomited matter. Simon remarks, that the ordinary reaction of the stools is alkaline. However—from Vogel's, Whittstock's, and Simon's analyses, it appears, that the rice-water formed a turbid, colourless fluid, of a strong alkaline reaction, effervescing on the addition of acids, giving off CO_2 and SH; that the sediment, after standing, was composed of mucous corpuscles, with crystals of ammoniaco-magnesian phosphates. Albumen was detected by nitric acid, and the fluid with all became rose red-coloured by this acid, which was induced more rapidly by gentle warmth, and the colour disappearing entirely by strong heat. Simon's analysis, in 1000 parts, was:—

Water	980·00
Solid constituents	20·
Fat	·08
Extractive matter	4·80
Albumen and mucus	0.52
Salts	14·

It will be observed that this analysis bears out the result of the investigation of the blood.

The Stools.—There existed great differences among different patients, not only as to the duration of the rice-water purging, but as to the period at which it came on. Thus, some cases were but once or twice relieved of a feculent stool; and this was succeeded by the characteristic rice-water stools. In many

cases, the quantity passed at a stool was one pint to three or more; and it appeared as a general rule, that the amount passed bore direct relation to the intensity and fatality of the consecutive collapse. The average specific gravity of the stools was 1·020—1·025, generally neutral to test paper, but sometimes alkaline. In all the cases examined by the microscope of the first excretions, there were found large quantities of epithelium in various stages of development, and which was identical with that of the enteric mucous membrane; but the stools which were examined during the later premonitory or collapsed stage, contained, as might be expected, but little or no epithelium. The amount of shreds of coagulated fibrin was very variable, but, in *all* cases, and during *all* stages, the fluid passed by stool was albuminous, coagulating copiously by heat and nitric acid. The clear fluid remaining after the coagulation of the albumen, was evaporated very carefully, and then treated with cold nitric acid, and set aside; some of this being placed upon glass, was examined by the microscope, and presented a few beautiful and well-marked crystals of the nitrate of urea. This effect was produced in very numerous cases in which the rice-water was examined.

To another portion similarly treated, hydrochloric acid was added, and the lozenge-shaped crystals of lithic acid detected; but these, although sometimes detected, were not always so.

To another portion, after similar evaporation, liq. ammoniæ was added, and large stellate crystals of the triple phosphate were detected by microscope.

Some of the evaporated fluid being placed upon cold glass, was examined, and many delicate cross crystals of chloride of sodium detected.

These results are what might have been anticipated, for urea has been detected in the watery evacuations produced by elaterium; and the absence of death by coma in this disease, as Dr. Watson remarks, points to the same fact.

It was noticed, that while evaporating some rice-water purging and cholera vomits, the gaseous products had a somewhat ammoniacal odour, and some reddened litmus being held in the fumes, its colour was restored,—in all probability due to the presence of some volatilised ammonia existing in the fluid as a carbonate; for it appears from Simon's observations, and the experiments of Bernard, viz., extirpation of the kidneys of a dog, in which carbonate of ammonia was detected in the excretion from the gastric mucous membrane, that part of the urea in cholera is discharged by the enteric membrane in this form, from a re-arrangement of its elements.

We fancied, that during the addition of an acid to the rice water first passed, there was slight effervescence; but this was certainly the exception. Nor did we in any case detect the red colour produced by nitric acid spoken of by Simon and Vogel.

Unfortunately, it was impossible to make quantitative analyses of the excretions; but we should decidedly state that the quantity of albumen present was much greater than the number affixed by Simon would indicate.

Vomits.—In all cases in which the vomits were examined, they presented nearly similar physical characters and specific gravities; were generally neutral, though sometimes alkaline to test paper; and, by similar processes, albumen and the phosphates were detected. In one case urea was obtained.

In the case of a girl, aged 17, who had passed through the collapsed stage, there occurred excessive vomiting of a dark, green-coloured fluid, resembling a solution of sulphate of iron. The green vomit is no indication of a peculiar morbid change; yet, as the analysis differs from those given of it by Heller and Simon, and illustrates the fact, that muriatic acid is the acid of the gastric juice, we shall refer to it. It had the appearance of a turbid fluid, with what proved to be flocculi of coagulated fibrin or albumen floating in it. The quantity ejected was very large; its specific gravity was about 1·020; it reddened litmus strongly, was rendered colourless by the addition of liquor potassæ or liquor ammonia, and gave first a blue tinge, then a crimson colour with nitric acid; nitrate of silver being added, a pale copious flocculent precipitate of the chloride followed, and its composition was proved by its instant solubility in liquor ammoniæ. Upon examination of this fluid with the microscope, crystals of cholesterin were discovered in it; hence it would appear to have been a mixture of bilious matter,—gastric juice with a kind of serous fluid,—its green colour being doubtless due to the biliverdin.

Heller describes it as a brilliant green turbid fluid, throwing down a sediment of a yellowish tint, which consisted of epithelium and mucus corpuscles, of an acid re-action, but neither acetic nor muriatic acids were detected in it; of the sp. gr. 1·006, becoming first blue, then carmine red with nitric acid. In 1000 parts there were

Water	990·50
Solid constituents	9·50
Fat	·24
Water extract	1·30
Biliverdin and biliphæin	5·38
Fixed salts	3·75

It appears that Nysten and Banuel examined vomits containing the elements of urine; and a case of a similar kind is reported by Dr. Halliday Douglas, in the *London and Edinburgh Monthly Journal of Medical Science.* These were not, however, cholera cases.

[To be continued.]

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATIVE OF THE TERMINATIONS AND TREATMENT OF PLEURISY, WITH EFFUSION.

(Continued from page 86.)

ST. THOMAS'S HOSPITAL.

CASE OF PLEURISY, WITH EFFUSION, ETC.

Case 46.—*Chronic Pleurisy with Effusion.—Great Dyspnœa.—Thoracentesis in the Seventh Month, and Evacuation of Serous Fluid.—Three Subsequent Operations, with Evacuation of Pus.—Death from Abscess in the Liver.—Autopsy.*—John Corlatt, aged 40, an Irishman, by trade a sailor, was admitted, under the care of Dr. Bennett, on July 12, 1853, and for the following particulars of his illness we are indebted to the notes taken by Mr. Edmunds, Dr. Bennett's clinical clerk. It appeared that he had sailed much in tropical climates, and about a year ago had there suffered a severe attack of fever, from the effects of which, however, he had perfectly recovered before the commencement of his present illness. For about six months past he had been sensible of much shortness of breath, with a feeling of constriction and oppression about the chest, greatly aggravated by exertion. At this time he was at sea, but the dyspnœa having gradually increased, he became unable, towards the end of the voyage, to follow his ordinary duties; and on arriving in London, nearly two months ago, he put himself under care at a sailor's hospital. During the six weeks that he was an in-patient at that institution no local treatment was adopted for the chest, and he was discharged much in the same condition that he had entered. He was a moderately stout man, and, with the exception of slight duskiness of aspect, florid and healthy-looking. On examination of the chest the right pleural cavity was discovered to be full of fluid. The right side was in every part quite dull to percussion, and neither respiratory sound nor vocal fremitus could be perceived; to the eye it was evidently distended; the intercostal spaces were widened by separation of the ribs, and bulged prominently; the line of dulness extended one inch to the left of the middle of the sternum, and the length of the chest from clavicle to free border of ribs was found, on measurement, to be an inch and a-half greater than that of the opposite side. Fluctuation could even be detected in the intercostal spaces. The liver was displaced downwards, and the heart lay lower and further to the left than natural. On the left side percussion was clear, and respiration was puerile in character, some moist rhonchus being also occasionally heard over the apex. The man complained of no particular pain in the chest, and had not done so from the first. He believed that he had lost flesh; his dyspnœa was very great, and he was unable to lie down in bed; his manner was irritable and peevish; appetite pretty good; skin cool and dry; pulse full 100; tongue clean and moist; urine scanty, and high-coloured. Dr. Bennett ordered a large blister to the chest, a diuretic mixture, and small but repeated doses of blue pill.

July 15.—There has been free discharge from the blistered surface, but no relief appears to have been afforded. The three nights since admission have all been extremely restless ones, the

man being unable to lie down, and frequently obliged to get out of bed and sit in a chair. He is unable to speak more than four or five words at a time without gasping for breath, and on several occasions has had alarming attacks of suffocative dyspnœa The physical signs are as before, excepting that the intercostal spaces are yet more bulged, and fluctuation more distinct.

Dr. Bennett having decided that the operation of paracentesis could not with safety be longer delayed, it was performed this afternoon by Mr. Simon. The trocar was introduced between the fifth and sixth ribs, at the junction of the lateral and dorsal regions. About four quarts of serum having flowed out in a continuous full stream, the canula was suddenly expelled by the patient's coughing, and it was not thought advisable to re-introduce it. The greatest possible relief to the breathing had been afforded, and, immediately afterwards, the man was able to lie down with ease. The fluid was of a clear yellow colour, neither acid nor alkaline, and, when boiled, became almost solid; the last portion was a little muddy.

16th.—Has passed a comfortable night, and slept well; there is still much dulness posteriorly; but in front, in the upper parts, there is some resonance, and a feeble respiratory murmur. The right side measures an inch and a-quarter less than it did yesterday.

19th.—The man still complains of troublesome dyspnœa, and is very restless. He has been up every day since the operation, and, on one occasion, went out into the square. Has slept fairly. The lower half of the chest is quite dull, and the upper half not so resonant as the left side. There is, however, a slight vocal fremitus to be felt over the apex. The whole of the sternum is normally clear. Excepting a purge, no medication has been adopted since the operation. Dr. Bennett now prescribes the following, to be taken three times daily :—℞ Potassii iodidi gr. iij., sp. ætheris nitrici ℥j., aquæ juniperi ℥j.

August 2.—Since last note, there have been evidences of a gradually increasing amount of fluid. The difficulty of breathing has been at times very great, and it has manifested a proneness to come on in sudden paroxysms, which it is difficult to explain. On the 26th, an attack of pain in the right chest occurred, attended by much feverishness, and followed by increased effusion. The region above the third rib, which was clear to percussion, has now again become quite dull; the whole side is distended, and measures more than an inch larger than the other. The man has passed a very distressing night, and is not able to speak, or to swallow without experiencing a sense of impending suffocation.

At three p.m., paracentesis was performed for a second time by Mr. Le Gros Clarke, the spot selected being a little behind the scar of the previous puncture. Upwards of five quarts were evacuated, at first in a continuous stream, but afterwards in an interrupted one. Towards the end of the operation, a small quantity of air entered during inspiration. The fluid was at first nearly clear, and of a greenish colour; afterwards it became muddy, and, when seen under the microscope, showed pus-corpuscles in small quantity. Great relief was again afforded; and after the operation there was clear percussion, with a very feeble respiratory murmur over the upper third of the chest. A brisk purgative of jalap was ordered to be taken on the following morning, and a draught three times daily, as follows :—℞ Potassæ acetat. ℈j., potassii iodidi gr. iij., tinct. scillæ ℥j., sp. æth. nitr. ℥j., dec. scoparii ℥iss.

Sept. 2.—After the last operation a little pain in the chest and feverishness followed, but not sufficient to confine the man to bed. There does not appear to have been any material re-secretion thus far. There is still clear percussion-note as low as the third rib. Ever since the operation there has been splashing on succussion of the chest, but it does not appear that there is any large quantity of air in the pleura. The man has improved in health, he goes out of doors daily, and can walk up and down stairs.

During the month of September the man improved a little in general health; he was up all day and about in the ward, not suffering so much from dyspnœa as previously. There was at this time, however, and throughout his illness, an air of restlessness and discomfort about him more than the existing symptoms seemed to explain. In the beginning of October the signs of increasing secretion of fluid were again present, and the chest gradually became distended until percussion was quite dull in all parts, with the exception of over the clavicle and in the supra-spinous fossa, where an obscure tympanitic note might be elicited. The distress of breathing having become urgent, paracentesis was again performed by Mr. Clarke on the 14th. A moderate sized trocar was introduced near to the site of the former punctures; it was retained two hours, during which there flowed out twelve pints and a-half (200 ounces) of thick, healthy-looking pus, having no fetid odour. Wine was several times given during the operation to relieve faintness. The wound was closed.

Paracentesis was performed for the fourth time on October 12, rapid re-secretion having again produced great distress of breathing. After the former operation there had always been a succussion sound easily producible in the chest; the lung did not appear to have expanded to any great extent. On the last occasion, four pints of offensive pus were removed, and without any material relief.

On Oct. 24, Mr. Edmunds' note states, that there was clear tympanitic percussion-note over the apex and upper part of the affected chest, but entire dulness below the fourth rib. The splashing sound was very distinct on succussion. Some distant and feeble respiration might be heard over the upper third. The man was losing flesh, and looked ill. From this date he lived without any material change in the condition of his chest, until the first week in December, when he died very suddenly with abdominal symptoms. For two months before death, he had at times complained much of pain in the left shoulder, and had been subject to much nausea, with occasional sickness. Slight hæmoptysis had several times occurred; and, for about a fortnight, there had been very troublesome diarrhœa, with pain in the bowels.

The *post-mortem* examination was performed by Dr. Bristowe, the Pathological Curator to the Hospital. On opening the chest, the right lung was found collapsed upon its root, and but little larger than a full-sized fist. It had floated forwards on the fluid contents of the pleura, so as to be in apposition with the front wall of the chest, from the apex to the third rib, and from the middle of the sternum to an inch on its right side. The pleura contained some air, and about two quarts of fetid, yellow pus. Its layers, in every part, were coated with a pulpy, yellowish substance, evidently a sediment from the fluid, and beneath this was a layer of tough, adherent fibrin about half a line in thickness, which so encased the lung as probably to have prevented its expansion. The lung was of natural consistence in tissue, dry, and slightly crepitant throughout; in its apex were some small masses of dried-up tubercle. The left pleura was healthy, and its contained lung voluminous and universally crepitant; near the apex of the latter, however, was a cavity the size of a filbert. This vomica was surrounded in every direction by almost healthy lung, and was at least three-fourths of an inch distant from the surface. The abdomen contained a small quantity of sero-purulent fluid. The transverse colon and the stomach both adhered to the liver, and, on tearing them away, the cavity of a large hepatic abscess was opened. On further examination, five distinct collections of pus were found in the liver, the largest of which cavities was in the right lobe, and might have contained a fist. The surrounding tissue was softened and broken down, and the pus had a most fetid smell. The mucous membrane of the whole tract of the large intestine was much diseased, being eroded, ragged, and sloughy; the appearances were those, however, of recent ulceration only. After a careful examination, Dr. Bristowe was inclined to believe the abscesses in the liver must have existed at a period long prior to the supervention of the bowel affection. The small intestines were healthy.

ST. MARY'S HOSPITAL.

CASE OF PLEURISY WITH EFFUSION, ETC.

Case 47.—Phthisis and Pleurisy with Effusion.—Absorption.—Pneumothorax from the Opening of a Vomica into the Pleura.—Extreme Dyspnœa.—Paracentesis Performed with Relief.—Death Six Weeks Afterwards.—Autopsy.—Charles Ingram, aged 13, an errand-boy, was admitted under the care of Dr. Chambers, on June 13, 1853. He had continued at work up to the time of his admission, but his mother stated that he had been losing flesh, and suffering from cough for six months past. There had been sharp pain in the right chest for a few days only. It was found, on examination, that the right pleural sac was filled with fluid to the commencement of its upper third. The dulness was complete, but breath sounds of deficient and distant character were audible. Blisters were applied; saline medicines and mild mercurials were administered. The absorption of the fluid gradually progressed, and, at the end of a month, appeared to be complete. Before his discharge, signs of tuberculous disease of the apex of the right lung had been detected, and cod-liver oil

had been prescribed. On the 17th of July he was made out-patient, but having, as it was thought, caught cold, he soon afterwards relapsed, and was re-admitted on the 22nd. There were then present the usual signs of pneumothorax of the right chest. The whole side was motionless during inspiration; the respiratory sounds were distant, and very indistinct, and a metallic ringing note was heard after the cough. The cough was very troublesome, and the expectoration copious. During the temporary absence of Dr. Chambers, Dr. Markham took charge of the case. The accumulation of air was at first probably not very great, and the constitutional symptoms produced were not severe.

On August 13, respirations 30, pulse 120. He can lie on either side. The metallic ring which attends the cough is audible without the stethoscope for a distance of two inches from the chest.

On the 31st, the dyspnœa produced by the distension of the right chest, which had been progressively increasing, had become extreme. The boy could not lie down; his countenance was dusky, and covered with clammy perspiration, and it was evident that death must shortly ensue if no relief were afforded. There were the signs of fluid in the lower third of the pleural sac, the upper two-thirds being distended with air, and the whole side much bulged. Dr. Markham determined on the performance of paracentesis, which was accordingly done by Mr. Coulson. A small trocar was first introduced posteriorly beneath the eighth rib, but after from three to four ounces of fetid pus had escaped, it ceased to flow, and the boy's condition not having been materially relieved, the operation was repeated in front beneath the fourth rib. A profuse gush of air rushed out through the canula, and its evacuation was followed by much relief to the dyspnœa, and a visible decrease in the dimensions of the chest. To provide for the continued escape of the contained fluid, portions of gum-elastic catheter were passed into each of the orifices made by the punctures, and in a later part of the day, considerable quantities of pus escaped from them. The catheters were subsequently withdrawn, and the wound in front afterwards closed; from that behind, however, a profuse discharge continued ever afterwards.

On the 7th, a puncture below the fourth rib was again made in the lateral region, and a large quantity of fetid pus evacuated. These operations were of great temporary benefit to the boy, mitigating a severity of dyspnœa, which must otherwise have soon been fatal. They did not, however, obviate the final occurrence of death, which took place six weeks later, on the 16th of October. Hectic and extreme prostration had supervened from the long-continued discharge, which, towards the end, had become abominably fetid. One great inconvenience resulting from the openings was, that the boy could not expectorate or cough readily on account of the difficulty in fixing the walls of the chest. On this account it was necessary to close the openings by pads and bandage.

At the *post-mortem* examination, the right lung was found collapsed upon its root, and the layers of pleura, both costal and pulmonary, were universally covered with a thick and sloughy deposit of lymph. The pleural sac contained air and some fetid pus. In the right lung, near to the junction of its middle and lower lobes, was a tuberculous cavity, which had communicated by an ulcerated fistula with the pleural sac. The whole of the lung, excepting the apex, was infiltrated with tubercle, and many of the deposits were sub-pleural. In the left lung, which was generally crepitant, there were also some sub-pleural masses of tuberculous deposit; and in its freer edge, near to the heart, was a single small excavation.

The liver was adherent to the diaphragm by numerous bands of false membrane, in which tubercle had formed. The kidneys appeared healthy.

This case is of interest in its first stage as an instance of subacute pleurisy with effusion, probably excited by sub-pleural deposits of tubercle, and resulting in the absorption of the fluid; and, secondly, as one of pneumothorax and consequent empyema. Most likely, from the effects of the previous illness, the pleural layers had become adherent to each other before the rupture of the vomica, which caused the pneumothorax, took place; and thus, by supposing that, at first, the adhesions were sufficient to prevent the collapse of the lung, may be explained the fact, that the urgent dyspnœa was developed gradually and not suddenly. That the puncture of the chest was productive of great relief to the patient, and probably prolonged his life, there can be no doubt. With such a grave lesion, in a scrofulous constitution, and with advanced tubercular disease of the lung, a recovery could scarcely have been hoped for.

The particulars of the case are from the notes taken by Mr. Trotter, one of the resident medical officers of the Hospital.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE LAST QUARTER OF 1853.

[The subjoined Report includes, we believe, all the principal operations performed during the months of October, November, and December, at the following:—The Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Devon and Exeter, the Hull, the Kent and Canterbury, the Leeds, the Nottingham General, the Sheffield, the South Staffordshire, and the York County Hospitals. We propose to continue the Report quarterly, and shall probably have double the number of hospitals on our next list. With regard to two of the above, the following statements include some operations performed during months a little prior to the period mentioned. This does not, however, in the least detract from the value of the statistics, *all* done during the periods comprised being in each case included.]

Lithotomy.—Number of cases, 5; all recovered.

Case 1.—A boy, aged 5, under the care of Mr. Gregory in the Sheffield Infirmary. He was in good health at the time of the operation, and recovered well afterwards. The calculus was a mulberry one, and weighed 10 grains. *Case* 2.—In the Hull Infirmary, under the care of Mr. Craven. The boy was 8 years old, and in good health. Mr. Skey's staff (projecting curve, long extremity, and semilateral groove) was used, and, as Mr. Craven thought, with advantage. Owing to the peculiar dumb-bell form of the stone, some difficulty was encountered in its extraction, and the incision of the prostate had to be enlarged. The patient recovered well. *Case* 3.—In the Winchester Hospital, under the care of Mr. Mayo, a healthy boy, aged 5, recovered. *Case* 4.—In the Winchester Hospital, under the care of Mr. Butler, a healthy boy, aged 7, recovered. *Case* 5.—A feeble old man, aged 64, in the Winchester Hospital, under the care of Mr. Wickham. The patient recovered, but the wound was about three months in healing, and some incontinence of urine remained afterwards.

Lithotrity.—One case, after four sittings, has been discharged well. The patient, a man, aged 60, was under the care of Mr. Teale, in the Leeds Infirmary.

Herniotomy.—Number of cases 6; recovered 1; under treatment 1; died 4.

Case 1.—A male infant, aged 11 months; hernia congenital, of 10 months' duration, and strangulated 2 days: sac opened. The infant did well for a fortnight, when peritonitis with pleurisy occurred, and death took place on the twentieth day. At *post-mortem* the wound was found all but healed; suppuration around the canal of the tunica vaginalis, with acute inflammation of the whole peritoneum, and of both pleuræ. *Case* 2.—A boy, aged 6, under the care of Dr. Lunn, in the Hull Infirmary, admitted, after five days' strangulation of the bowel, in an almost moribund condition. Sac opened. He slowly rallied from the collapse in which he was, and ultimately recovered. *Case* 3.—A man, aged 38, not subject to hernia before; hernia right, inguinal, strangulated 24 hours; sac opened; death 58 hours after the operation; autopsy—acute and universal peritonitis. *Case* 4.—Inguinal hernia; sac opened; death (particulars could not be obtained.) *Case* 5.—A femoral hernia in a woman in the Kent and Canterbury Hospital, operated on on Dec. 30, and remaining under treatment at the time of the report. *Case* 6.—A man, aged 55, subject to a right inguinal hernia for 35 years; strangulation 48 hours; sac opened; stricture, a band of omentum; death on third day; autopsy—acute peritonitis, with extensive deposit of lymph, part of the ileum gangrenous.

Amputations.—Number of cases 30; recovered, 18; under treatment, 8; died, 4.

Thigh, 11; recovered, 5; under treatment, 4; died, 2. Of these, 6 were primary, with 2 deaths, 2 recoveries; 1 in an unfavourable condition, and 1 under treatment doing well; 4 were for old standing disease of the knee-joint, all recovered; and 1 for necrosis of the whole shaft of the tibia, and disease of the ankle-joint, under treatment.

Leg, 12; recovered, 7; died, 2; under treatment, 3. Of these, 2 were primary, with 1 recovery, and 1 still under treatment; 2 secondary, 1 dead, and 1 under treatment; 7 for diseased ankle; 6 recovered, and 1 dead; 1 for conical and painful stump, recovered.

Foot, 1; at the tarso-metatarsal joints, primary, recovered.

Arm, 3, all primary; 2 recovered, 1 still under treatment, but doing well.

Forearm, 3; 2 primary, 1 recovered, 1 under treatment; 1 secondary, under treatment. The last was a case of some interest. The patient, a healthy young man, had received an injury to his hand, in which the palmar arch had been wounded. The surgeon whom he consulted applied pressure and very tight bandages, which induced gangrene of the whole hand, for which latter he was sent to the hospital, where the amputation was performed.

One of the cases in the above list is a double amputation. A railway guard, aged 25, of robust constitution, was admitted, with both legs smashed, into the Nottingham Hospital, under the care of Mr. Eddison. Immediate amputation was performed; on the right above, and on the left below, the knee. In each stump there was much ecchymosis into the posterior flaps, and parts of that of the left afterwards sloughed. At the time our report was received, (a fortnight after the operation,) the poor fellow, in spite of the very free administration of stimulants, appeared to be sinking.

Deaths.—The following are brief details of the four fatal cases. *Case* 1, a man aged 53, had his foot contused between the buffers of a railway carriage. There was no fracture or dislocation, but sloughing of the soft parts followed to such an extent that amputation through the leg had to be done on the 14th day. The man sank, apparently from exhaustion, a week afterwards. No lesion of importance was found at the *post-mortem*. *Case* 2, a weakly man, aged 47, met with a severe compound fracture of his leg. Primary amputation was performed; imperfect reaction followed, and death from purulent absorption on the 13th day. *Case* 3, a man aged 63, had his thigh amputated for severe compound fracture of the leg. Extreme collape was consequent on the operation, and death from exhaustion occurred on the 4th day. *Case* 4.—Amputation of the leg for diseased ankle was performed on a feeble and emaciated man, aged 26. Secondary hæmorrhage occurred on the tenth day, and death from exhaustion on the fourteenth.

Ligature, etc. of Arteries.—Case 1.—In the Leeds Infirmary, in a case of popliteal aneurism in which compression treatment had been tried for a month, without success, Mr. Samuel Hey applied a ligature to the femoral trunk. The patient, who was a man, aged 58, recovered. *Case* 2.—A man was admitted into the Cheltenham Hospital, in consequence of bleeding from the temporal artery. He had sustained a wound of it ten days previously, which had been treated by compression, and over the seat of which a small aneurismal tumour had formed. During one night, bleeding suddenly occurred, and several pints were lost. Mr. Hartley, the House-Surgeon, at once cut down on the vessel, and tied both ends, after which the man did well. *Case* 3.—In the South Staffordshire Hospital, ligature of both ends of the ulnar artery, on account of wound; successful.

Excision of Bones, etc.—In the Winchester Hospital, by Mr. Butler, removal of the right half of the lower jaw on account of a malignant growth. Mr. Jardine, the House-Surgeon, reports, that the tumour presented the microscopic characters of epithelial cancer, and that it had apparently grown from the periosteum. It had been known to exist for two months. In the course of a month after the operation, and before the wound had healed, it re-appeared, and death resulted three months later. No *post-mortem* was obtained. In a case of diseased and dilated antrum under treatment in the Leeds Infirmary, Mr. Teale removed the front wall of the cavity with bone forceps. The result was favourable.

Tracheotomy.—Case 1.—A child, aged two and a-half, was admitted into the Derby Infirmary pulseless, with a livid aspect, and seemingly asphyxiated. Examination of the pharynx with the finger detected nothing, and a tube passed down the œsophagus proved that no source of pressure was lodged there. Mr. Dix, the House-Surgeon, accordingly at once opened the trachea. A piece of quill having been passed into the wound, respiration was quickly restored, and the patient rallied. During a slight cough which followed, a wedge-shaped piece of hard boiled beef was brought up. The tube was then withdrawn, and the wound closed with plaster. The child eventually recovered, though at one period in great danger from tracheitis. The wound did not heal for upwards of three weeks. *Case* 2.—In the Nottingham General Hospital, Mr. Eddison performed the same operation under somewhat similar circumstances to the above, on account of the impaction of a piece of apple in a child's larynx. The four upper rings of the trachea were opened, and very shortly afterwards the foreign body was coughed up. The patient did remarkably well, and the wound soon healed. It was believed that there was a second portion of apple lodged in the right bronchus, which, as it was never brought up in mass, was probably softened and got mixed with the expectoration. *Case* 3.—A man aged 47, a patient in the Leeds Infirmary, had his respiration much obstructed by the emphysema about the throat consequent upon a fracture of the thyroid cartilage. Mr. Teale opened the trachea, and a perfect recovery resulted.

Operations for Urethral Strieture.—In a case in the Nottingham Hospital, in which an extensive and cartilaginous stricture existed with several fistulous communications with the urethra, Mr. Eddison performed the operation of the perineal section. The patient has since done well, but is yet under treatment. In a second case, Mr. Eddison opened the posterior part of the spongy portion of the urethra after extravasation of urine. The penis was sloughing, and the scrotum infiltrated with urine, at the time of the man's admission, and he was extremely depressed. Although free incisions were practised, and stimulants liberally administered afterwards, yet he sank and died within a few days.

Puncture of the Bladder—In three cases, all of which proved fatal. In two, it was performed per rectum, on account of impassable stricture. In the third, a man was admitted moribund from long retention of urine; the catheter failing, the bladder was punctured above the pubes, and about a gallon of urine, mixed with pus, removed. The man lived four hours afterwards.

Paracentesis Thoraeis—In one case, for the remains of an empyema, which had been evacuated some months previously. The first opening had been in front, to the left of the sternum; the second was between the sixth and seventh ribs posteriorly. A fluctuating tumour had presented, and it was simply opened with a lancet. The patient recovered.

Paracentesis Abdominis.—In four cases of ovarian dropsy, and two of ascites. In one of the former, some fluid existed in the peritoneal cavity, as well as in an enormous ovarian cyst; and having been first withdrawn, the walls of the latter were found to be so thick, that it was deemed best not to complete the operation. The patient died five days afterwards. In another case, the patient died after the rapid refilling of the cyst: the remaining four have been relieved by the operation.

Exeision of Malignant Tumours.—Scirrhus of the Breast.—Five cases—all of which have recovered. In one, in the Canterbury Hospital, the patient, a married woman, aged 42, stated that she had first perceived the tumour while suckling, and within six weeks after delivery. In this instance, a gland in the axilla was also removed. The patient's health much improved after the operation, and the wounds healed well. *Epithelial Cancer of the Lip.*—Four cases—all recovered. In one, the entire lip was removed, and a plastic operation for its restoration is contemplated. Another was of interest, from the fact that the same disease had been removed eight years previously. About a year before the disease re-appeared, the man had resumed the habit of smoking. *Chimney-Sweeps' Caneer (epithelial).*—Two cases—both recovered. In one, under the care of Mr. Smith, in the Leeds Infirmary, the disease affected the cheek of a chimney-sweep, aged 23, living in a country town. He had the appearance of having been very neglectful as to cleanliness. In the second, the growth affected the scrotum of a sweep resident at Winchester. *Cancer of the Skin.*—A case operated on at the Exeter Hospital, Mr. Clapp, the House-Surgeon, thus describes. A woman, aged 62, tumour the size of a small orange, somewhat pedunculated, very hard, painful, bleeding, and oozing a thin sanious discharge, of six years' growth; said to have commenced as a wart, having at its base three smaller wart-like ones, attended by cachexia, but with no visceral or glandular disease. The operation proved it to be connected with the skin only; and on microscopic examination, Mr. Clapp believed it to be an example of epithelial cancer. The wound soon healed, and left a healthy cicatrix. In a case under the care of Mr. Teale in the Leeds Infirmary, an ulcerated epithelial cancer was successfully excised from the scalp of a patient, aged 33. *Melanosis of the Eye.*—In the Sheffield Infirmary, Mr. Gregory extirpated the eyeball of a man, aged 43, in whom the disease, which the microscope afterwards proved to be melanotic, had existed for six or seven years. The optic nerve where cut appeared healthy. The man recovered well, and appeared subsequently in excellent health. *Epithelial Cancer of the Labium.*—One case, recovered. *Epithelial Caneer of the Penis.*—Two cases, recovered.

Excision of Non-malignant Tumours.—Fatty, nine cases, all recovered. *Encysted*, five cases, all recovered. *Epulis*, two. *Enlarged Clitoris*, one. *Diseased Bursa*, two. *Parotid Tumour*, one. *Tumour in the Eyelid*, one; all recovered. *Enlarged Testis*, one, recovered. This was a singular case. The patient, a young man, of 20, was under the care of Mr. Gisborne in the Derbyshire General Hospital. He stated that his testis had been much

enlarged ever since the age of 7; and that some weeks before admission, after an attack of gonorrhœa, it had inflamed and suppurated. It weighed, after removal, a pound and a-half; and on making a section of it, there were found in its centre several distinct masses of osseous deposit enclosed in separate sacs, the largest of which very closely resembled a molar tooth, but had the structure of true bone. *Exostosis.*—The following occurred in the Kent and Canterbury Hospital:—R. L., a robust girl, aged 12, had an exostosis the size of a walnut, growing from almost the whole length of the inner side of the first phalanx of her right middle finger, and another of similar character occupying the whole of the outer side of the second phalanx of the ring finger of the same hand. They had existed as long as she could remember, but had grown more rapidly during the last eighteen months. It was intended to have excised them, but, during the operation, the bones from which they grew were found so much involved that amputation had to be performed, in the one case, at the metacarpo-phalangeal joint; in the other, at that of the first phalanx. *Cutaneous Tumours (of doubtful nature).*—The following occurred, also, in the Canterbury Hospital:—A healthy-looking girl, aged 20, had, on her abdomen, two small, fleshy tumours, very painful, but not at all tender, one of which, on the left of the umbilicus, resembled a large, rounded nipple, with a dark brown areola; the other, in the left iliac region, was flatter and more irregular in shape; the latter had existed from childhood, the former for about three months. After excision, the nipple-like growth had the appearance of firm fat, while the other, which was lobulated, had a bluish colour, and was hard and almost cartilaginous in structure. The wound in the iliac region did not heal kindly, but some sprouting granulations of suspicious appearance formed in it, which required to be destroyed by caustics; the other soon cicatrised. *Serocystic Sarcoma of Breast* from a woman, aged 41, in the Leeds Infirmary, by Mr. Smith. It had been ten months growing, and weighed two pounds and a quarter. Recovered.

Loose Cartilages in Joint.—In the Derby Hospital, Mr. Johnson removed three loose cartilages from the knee of a man aged 56. Two of them about the size of musket balls were excised by a free incision from a sac over the outer side of the joint, and probably not having direct connexion with it. The third, in size and shape much resembling a patella, was taken from under the ligamentum patellæ or its inner aspect. The wounds discharged healthy pus for a few days, and then closed. The swelling of the knee gradually diminished, and the patient did well.

Necrosis of Bone.—Four cases have been operated on, all of them with great relief.

Radical Cure of Hydrocele.—In five cases, injection with diluted tincture of iodine has been practised. In three cure ensued, but in the fourth the cure is not yet complete, and in the fifth the patient was lost sight of before the result was certain; he had, however, done well.

Plastic Operations.—Harelip—Four cases; all cured. *Cicatrix of Burn*—Two cases relieved.

Tenotomy of the tendo-Achillis for talipes equinus in five cases, all with success. In a case in the Derby Hospital, under the care of Mr. Gisborne, the tendo-Achillis, the peronei, and the extensors of the toes, were all divided on account of severe equinus. The patient (aged 15) left the hospital two months afterwards with a much improved foot.

Uterine Polypus.—One case; the tumour, a common fibrous polypus, was removed by ligature, and the patient did well.

Cataract.—By absorption in four cases, all of them double; doing well, but yet under treatment. *By depression* in six cases, and in five with successful results.

Entropium.—One case; successful.

Strabismus.—Three cases; all successful.

THE WATER SUPPLY.—Mr. Leonard, the Registrar of the Charing-cross sub-district, reports:—"There was but one death from cholera in the sub-district in this last quarter. The water supply, and the vessels in which it is received, require careful supervision. In some houses the dust-bin and cistern, or barrel, (in one house an oil-jar,) are close together; and, such is the state of the water in some of them, that, if the children require a drink, a candle must be taken to see if any of the myriads of insects escape into the jug. From my sixteen years' experience of the horrible state in which this first necessary of life is supplied and stored for the use of the poor and middle classes, my great surprise is, that we do not suffer from fatal visitations more frequently than we do."

LIST OF SCIENTIFIC MEETINGS.

This Evening, Feb. 4.—ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——— ——— MEDICAL SOCIETY OF LONDON. *Subject:*—"On the Efficacy of Galium Aparine in Certain Forms of Cutaneous, Scrofulous, and Cancerous Affections." By Dr. WINN. Eight o'Clock.
——— ——— GUY'S HOSPITAL PHYSICAL SOCIETY. Eight o'Clock.
Monday, February 6.—EPIDEMIOLOGICAL SOCIETY. *Subject:*—"On the Prevalence of Cholera in the Indian Army." By Dr. FINCH. Eight o'Clock.
——— ——— CHEMICAL SOCIETY. Eight o'Clock.
——— ——— ENTOMOLOGICAL SOCIETY. Eight o'Clock.
Tuesday, February 7.—ROYAL INSTITUTION. *Subject:*—"On Heat." By Professor TYNDALL. Three o'Clock.
——— ——— LINNÆAN SOCIETY. Eight o'Clock.
——— ——— PATHOLOGICAL SOCIETY. Eight o'Clock.
Wednesday, February 8.—MEDICO-BOTANICAL SOCIETY. Eight o'Clock.
——— ——— NORTH LONDON MEDICAL SOCIETY. Half-past Seven o'Clock.
——— ——— PHARMACEUTICAL SOCIETY. Half-past Eight o'Clock.
Thursday, February 9.—ROYAL INSTITUTION. *Subject:*—"On Animal Physiology." By Professor WHARTON JONES. Three o'Clock.
——— ——— ROYAL SOCIETY. Half-past Eight o'Clock.
——— ——— ABERNETHIAN SOCIETY. Eight o'Clock.
——— ——— MEDICAL SOCIETY OF KING'S COLLEGE. Half-past Seven o'Clock.
Friday, February 10.—ROYAL INSTITUTION. *Subject:*—"On the Structure and Homologies of Teeth." By Professor OWEN. Half-past Eight o'Clock.
Saturday, February 11.—ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——— ——— ROYAL BOTANIC SOCIETY. Four o'Clock.
——— ——— MEDICAL SOCIETY OF LONDON. *Subject:*—"On an Improved Plan of Removing Hæmorrhoidal Tumours." By H. LEE, Esq. Eight o'Clock.
——— ——— GUY'S HOSPITAL PHYSICAL SOCIETY. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, FEBRUARY 4.

THE ASSOCIATION MEDICAL REFORM BILL.

THERE are thirty-five clauses in the last Medical Reform Bill of the Association. Thirteen of these thirty-five clauses relate to the constitution and functions of the Medical Councils for England, Scotland, and Ireland; twenty-two to the registration of the Profession.

There are several points worthy of being noted with reference to these Medical Councils in whose hands is to be placed the power to determine the amount of scientific knowledge the majority of the Medical Practitioners of Great Britain shall henceforth possess, as well as, to a certain extent, the moral character of the whole Profession.

It is proposed that the Medical Council of England should consist of twenty-one members, viz., the Regius Professors of Medicine in the Universities of Oxford and Cambridge, one person named by the Senate of the University of London, the President of the Royal College of Physicians, the President of the Royal College of Surgeons, five Physicians chosen by the College of Physicians, five Surgeons chosen by the College of Surgeons, and six Medical Practitioners nominated by the Secretary of State. All but the *ex-officio* members of the Council to go out of office at the expiration of three years, but to be eligible for re-election.

It is not definitely stated in the Bill who are to constitute the electoral body in regard of the members to be returned to the Council by the Royal Colleges, *e. g.*, who are to elect the

five Surgeons. Is it to be the whole body of the members, the Fellows, or the Council of the College? We suspect the latter. It would materially modify the opinion we lately expressed of this part of the measure, if the real College of Surgeons, *i. e.*, the whole of the members of the College, were to elect the representatives of the College.

The Council for Scotland is to consist of thirteen members, viz., four to be elected severally by the Senatus of the Universities of Edinburgh, Glasgow, Aberdeen, and St. Andrews, three by the Royal College of Physicians, three by the Royal College of Surgeons, and three by the Faculty of Physicians and Surgeons of Glasgow. The members of the Council are to go out of office every three years, but they may be re-chosen. There being no official members of the Council for Scotland, all its members would retire at the same date,—a most inconvenient arrangement.

The Council for Ireland is to consist of twelve members, viz., the Regius Professor of Medicine in the Queen's Colleges at Cork, Galway, and Belfast, four Physicians to be chosen by the Royal College of Physicians, and four Surgeons to be chosen by the Royal College of Surgeons.

The members of the Medical Councils are to be paid three guineas a-day for each attendance, and to have a reasonable allowance for mileage.

From this summary it will be clear, that in the Medical Council for Ireland there could not be a single General Practitioner, while the aristocratic element would also necessarily predominate largely in the Council for Scotland. The probable constitution in this respect of the Medical Council for England, we considered in a previous article.

It seems to us to be rather unwise to make any difference in the number of the members of Council for the various sections of the Kingdom. We cannot see why the Medical Council for England should consist of *twenty-one* members, when the Councils for Scotland and Ireland are to consist respectively of *thirteen and twelve* members. Why the London Colleges of Physicians and Surgeons should elect ten members of Council, while the Dublin and the Edinburgh Colleges should send only eight and six members. If thirteen members of Council suffice to manage the medical affairs of Scotland, and twelve those of Ireland, why are twenty-one needed to regulate those of England?

Each of the three Medical Councils is once in every three years to appoint three of its members to form a Medical Congress, the function of which body is to be to determine a curriculum of study for all students of Medicine in the United Kingdom.

This, then, is the scheme, by which the Council is to effect that desirable object—uniformity of educational qualification in all parts of the Kingdom; but in reality the fixing the same curriculum of study for all three sections of the Kingdom would do but little towards accomplishing that desirable end; for, unless some more efficient step than this were taken, the examination in the different countries would still vary extremely in severity,—here a practical, there a purely theoretical examination would be instituted. Students would soon discover the Examining Board that was content with a minimum amount of knowledge; and of what avail, then, would be the uniform curriculum?

The same anomaly exists in reference to the number of the members of the Examining Boards as in reference to the number of the members of the Medical Councils. Twelve Examiners are to be appointed by the Medical Council for England; the same number of Examiners suffice to test the knowledge of the future Irish Practitioners; but for Scotland there are to be twenty-four Examiners. If it puzzle us to determine why it should be proposed to give England twenty-one members of Council, and Scotland thirteen only, it puzzles us yet more to guess why the Medical Council of Scotland should be required by Act of Parliament to appoint, and we suppose to pay, twice as many Examiners as the Medical Council of England. Twenty-four Examiners are necessary to sound the depths of the wisdom of Scottish youth, twelve only to probe the learning of English students!

With regard to the clauses of the Bill bearing on the registration of the Profession. It is proposed to keep two Registers, one to be styled the Physician's Register, and one the Surgeon's Register. In the Physician's register are to be entered the names and residences of all those who have taken a degree in any English, Irish, or Scotch University, or who have been admitted into the English, Irish, or Scotch College of Physicians prior to the date of the passing of the Bill, and, subsequently to that date, all those who have passed the Board of Examiners of one of the Medical Councils, *and* obtained the licence of the Royal College of Physicians of the part of the Kingdom in which he resides. The Graduates of the Universities of Oxford and Cambridge are to be allowed to retain their present privileges.

In the Surgeon's Register are to be entered the names and places of abode of all those who shall be entitled to practise in any part of the Kingdom at the time of the passing of the Act; and, subsequently to that time, those who have passed an examining Board appointed by one of the three Medical Councils, *and also* obtained the licence of the College of Surgeons of the country in which he resides. But Scotland, in this matter, is to form an exception; for those who pass the Examining Board for Scotland may register, north of the Tweed, without possessing a diploma from a College of Surgeons; but then, if the person so registered in Scotland desire, at a subsequent period of his career, to register as a Surgeon in England or Ireland, he must obtain the licence of the College of Surgeons of the country where he proposes to practise. So, also, those registered as Physicians in Scotland, who desire to practise in England or Ireland, must, before they can register in either of those countries, obtain the licence of the College of Physicians of that country. None but registered Practitioners are to be entitled to charge for advice or visits, to act as Medical officers, or to practise as Physicians, Surgeons, Apothecaries, or Licentiates of Medicine. The machinery for securing the punishment of those who offend the law would, we think, be easily worked, and act efficiently for the end desired; but we trust that the simple Bill to be brought forward by Mr. Brady will render all the registration clauses of this Bill unnecessary.

CONSPIRACY.

NOTWITHSTANDING the singular unanimity with which the conduct of the Committee of the Hospital called the "Royal Free," in dismissing Mr. Gay upon the frivolous pretence of a groundless charge, has been denounced by the Profession and the public Press, the *Lancet* has ventured to come forward as the sole defender of the Committee, to reiterate and augment the charges against Mr. Gay, and to assert the justice of his dismissal; while a Surgeon intimately connected with that Journal has ventured to accept the post made vacant by the removal of his senior, in the face of the unanimous opinion of his Professional brethren, expressed through Mr. Liddle and Mr. Edenborough at the meeting, that "no person of respectability would ever think of filling the vacancy," and that "if a proper *esprit de corps* prevailed among us, there would no longer exist at the Free Hospital any Medical staff whatever."

In replying to the organ and supporter of the Committee, we shall endeavour, as we have carefully done throughout the whole of this unhappy affair, to divest the question as much as possible of all personal or party considerations. It is really a

great public question to the Profession. As such it has been treated by us and by those members of the Profession who called for the expression of the opinion of the Medical public; and it has been with great regret that we have found that any member of the Profession has been implicated in the conduct of the Hospital Committee, and has, therefore, received a portion of the indignation that conduct so justly excited. Our object, and we need hardly say that of those who attended the meeting, has been the maintenance of the honour and independence of the Profession; and if those who have attacked what we are all interested in supporting, and those who defend the persons by whom the attacks are made, have to sustain the disapprobation of the Profession, they have only their own conduct to blame, not any interested attacks of ours, still less any such *infamous conspiracy* as a large body of honourable men is so insultingly charged with in last week's *Lancet*.

The *Lancet* defends the conduct of the Hospital Committee on the simple plea, that Mr. Gay had joined in the "detraction of his colleagues," and had *disparaged* "their character and acquirements." We need scarcely say that had Mr. Gay done this, he would have received no support from us. It would be insulting the Profession to which we belong to suppose that he would have been supported by them. He did receive our support and theirs, because he had distinctly denied and satisfactorily disproved the allegations made against him; and because it was clear that this charge was but a pretext, and that Mr. Gay was made to suffer, as he had incurred the animosity of an individual of great influence in the Committee, by associating himself indirectly with the conductors of a periodical hostile to that individual.

This is the only defence by which the conduct of the Committee is supported. The rest of the article is occupied by an attack upon the promoters of the meeting. This we need hardly reply to. The proprietor of the *Lancet* may be comforted. There is no conspiracy against him,—men do not go out in a body to shoot at a sparrow. The Profession cannot occupy itself by sweeping cobwebs. If one gentleman from the provinces vented a little honest indignation, and one blustering speaker introduced personal topics against the wish of those who arranged the meeting, and the repeated demonstrations of impatience of all present, it was but as exceptions to the rule, consistently acted upon otherwise, to abstract all personal considerations from the great object of the meeting,—to ignore Messrs. Gay, Wakley, Gant, etc., as individuals, and to treat only with the Committee of the Hospital and its Medical officers. The *Lancet* may indulge in many such lachrymose articles as that of last week, may whine because the Profession has at last lifted its oft-provoked hand, and, conscience-striken, may cry, that the authoritative voice and up-lifted rod, heard and felt at the Great Meeting, inflicted undue castigation; it may ask, why the hand of the Profession was not raised when others were treated unfairly, though not so unfairly as Mr. Gay. It may make the best of all this; but it will never conceal the fact, that Mr. Gay is the representative of a principle, and that it was in defence of a principle that the Chairman and speakers came forward with a manly determination to despise the abuse which has already commenced, and with a continuance of which they are threatened instead of argument.

As it is possible that the Draft Report of the Committee of Management to the Governors of the Royal Free Hospital may undergo examination in a Court of Law, we shall only allude to the new charges brought in it against Mr. Gay, to disprove them by extracts from a letter directed by that gentleman to the Governors assembled at their annual meeting last Friday.

"But, gentlemen, *the Lancet has published a second* 'Extract from the draft report of the Committee of Management,' to some statements in which I must also draw your attention.

"In this Extract, it is stated, 1st, that 'within a few years after Mr. Gay had been elected to the office of Surgeon, he plotted for the ejection from the Committee of the founder of the Hospital.' *This is not true.* In consequence of an unpleasant inquiry into the Hospital accounts some years since, the Medical Staff of the Hospital were in a body removed from the Committee to which they had belonged from the foundation of the Hospital as honorary members; but Dr. Marsden was subsequently restored to that Board, and has since been the only member of the Staff who has belonged to it.

"2nd. 'At one period,' says this document, further 'Mr. Gay refused to see the infant patients who were received at the hospital.' The fact of the case is, that Mr. Weedon Cooke was some years since appointed as medical officer for the diseases of children; an appointment against which I have from first to last set my face; not on account of Mr. Weedon Cooke, who had been a meritorious House-Surgeon to the institution, and whom I should have been pleased to see in any other office in connexion with it; but because I conceived the appointment would attract to the Hospital, as it has done, all the children of the neighbourhood, whose little ailments ought rather to be treated at their parents' expense, or by the parochial Surgeon, than by *funds* supplied by the public for the *destitute and labouring sick, not of one parish, but of the whole country*, if they were adequate to such a purpose.

"3rd. It is further alleged, that, 'at another time, Mr. Gay failed to see his out-patients, and transferred his duties to two young friends, strangers to the Hospital.' *This statement is utterly and entirely false.* A few years since, there were no Assistant-Surgeons and but one House-Surgeon at the Hospital; and the duties of seeing and attending the out-patients were exceedingly laborious, if not impossible of efficient performance. I then availed myself of the *voluntary* assistance in the out-patient room of two gentlemen, Mr. Steet, a Fellow of the College of Surgeons, and Mr. Milton; and in this I was most warmly supported by Dr. Rice, the then Chairman of the Weekly Board. Mr. Milton happened, however, to be engaged in the literary department of a rival Journal of the *Lancet; this became known*, and the important advantages which the poor gained from the able and kind attention of these gentlemen were denied to them as well as to myself. The Medical officers memorialised the Committee at once for an increase to the staff; and this was afterwards made in the appointment of Mr. Weedon Cooke as Assistant-Surgeon, whose duty it was to see the out-patients once a-week for Dr. Marsden and myself.

"4th, and lastly, it is stated that 'complaints had been repeatedly made by Mr. Gay, that the hospital did not contain a proper theatre for the performance of operations; but no sooner was the present commodious theatre erected, than he declared that he would not operate therein; and he persisted in performing his operations in the wards, until a special order was issued by the Committee to prevent the continuance of such an objectionable practice. The former part of the paragraph is true, viz., that, *with an income of from seven to twelve thousand pounds a-year* for many years past, the Committee have resisted my repeated attempts to get them to build or set apart a room for operations. Money—and an abundance of it—has been expended on less important objects, and I have been compelled to perform amputations and other severe surgical operations in the wards, amidst the dead and the dying, without anything to screen the sufferer from the gaze of the patients, or the patients from hearing the screams or beholding the ghastly spectacle presented by a fellow-creature undergoing a severe operation. With respect to the *second* part of the charge, it is equally true that I did not, at first, perform operations in the new operating theatre, and had the best of reasons for refusing to do so altogether, had I been disposed to oppose my will to that of the Committee. The table in the theatre, which the Committee directed should be used *for operations on the living, was daily used for the dissection of putrid bodies;* and had a case been brought into the Hospital requiring an immediate surgical operation, while a lecture on anatomy was going on, I should, *in compliance with the Resolution of the Committee*, have had to wait until the lecture was over, or to *have had a dead, and perhaps putrid, body removed from the table to make place for the living one.* This arrangement speaks for itself; it has called forth the special condemnation of the Council of the Royal College of Surgeons, as it would of every humane and intelligent individual.

"I have now done. I have called your attention to statements that *have been published as your* 'Report,' upon the

truthfulness of which, and the desirableness of their publication, you have *yet* to decide. I have endeavoured to show you, that the late agitation was devised by certain individuals for the promotion of other objects than the interests of your excellent Institution, and that the 'slanderous imputation' *case* has been but a pretext for a scandalous job. I have endeavoured to expose the cunning and misrepresentation that have been employed to shield its authors from public indignation; and now I leave it in your hands, and those of the public, to redress *your* insult and *my* wrong.

"I remain, gentlemen, your obedient servant,

"JOHN GAY,

"Honorary Fellow of the Royal College of Surgeons."

We understand, that beyond writing this letter, Mr. Gay and his friends took no further interest in the meeting. He canvassed for no votes, and left the Governors to approve or not the conduct of their Committee as they might deem most fitting.

None of the extracts from the "Draft Report" were read, nor was Mr. Gay's letter read. One of the Governors (Mr. Edwards, of Highbury-place) was so impressed with the unfairness of this proceeding, that he has addressed a letter to the Secretary of the Hospital, of which the following is an extract:—

"The Committee had forwarded to the respective Governors a document headed, 'Extract from the Draft Report *to be presented* to the Governors at their Annual General Meeting of January, 1854'; and subsequently another 'Extract,' containing charges against Mr. Gay, which the Committee declined to prefer at the preceding meeting, when that gentleman was present, and could have replied to them. And then, instead of giving these 'Extracts' in the Report as they were honourably pledged to do, they suppressed them, and substituted for them their usual common-place Report, apparently for the sole object of perverting Mr. Gay's defence to charges which had been so unscrupulously circulated under the authority of the Committee.

"Such an act of palpable unfairness and injustice I have seldom witnessed in respectable society, and in a Committee of gentlemen—never.

"I have been a subscriber to the Hospital many years, but I must now beg you to erase my name from the list of Governors."

Before quitting the subject, we must again congratulate the Profession upon the fraternal feeling displayed by the great body of its members, a feeling which has called forth the admiration of the organs of public opinion, and the display of "generous public spirit," shown by rising as one man to resent the wrong inflicted on one Medical man "as an insult to the whole Profession." This generous spirit is not confined to London,—the men of Lancashire have come forward to join in the good cause, and have convened a meeting in Liverpool. They will, no doubt, be treated as partisans in an *infamous conspiracy* by one person, but their true motives will be cordially responded to by the great body of their professional brethren.

SUPPRESSION OF ILLEGAL PRACTICE.

THE following extracts from the Address and Report of the Provisional Council of the South London Medical Association are well worthy of attention:—

"The Association was originated with the intention of endeavouring to diminish that great evil so prevalent in this part of the Metropolis—illegal medical practice; an evil productive of the most disastrous consequences, and the victims of which are chiefly to be found among those who, from poverty and ignorance, are least able to defend themselves from it.

"The deplorable results to the patient, the unblushing effrontery and fraud practised by the quack, are facts recognised and lamented by every respectable member of the Medical Profession; the demoralising influence produced on society, and the injury sustained by the Medical Profession, are not less matters of fact, though not so readily observed by some among us.

"Lastly, the Provisional Council ask each legally qualified Practitioner within the limits of this Association the following questions:—Are you desirous that the public and the Profession shall be protected from the ignorant and dishonest pretender to medical knowledge? Are you desirous that the law shall be vindicated, and open and unblushing, as well as secret and not less dangerous, violators of it punished? Are you desirous that petty jealousies shall give way to cordial unanimity? Are you desirous that the Profession shall be spared unmerited censure? Are you desirous, as a member of a learned and most useful Profession, to possess those rights to which you are justly entitled? If you really desire these results, they entreat you earnestly to join this Association without delay, and thus assist in promoting them."

It is in the suppression of illegal practice that all can cordially join, and we trust, therefore, that every assistance will be afforded to Mr. Brady, by Petitions in favour of his Registration Bill. While the great leaders of the political parties in the British Parliament are either unwilling to approach the subject, or have abandoned it in despair, this member of our Profession has already earned for himself the gratitude of our body. Firmly, constantly, and consistently, although unobtrusively and unostentatiously, has he advocated the claims and defended the rights of the British Practitioner of Medicine. To Mr. Brady the thanks of the Profession are eminently due.

On the questions of Vaccination and the New Lunacy Acts, we have found Mr. Brady vigorously fighting our battles, and though generally opposed by the Minister and unsupported by any section of the House, we have seen him, single-handed, often carry on an unsuccessful but not inglorious contest.

The Provisional Council of the South London Medical Association, to which body Mr. Brady belongs, remark, that they "have the satisfaction of informing the Profession that one of their number, who is a Member of the House of Commons, has not only taken a lively interest in the objects of this Association, but has undertaken to support them in Parliament, and has pledged himself, leaving the intricacies of the difficult question of Medical Reform untouched, to do his utmost to induce the Legislature to adopt more stringent and summary measures for the suppression of quackery. It will be the duty of the Association to afford that gentleman all the assistance which, both individually and as a body, they may be able to give."

We are sure, that however much we may be divided upon other points, the unanimous voice of the Profession would cordially echo the sentiments thus expressed.

REVIEWS.

The Pathology of the Bronchio-Pulmonary Mucous Membrane. By C. BLACK, M.D., F.R.C.S., formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London. Part I. 8vo. Pp. 99. Edinburgh: Sutherland and Knox. 1853.

This is a work of considerable pretension. The perusal of it satisfies us that its author might produce a really valuable book on the subject he has selected for his special study, were he to devote sufficient time to the making of direct observations, and enjoyed the use of a field of extent to enable him to collect a sufficient number of them. The present work is loaded with the most unfounded hypotheses, and conclusions in regard of treatment based on those hypotheses; the facts it contains are comparatively few; some supposed by the author to be new have been known for some years to the Profession, while other so-called facts are opposed to the statements of good observers—*e.g.*, the experiments from which Dr. Black concludes that he has proved the inaccuracy of Volkmann's experiments on the influence of the galvanic stimulus applied to the vagus nerve (?)

It would afford little profit to our readers were we to analyse for them the contents of the whole of Dr. Black's memoir. We shall therefore limit ourselves to so much of it as will be sufficient to justify the position we have taken.

The first thirteen pages are occupied by an account of the bronchio-pulmonary membrane in a state of health.

Dr. Black maintains that the ultimate cells of the lungs are lined by epithelium. The bronchio-pulmonary basement membrane is studded at almost equal distances with small "project-

ing points," "which are *evidently* the germinal nuclei of the epithelial cells" (?) This membrane is continually disintegrating at its epithelial surface.

"The nuclei, like the impregnated seed, are impressed with a vitality by virtue of which they are enabled, under the combined influence and co-operation of the natural temperature of the part, and of the fluid portions of the blood which are continually passing from the areolar to the epithelial surface of the basement membrane, to assimilate to themselves the intervening basement structure, and thus to develope into cells. This intervening substance is generally so proportioned that its most superficial layer is exhausted by the growth of the different nuclei into fully developed cells."—P. 7.

Now, to all this we reply, there is not the shadow of evidence that the nuclei assimilate to themselves the basement membrane; and even the development of the nuclei into cells is very questionable.

"Hence," continues Dr. Black, "the secretion of the bronchio-pulmonary membrane consists essentially of epithelial cells, or mucus-corpuscles disseminated through a homogeneous fluid menstruum."

Does Dr. Black intend to signify that mucous corpuscles and epithelial cells are identical? Certainly no sound authority maintains such a doctrine.

"Mucus consists of definite, isolated, granular cells, floating in a viscid, homogeneous fluid, which latter is the contents of cells that have already attained their full growth, and have liquefied in the process of natural decay."

Again we say, there is no evidence to be found in favour of the hypothesis contained in this sentence; who has showed that the fluid part of mucus is formed by the liquefaction of the contents of cells? Dr. Black finds that acetic acid coagulates albumen, and supposes, apparently, that he is the first who has observed the fact. Lieberkuhn, in 1850, and Parkes in 1852, made the same observation, and we believe the fact is now pretty generally known.

Having described the normal structure and functions of the bronchio-pulmonary membrane, Dr. Black proceeds to consider "the diseases and lesions to which this membrane is liable," under the following heads:—

"1. Inflammatory diseases.
"2. Diseases for the most part non-inflammatory.
"3. Lesions of structure."

"Inflammation of the bronchio-pulmonary membrane may be,—

"1. Simple, acute, or chronic.
"2. Sthenic, or asthenic.
"3. Specific.

"Acute inflammation of bronchio-pulmonary membrane.

"This form of disease admits of sub-division into,—

"1. Simple acute epithelial bronchitis.
"2. Bronchitis, involving the sub-mucous tissue.
"3. Cellulitis, or inflammation of the epithelium of the pulmonary cells."—P. 13.

The hypothetical character of these divisions of acute inflammation of the bronchio-pulmonary membrane are manifest; and those who are acquainted with this class of diseases practically, at the bed-side and in the dead-house, will be satisfied that they are without any foundation in nature.

The first pathological condition of epithelial bronchitis is inordinate congestion of the blood-vessels of the bronchial membrane. Narrowing of the tubes is a necessary consequence of this over-filling of the blood-vessels; hence a sense of tightness of the chest. The distended blood-vessels press on the nerves, "which thus become irritated;" hence, "by reflex action," cough. The cough is dry at this stage of the disease; and for the following reasons:—

"The vital tonicity of the blood-vessels is excited to the utmost by their distension. The vital tonicity of the capillaries, acting in opposition to the pressure of the blood urged onwards by the heart's action, approximates within the nearest possible distance the molecules of which their walls are composed; while the outward pressure of their blood has a tendency to flatten and to expand such molecules, so that the two causes, acting at the same time, yet in a direction opposite to each other, obliterate for a while the intervening molecular spaces of capillary walls, and thus prevent the transudation of fluid."—P. 14.

The physical signs at this stage of the disease are sonorous and sibilant ronchi. The indications for treatment—

1. To unload the overburdened capillaries.
2. To prevent their subsequent distension.

The special remedies to effect these objects are, purgation, warm clothing, and the breathing of *cold* air. "The circulation through the skin is augmented by warm clothing, while the tonicity of the capillary walls is excited and maintained by the constant breathing of *cold* air."—P. 16.

Second Pathological Condition of Epithelial Bronchitis.—In this stage there is exudation from the mucous membrane. The following explanation is offered of the nature of the change that takes place when the cough from being dry is followed by expectoration:—

"In a short time the continued pressure of the blood overcomes the vital tonicity of the capillary walls, the molecules of which are, as it were, pushed apart, and even to a greater degree than in the healthy condition of the vessels, the intervening molecular spaces are restored and enlarged, and exudation is thus poured out more quickly than in the healthy nutrition of the part."—P. 14.

Mucous and sub-mucous ronchi may be heard in the chest at this stage of the disease.

At first the mucus contains less solid constituents than the healthy secretion; subsequently, the quality of the mucus is identical with that formed in a healthy state of the mucous membrane, only its quantity is increased. The curative indications are:—

"1. To diminish the supply of nutritive blastema to the basement membrane, and thereby to limit the amount of cell-growth upon its free surface.

"2. To restore the vital tonicity of the bronchial capillaries, and thus to enable them to reduce their quantity of blood to their healthy standard."—P. 20.

The first indication is to be fulfilled by abstinence, as far as practicable, from food and drinks, and by exciting other secretions.

The second indication by the breathing of cool air.

"Very cold air, so beneficial in the previous pathological condition, would, in this, be a great evil, because the vital tonicity of the bronchial capillaries is, in a great measure, exhausted, and the excessive stimulus of cold air, like the excessive application of heat in frost-bite, would only add to the exhaustion under which they (the capillaries) would again become excessively distended with blood, and consequent partial suppression of secretion, and corresponding stricture of the bronchial tubes would arise. To the latter effect spasm of the muscular fibres of the bronchi would contribute, owing to their retaining sufficient excitability to respond to the stimulus of cold air."—P. 20

Blisters are of use. They act—1st., by derivation; and 2nd., "by a reflex-motor impulse, transmitted to the bronchial capillaries, by which the contractility of these vessels is again roused to activity." By the way, how does Dr. Black know that the walls of the capillaries are contractile?

Mild tonics and sedatives act in the same way, when the general excitement of the system has subsided. Alkalies liquefy mucus; "their use, therefore, is indicated in every case of bronchitis, from the moment of its passing into the second stage."

"Potassio-tartrate of antimony, when mixed with mucus, clots it, in the same manner as do acids, and, like them, it partly destroys the tenacity of mucus. It would, consequently, be a very proper remedy for the second stage of bronchitis, were it not that its powerfully depressing and relaxing influence on the capillary system of vessels would have to maintain the very condition of the bronchial capillaries, which it is the object of the treatment, during the second pathological stage, to rectify."—P. 21.

This abstract of the first three sections of Dr. Black's work, affords a fair example of the whole; when the second part appears, we trust it will contain, for Dr. Black's scientific reputation's sake, more facts and fewer fancies; more clinical observations on the result of the employment of remedies, and less *à priori* reasoning on treatment.

We cannot conclude without remarking, that the woodcuts are bad beyond description; they are like nothing that was ever seen inside or outside the human body in a state of health or disease.

BOMBAY.—The Medical Board report that the deaths in the island during 1852 were 13,511. The proportion of mortality to inhabitants is about equal to that of London. The male deaths are to the female as 118 to 100. The greatest cause of mortality in Bombay is fever, which destroyed 5847 persons. Then follow diarrhœa and dysentery, which slew nearly 3000, then respiratory diseases (deaths 1415), and lastly cholera (deaths 1135). This, however, refers only to natives

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

MEDICO-CHIRURGICAL SOCIETY.

(Concluded from page 96.)

Dr. Hughes Bennett said, that Dr. Simpson's paper was one of great interest, but there were some points in the pathology of the cases which seemed to him not clearly made out. The identity of the obstructing masses in the arteries with the cardiac vegetations, required further confirmation. Vegetations and polypi were frequently found in the heart, but gangrene from obliteration of the arteries was certainly rare. He did not believe, either that the analogy between the cases of ramollissement of the brain, or destruction of an eye, and gangrene of a limb, was a correct one. The obliteration of the cerebral artery might have been caused by inflammation simultaneous with the cerebral softening, and the same might be said of the sudden dissolution of the eyeball. Again, he thought he had seen sufficient proof, from experiment, that pus introduced into the vessels did not cause coagulation of the blood. Assisted by Mr. Barlow, of the Veterinary College, he had injected into the jugular vein of an ass large quantities of pus, in two or three separate experiments, and no coagulation of the blood had resulted; in fact, it was seen to pass along as a white streak through the transparent coats of the vessel, without ever properly mixing with the current of the blood. No bad result to the animal followed the experiment, and the circulation went on in the vessel as before. Lastly, he felt confident that milky-looking fluid contained in the centre of clots had often been mistaken for pus, when, as Mr. Gulliver had pointed out, it was nothing more than *débris* formed by the breaking down of the clot in the centre.

Dr. Richard Mackenzie said, Dr. Simpson's cases were not only interesting pathologically, but also in a surgical point of view. He had had an opportunity of seeing Mr. Tuffnell's case, and thought him quite warranted in the conclusions he had drawn. He believed, that, independent of inflammation, fibrin might be deposited from the blood under certain conditions, and form coagula in the vessels. What most interested him, as a surgeon, in Dr. Simpson's detail of cases, was the supervention of sudden and acute pain immediately on the vessel being obstructed. In cases of aneurism treated by compression, sudden and violent pain sometimes occurred, and this was always found to be simultaneous with the complete obliteration of the artery and the cure of the aneurism. The difficulty, however, was to account for the way in which it was produced, as, apparently, the artery was similarly circumstanced when a ligature was applied, and no such violent pain followed. In support of Dr. Simpson's opinion, that ramollissement of the brain had been caused by obliteration of the artery supplying, he might mention, that similar affections of the brain had sometimes followed ligature of the carotid arteries. In one case, where Mr. Fergusson, of King's College, had attempted to break up the lamina in an aneurism of the carotid, hemiplegia immediately followed the obstruction of the artery.

Dr. Moir rose and said, that in the patient Dr. Simpson had seen with him, he had distinctly felt the pulse in the right arm the day before, and next morning it was absent. He did not consider it by any means probable, that in this case the obstruction in the vessels was caused by arteritis.

Dr. Christison had seen lately a case very similar to some of those mentioned by Dr. Simpson, but the patient was not a puerperal one. The lady had a sudden attack of paralysis and severe pain in one arm, and the nature of the case being suspected the seat of pain was carefully noticed. No pulse could be felt lower than the clavicle, nor during life did it ever return, although the pain and numbness went off. The patient died of a pulmonary complication. No section was permitted, but the heart had been examined during life, and no permanent signs of valvular vegetations were present. The patient lived some time after the arterial obstruction, its immediate effects passing off; but she rapidly sank on the supervention of the lung affection.

Dr. Matthews Duncan, from what he had heard during the evening, could not make out the pathological connexion between the arterial obstruction and the puerperal state. The relation of phlegmasia dolens with inflamed uterine veins, or open sinuses, was readily apparent; but all the connexion between the puerperal state and detached cardiac vegetations that seemed to exist was, that the vegetations were more liable to be separated by the extra exertion of the patient during labour.

In reply to some of these remarks, Dr. Simpson said that separated cardiac vegetations might be more frequent than was anticipated: it was not necessary that gangrene should always follow: atrophy might be the only result from insufficient arterial supply. In Dr. Burrows's case, the body occluding the branch of the cerebral artery was hard, like a grain of wheat, and exactly similar to the vegetations on the aortic valves; he thought the case seemed more especially to meet Dr. Bennett's doubt as to the ramollissement being the result of inflammation. He believed Mr. Gulliver was right in his surmises about a fluid resulting from the *débris* of clots, which much resembled pus, and might be mistaken for it; but in the case seen with Dr. Moir, the arterial coats were thickened, inflammatory looking, and evidently accounted for the presence of pus. Both the pain, and connexion of the cases with the puerperal state, were difficult of explanation; but perhaps the latter was not more so than that mania should sometimes follow delivery, and at other times be absent. M. Testa insisted on endocarditis of a puerperal form, and, perhaps, at no distant day, we might see its relation to the puerperal state, as distinctly as we think now we see the connexion of phlegmasia dolens with open uterine sinuses.

GENERAL CORRESPONDENCE.

THE ROYAL FREE HOSPITAL.
REPLY OF MR. WAKLEY, JUN., TO MR. GAY.

[To the Editor of the Medical Times and Gazette.]

Sir,—The renewed attempt of Mr. Gay, in your Journal of last week, to make it appear, after a distinct and unequivocal denial from me, that I voted for his dismissal, will be fully understood and duly appreciated by the Profession. Mr. Gay observes, that—

"*If Mr. T. Wakley wishes it to be understood that the posture he assumed at the time was not intended by him as a vote, I doubt not but that the correspondent of the 'Medical Times and Gazette' would, with myself, accept this as an explanation.*"

How any gentleman who relies upon the truth of a statement that he has advanced can make so unworthy a suggestion as this, is a thing I cannot comprehend; but I altogether decline to adopt such an evasive subterfuge, and again reiterate my distinct and positive denial of having voted either for or against the motion for Mr. Gay's dismissal, at the General Meeting of Governors on the 30th ult., or at any other meeting whatsoever. As Mr. Gay deems my testimony to be so inconclusive on the question, it is possible that he will be satisfied with that of other parties. As, however, the evidence of disinterested witnesses will be read by thousands of unprejudiced members of our Profession, I rely with perfect confidence on the judgment that will be formed relative to the question that is at issue between us.

"14, Regent-street, Jan. 25, 1854.

"Sir,—I was sitting immediately behind you at the meeting of Governors of the Royal Free Hospital held on the 30th ult., and particularly noticed that you did not hold up your hand for or against the motion on Mr. Gay's dismissal.

"Yours faithfully,

"To Thomas Wakley, Esq., "Geo. Prince.
Guildford-street."

"Dear Sir,—In reply to your question, I beg leave to state, that, from my position in the theatre on the evening of the 30th ult., I could easily have seen whether you voted on the motion for Mr. Gay's dismissal. I unhesitatingly affirm, that you did not vote *pro* or *con.* on that motion.

"Yours faithfully,

"Fred. James Gant.

"Old Cavendish-street, Cavendish-square, Jan. 25, 1854."

"Regent-street, Jan. 25, 1854.

"Dear Sir,—In answer to your question, I have to say, I was sitting close behind you at the late meeting at the Royal Free Hospital, and my firm conviction is, that you did *not* hold up your hand for Mr. Gay's dismissal. Had you done so, I must have seen it.

"I am, dear Sir, yours most truly,

"To Thos. Wakley, Esq." "Charles Moreing.

I have now to dispose of the other renewed allegation of Mr. Gay. He has admitted that I was not present at *three* out of the five meetings, as had been originally asserted, and then he remarks that :—

"*Mr. Wakley's memory must be very treacherous as to the first.*"

And adds,—

"*I saw Mr. T. Wakley and his father in the room as I passed the window.*"

And then Mr. Gay goes on to cite some words which he says were used by the Secretary, Mr. Fenn. I once more, without reservation of any kind, distinctly repeat the assertion that, "from first to last, I was not present at any one of the meetings of the Committee when Mr. Gay's conduct was the subject of discussion." The unquestionable accuracy of this declaration will, I presume, be fully established by the following evidence :—

"Dear Sir,—In replying to the question contained in your note, I have to state, that on the 13th of July last there was a meeting between the Committee and the proposed proprietors of the school at which you were present, but you had left the board-room long before the matter between the Committee and Mr. Gay was discussed; and to the best of my recollection, Mr. Gay's name was not even mentioned in your presence.

Yours, &c., W. H. Fenn.

"The Royal Free Hospital, Jan. 25."

The following letter, addressed to the Editor of the *Lancet* by Mr. Halswell, a magistrate, Deputy-Lieutenant of the County, and the Member of the Hospital Committee who first introduced the subject of Mr. Gay's conduct to the notice of that Body, contains equally clear and indisputable testimony with the foregoing :—

"Hereford-square, Old Brompton, Jan. 23rd, 1854.

"Dear Sir,—Having seen the extraordinary misrepresentations directed against yourself and your son, Mr. Thomas Wakley, relative to the affair at the Royal Free Hospital, I feel it to be a duty to address this communication to you, with a view to your making it public, should you deem such a step to be expedient.

"On introducing to the notice of the Committee, in July last, the subject of the injurious imputations on the hospital contained in Mr. Gay's Memoir, I was solely influenced by a sense of duty towards the Governors of the charity. Motives of a private nature I had none—I could have none. I well recollect, that, when the subject was first mentioned by me to the Committee, you remarked, that 'Mr. Gay, as soon as the affair was stated to him, would instantly set it right.' I also perfectly remember, that at the next meeting of the Committee (July 27), immediately after the chair was taken, and before any motion was submitted to the Committee, you observed, that you 'had received a communication from Mr. Gay, and had replied to him in a letter, in which you had expressed yourself so strongly relative to Mr. Gay's personal conduct to yourself, that you considered you were disqualified from taking part in the Committee on the points that referred to the hospital.' You concluded by declaring, very positively, that you had firmly resolved to take no part in the proceedings.

"As I attended *every* meeting of the Committee at which Mr. Gay's conduct was discussed, and also every Committee-meeting during the last twelve months, I can declare, and most truly, that this Resolution was scrupulously kept by you, and that you neither voted nor addressed the Committee on a single occasion, when this painful subject was under deliberation.

"I can also with great confidence affirm, that your son, Mr. Thomas Wakley, was not in any one instance present with the Committee when Mr. Gay's conduct was the subject of discussion.

"Further, I declare most positively and unreservedly, that I brought the objectionable statements in the 'Memoir' before the Committee without having held any communication whatever, either directly or indirectly, with you, or your son, or with any relative or friend of your family.

"Any additional testimony on the points mooted will not be required by the honourable members of a learned Profession.

"I am, dear Sir, yours &c. &c.,

"To Thomas Wakley, Esq., Senior." E. Halswell."

If the evidence I have now offered be not satisfactory and perfectly conclusive, I know not by what testimony Mr. Gay can be convinced of the error into which he has fallen.

In conclusion, and, I trust, on taking leave of this subject altogether, I can sincerely declare that this controversy has been exceedingly distasteful to me. I will further add, that the misunderstanding between the Committee and Mr. Gay was to me, during the whole of its continuance, a source of deep regret and much anxiety. When I state that I have a great repugnance to be engaged in professional disputes, I trust that the declaration will have full weight with all those of my professional brethren who have been induced by misrepresentations to form a contrary opinion.

Yours, very obediently,

Thomas Wakley, Jun.

Guildford-street, Russell-square, Jan. 26, 1854.

[To the Editor of the Medical Times and Gazette.]

Sir,—Notwithstanding Mr. Thomas Wakley's denial of his having voted for my dismissal at the meeting of the 14th of December, I beg again to state, that I saw Mr. Wakley's hand held up; and I think that, in contradiction of my statement, Mr. Wakley should obtain *independent* evidence to support his own; not that of Messrs. Gant, Prince, and Moreing, two at least of whom must have bought a vote at ten guineas each to record against me, as their names were not in the list of Governors for 1853.

Mr. Thomas Wakley, as I have been credibly informed, himself paid ten guineas for the privilege of voting. Why did he pay ten guineas to enable him to vote, when he might have obtained the right to attend the meeting for one?

Mr. Wakley states, that the misunderstanding which led to my dismissal has been to him "a source of deep regret and much anxiety." Why, then, did Mr. Wakley's friends—one and all—come forward to vote for my dismissal, and he himself to "fill the vacancy" that it created?

Jan. 31, 1854. I am, &c. John Gay.

THE GREAT MEETING.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you allow me to state, that although I have the honour of holding office in the Court of Examiners of the Society of Apothecaries, yet that, in any remarks I made at the Hanover-square meeting, I did not pretend to represent the opinions of the other members of that Court, or of the Society by whom they are appointed I am, &c.

Curzon-street, Jan. 30, 1854. R. Druitt.

"SPECTATOR" THE "THIRD YEARS' STUDENT."

[To the Editor of the Medical Times and Gazette.]

Sir,—Some twelve months ago, the Medical world of St. Bartholomew's Hospital was "frighted from its propriety" by a series of letters published in the *Lancet*, in which the author indulged his peculiar talent by scurrilous and indiscriminate abuse of the officers connected with that Institution. The senior Physician was declared incapable of doing his duty; the second did not understand the use of the stethescope; the junior did not pay proper attention to the requirements of the students; the warder of the collegiate establishment was "listless;" the Professor of Chemistry was a "canny Scot." These letters engaged attention for a time; and some wished to discover who this mysterious writer could be. To many this still remains a secret; some, however, more fortunate in their inquiries, or more keen in their observation, managed, thanks to the injudicious expressions of a too zealous friend, expressed in a public room in a certain notorious hospital, to trace with moral certainty these letters to the pen of a certain reserved personage, remarkable for a diminutive figure and an arrogant tongue. Moreover, it was discovered, that the Editor of the *Lancet*, with that sagacity which seems so often to have served him well, had been so struck with a great admiration for one who so closely resembled himself, in unscrupulousness of argument, and abusiveness of style, that he had engaged him as his colleague, making him a permanent *attaché* to the *Lancet*. The subject of Bartholomew's wrongs, I suppose, became stale, and, consequently, ceased to interest the general reader; so it was dropped. The small scribe did not come conspicuously forward for some time; I suppose he was recruiting after his past labours, and preparing for fresh efforts of genius. Nothing sufficiently important to rouse the energies of his mighty mind occurred, until the meeting at the Hanover-square-rooms proved a fitting theme on which he might descant with that beautiful mental mixture of sentiment and ferocity which is so peculiar to him. Con-

sidering, however, the importance of the occasion, he thought it necessary to insert a new element into his style—viz., that of fancy—with a delicate touch of which he has commenced his letter published this day in the paper he supports.

In the commencement of this effusion, this "*petit Monsieur*" represents himself as coming from bucolic scenes to the modern Babylon; a Practitioner of two or three years' standing, with an unproductive district under his Medical care; a man of sorrows, overworked, and under-fed. His description is striking, and, if true, would be pathetic; but it is in the highest degree grotesque and laughable to know, that this dolorous doctor is, in fact, a particularly neat, well-dressed, and well-provisioned little man; that he has not been permanently in the society of bulls and of pigs, except in Smithfield, for some years; and that he has never passed the examinations, either at the College or Hall. He traverses the wards of the Hospital daily as a student.

Thus having, in the first place come before the public under a thin and palpable disguise, can we wonder if he continues his letter in the same spirit, and racks his brain to uphold the infamy which he has been hired to defend. He contemptuously asks where, during the late disturbance, have been the heads of the Profession? Where were the members of the Council of the College of Surgeons? Did they come forward to uphold Mr. Gay and to demolish his opponents? The answer is this. Although these potentates did not appear, for reasons that are doubtless sufficiently weighty, their sympathies are with the friends of Mr. Gay. Mr. Cæsar Hawkins has sent a donation to the fund now being collected under the auspices of Mr. Haynes Walton. Mr. Lawrence did not hesitate, before his whole class, to characterise the proceedings at the Royal Free Hospital as "scandalous and damnable." And as the subscription-list lengthens, I doubt not that many will be found to testify that this movement in favour of the honour and welfare of the Medical Profession is supported by more than the "second-rate" members of it.

Our volatile scribe now attacks individuals. He aims a dextrous blow at the juvenile appearance and manner of the honorary Secretary, Mr. Ludlow. When this writer has one-fifth part of the information which his opponent exhibits, when he shows the slightest symptoms of possessing that stern rectitude, that almost Quixotic degree of honour which Mr. Ludlow displays in every word and action, he may then begin to think of putting on the gloves with him. Chicanery and fraud must always succumb to uprightness and honesty.

Losing all respect for his *alma mater*,—being again, I suppose, under the influence of the malicious demon that caused him to write last year against everything and everybody,—this furious gentleman makes a mad bolt at Mr. Coote. I really was amazed at the audacity that characterized this assault. He commences his tirade by a gratuitous falsehood. But I really hoped that no Bartholomew man could have been found with sufficient baseness of purpose and blackness of heart to scoff at one whose whole time is devoted to the good of the students,—to whom all go when in trouble,—to whom all apply for information,—who never yet has refused to do a kindness, who possesses a store of learning and experience from which the applicant is never turned empty away. Mr. Coote's reputation will not suffer by the pointless sarcasms of one who has yet to learn the alphabet of his profession.

Finally, let me inform 'Spectator," that if he wished to preserve his incognito, he should have been silent about his plan of action. It is hard to keep a secret in a school containing three hundred men, unless the holder thereof do likewise hold his tongue. In one of the last letters that appeared from a "Third Years' Student," (to which reference has already been made,) a paragraph appears, in which the writer expresses his hope, that nothing that he had written could cast a blot upon the scutcheon of an English gentleman. Alas, "Evil communications corrupt good manners!" That hope must now be laid aside. Let him not any more pride himself on his gentility. A small admonition from Ben Jonson may be serviceable:—

> "Nor would I you should melt away yourself
> In flashing bravery, lest, while you affect
> To make a blaze of gentry to the world,
> A little puff of scorn extinguish it,
> And you be left, like an unsavoury snuff,
> Whose property is only to offend."

Let him remember in future that respect comes not to a man for flashing rhetoric, studied periods, and false pretences, but for honesty of heart, openness of purpose, and scorn of aught that is mean and cowardly. I am, &c.

A Bartholomew's Man.

Library of St. Bartholomew's Hospital, Jan. 28, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

January 24, 1854.

Dr. Copland, F.R.S., President.

A Paper was read, entitled

SCROFULOUS CARIES OF THE LEFT ASTRAGALUS,—EXCISION.—CURE, WITH THE FORMATION OF A FRESH JOINT.

By S. F. Statham, Assistant-Surgeon to University College Hospital.

Henry C., aged 5, of strumous habit, and subject to congenital weakness of the left ankle, became affected at Christmas, 1851, with a swelling below and on the outer side of the ankle, for which it was blistered. Since May he has been under hospital treatment, and latterly there was a formation of matter around the joint, and fistulous openings, by which a probe readily reached the astragalus. On the 27th of August, 1852, the author, assisted by Messrs. Marshall and Clover, proceeded to remove the diseased bone. An incision, parallel to the outer border of the extensor tendons, was made, and another at right angles with this, across the dorsum of the foot. Having detected carious disease of the astragalus, the neck of the bone was divided by a saw, and the bone was readily removed. The case terminated favourably. The author concluded with some remarks, in which he expressed his belief, that the operation was justifiable as well as novel.

Mr. Solly stated his opinion, that, in like cases, gouging out all that was diseased in the bone would be sufficient; and, moreover, that operation would not be attended with that extensive division of the tendons which must necessarily occur when the whole astragalus is removed.

Mr. Statham remarked, that, in his case, only the tendon of the peroneus tertius was divided.

Mr. Quain bore testimony to the success of Mr. Statham's operation.

Mr. Fergusson approved of Mr. Statham's plan, as illustrative of the benefit that arose from removing a disease locally, as compared with the old practice of removing a whole limb for an ailment only attacking one part of it. He agreed with Mr. Solly in stating, that gouging out that part of the bone that was affected would have had the desired effect, as there often supervened upon this operation a growth of bone which replaced that part which had been removed.

Mr. Solly confirmed Mr. Fergusson's statement, by referring to some of his own operations.

Mr. Statham said, that, in the case he had related, so much of the bone had been involved, that partial removal would have been ineffectual. He remarked upon the unsatisfactory manner in which the gouging operations terminated, and upon the frequent recurrence of the disease in the part that was left.

Mr. Charles Hawkins wished to hear Mr. Fergusson express his opinions more fully upon the subject of "conservative surgery."

Dr. Balfour remarked upon the use of cod-liver oil, and its constitutional effect upon the system in diseased bones.

Mr. Fergusson remarked, that cod-liver oil, although of use in these cases, did not always avail to stop operative proceedings. He entered at length into the question of "conservative surgery," to which he gave his fullest adhesion.

Mr. B. Norman related a case where extensive mischief had been set up by a small piece of diseased radius, which was removed with perfect success.

Mr. Henry Lee related a similar case of disease of the os calcis.

Dr. O'Connor agreed with Dr. Balfour, and was proceeding to descant upon the constitutional treatment of diseased bone, when he was stopped by the President.

The following Paper was read:—

PATHOLOGICAL REMARKS ON THE KIND OF PALPEBRAL TUMOUR, USUALLY CALLED IN ENGLAND TARSAL TUMOUR.

By H. Haynes Walton, Surgeon to the Central London Ophthalmic Hospital, etc., etc.

After pointing out the very obscure manner in which the subject of tumours of the ocular appendages is treated by writers, the author gave a description of the external characteristics of such tumours, and proceeded to describe the intimate structure

of one that he had removed from the living body. It consisted, externally, of a dense fibrous cyst, continuous with the fibrous tissue of the lid; within this was a layer of fibro-plastic matter, soft, pink, and very vascular, composed of fibro-plastic cells, with very little intercellular matter; within this, a thin pellucid cyst, containing a puriform fluid, with epithelial cells, loaded with oil, and in the centre a perfectly round pellet of sebaceous matter. In conclusion, the author suggests the following order of development:—1st. The formation within a Meibomian follicle of a pellet of hard sebaceous matter. 2nd. The secretion of a more copious epithelium and fluid matter around. 3rd. The addition of fibro-plastic matter around the obstructed gland, follicle distending the loculus of fibrous membrane into a cyst. This, with frequent dissections of other tumours, were illustrated by accurate drawings. The author suggested the name of Meibomian tumour to be applied. In a postcript to his paper, Mr. Walton recommends, that when such tumours take an outward course, it is better to open them, squeeze out the contents, and extract the cyst. If the incision be made horizontally there is no danger of a scar.

Mr. Frewen agreed with Mr. Walton upon the advisability of extirpating these tumours by removal with the knife.

Mr. B. Norman wished to learn something about the history of these cases. He compared these tarsal tumours with atheromatous deposits in the eyelid, and recommended the plan of opening the cyst through the conjunctiva, and squeezing out its contents, to the method adopted by Mr. Haynes Walton, of extracting the tumour by an external incision. He remarked upon the frequent occurrence of fungoid growths after their extirpation in the manner he had described.

Dr. Druitt said, that no analogy existed between the atheromatous tumours and those described by Mr. Walton. The latter consisted of a cyst contained in a substance identical with that forming the fibro-plastic tumour in other parts of the body; the simple opening of one of these cysts, and the evacuation of its contents, would not be sufficient to remove the annoyance felt by the patients. He agreed, therefore, with Mr. Haynes Walton's plan of operation.

Mr. Walton observed, that the concluding portion of Mr. Norman's speech did not seem to be consistent with its commencement. Mr. Norman had observed, that fungoid growths had frequently occurred after the simple emptying of these cysts. With this remark he agreed; and it was in order to remedy this evil that he advised the removal of the entire tumour by an external incision.

After a few explanatory remarks from Mr. Norman,
A paper was read, entitled

RETROVERSION OF THE UTERUS IRREDUCIBLE.—PREGNANCY.—DEATH.—AUTOPSY.

By J. B. BROWN, Esq.

A young woman, aged 20, delicate in appearance, had suffered from prolapsus uteri, which had been satisfactorily relieved by a bandage. She became pregnant, and, increasing in size, she sought medical relief from the difficulty she experienced in relieving the bladder. She was admitted into St. Mary's Hospital, and, on examination, the anus was found open, the rectum protruding, the perinæum distended, the labia partly open, through which an oviform body was seen. Upon passing the finger into the labia, a tumour was found pressing against the posterior wall of the vagina, and, upon examination per rectum, the same tumour was felt. The bladder was emptied, and, upon passing two fingers under the arch of the pubis to the brim of the pelvis, the os uteri was felt pressing the neck of the bladder against the pubis, the posterior lips of the os being in this case inferior. The fœtus was plainly felt moving. The rapid symptoms which occurred precluded all hope of relief from surgical interference, and she sank and died. Upon examination, the peritoneal surface showed signs of inflammation. The bladder was much dilated, flattened, adherent anteriorly, and contained some fetid ammoniacal urine. The uterus was found introverted, and completely moulded to the pelvic cavity which it occupied, its fundus pressing against the posterior wall of the vagina and sacrum, and the os high up behind the arch of the pubis in contact with the neck of the bladder. A five-month fœtus, breech presentation, was found in the cavity of the uterus.

Mr. Streeter brought forward a case of retroverted uterus, communicated to him by a gentleman in the country, which had terminated favourably with the birth of the child.

Mr. Brown said that the case mentioned by Mr. Streeter was not applicable to that one brought forward by himself. In his case, the pressure of the uterus upon the walls of the bladder and rectum had produced disease in these organs. The necessity of relieving the pelvic viscera from this abnormal pressure was so urgent, that he would have no hesitation, in a like case, if he was unable to let the liquor amnii escape by passing an instrument through the os uteri, to puncture the wall of the uterus itself.

The meeting then adjourned.

MEDICAL SOCIETY OF LONDON.

JANUARY 28, 1854.

DR. FORBES WINSLOW, President, in the Chair.

The President, for Mr. Startin, exhibited specimens of

WIRE GAUZE FOR BANDAGES, CRADLES, AND SPLINTS,

as invented by the latter. The material employed is flattened copper or iron wire, and costs about 1s. 4d. per square foot; and, if the expense were not an object, the materials might be plated. The usual mode of application is first to obtain a pattern for the splint by means of cartridge-paper, and then carefully to cut the sheet of gauze to the pattern. The splint further requires that the edges should be cut transversely at intervals, and the free edges covered with thin lead or adhesive plaster. Folds of linen, wet with water, are placed upon the limb underneath the splint, and the whole apparatus is kept in position by rollers or tapes. The merits of the invention were said to be those of lightness, cheapness, coolness, and affording the opportunity of readily applying lotions without disturbing the bandages. It was recommended in fractures, re-sections of the joints, and, indeed, in almost all instances in which cradles and splints are ordinarily employed.

Dr. Glover exhibited the drawing of a case of extensive

PERICARDITIS,

which had terminated fatally, without any symptoms of that disease having been observed during life. The patient was a boy of 10 years of age, and died suddenly. No medical man had been in attendance, and Dr. Glover did not see the case professionally during life.

Dr. S. Hughes Willshire read a paper

ON SOME POINTS IN THE PATHOLOGY OF RHEUMATISM IN CHILDREN.

The author commenced by drawing attention to the fact, that ample observation had now proved, that the diathetic malady, rheumatism, both in its muscular and capsulo-articular varieties was met with in infants and children. This clinical axiom was established, however, nearly eighty years ago, by the practical Heberden, from having witnessed the disease occurring at four years of age. Since then, much difference of opinion has existed as to its relative frequency in early life, in comparison to other affections, and in respect to adults. The author did not think that we had, at present, sufficient data for the establishment of any law upon this part of the question, or that the results of the registration Reports could afford anything but the most distant approximation to its fatality, seeing, that, under "Diseases of the Heart, Joints," etc., many deaths might be certified by some persons, which others would have placed under arithritis, rheumatism, or rheumatic fever. The author coincided with the general views held with respect to the connexion of rheumatism with abnormal states of the joints and heart, and with scarlatina; but could not help thinking, notwithstanding, that it has now and then happened that cases of inflammation and of suppuration within or around joints have been regarded as of rheumatic nature, when they should have been referred for their solution to pyemia, phlebitis, umbilical phlebitis, purulent infectia, etc. Some cases illustrative were referred to, as also the views of Betz, which discuss the question of the actual identity of scarlatina and rheumatism. The connexion of arthritis with variola was then referred to, as also with diseases of the heart. Passing from this division of the subject to the connexion of the diathetic affection with chorea, essential paralysis, and contracture, with seclampsia spinal, and (certain form of) cerebral meningitis, and with pleuritis, were alluded to; and the judgment arrived at, that however possible such connexion was in all, and probable in some, yet the author believed it was (perhaps with one exception) not proven in any, not even in chorea. It was admitted, however, that the pathologist engaged in studying diseased action in childhood and

youth, made no more bold an assertion in affirming the rheumatic nature of these morbid conditions occurring unconnected with the typical signs of the diathetic malady, than did the pathologist of adult life when asserting that rheumatic fever may occur "without, from first to last, the slightest concurrent local inflammation, whether of the joints, or of the heart, or any other organ." The question arises, in both cases, How or by what, then, is the rheumatic nature predicated? The connexion of rheumatism with secondary affection of the brain was then entered into with some detail, as this point was chiefly sought to be illustrated by Dr. Willshire's paper. By some it was denied, and by some maintained, evidently more from theory than from observation. At one time it was believed, both as regards adults and children, that the brain symptoms were due to cerebral lesion; but soon re-action took place, and it was asserted, that these symptoms were mostly, if not always, due to lesion of the cardiac organ, and that the brain itself was intact, but functionally interfered with, as it were, in a reflex manner. More lately still, it was sought to show proof that both heart and brain, and even all other visceral inflammation, might be eliminated from the process, and the cerebral symptoms referred to a distempered condition of the blood as the proximate cause of their supervention. The anthor believed that we had sufficient clinical experience to warrant belief in the connexion of brain diseases with rheumatism, to prove, on the other hand, also, that the brain symptoms were sometimes due to the cardiac complication, the brain itself being lesionally free, and also sufficiently fair hypothesis to permit of the occasional cause being "blood poisoning." In proof of the second proposition, the author then detailed a case which had lately been attended by himself and Mr. Jeffree, of Lambeth. The paper concluded with some references to the literature of this portion of the subject.

Dr. Glover considered it to be doubtful if the deposit found in tubercular meningitis is true tubercle, not having met with a distinct statement to that effect. If it were merely lymph, there would be no reason why tubercular as well as simple meningitis should not be associated with rheumatism. He expressed his surprise that the author of a preceding paper should have stated, that no mode of distinguishing tubercle from pus corpuscles exists, except so far as respects the size of the two bodies; and affirmed, that they may be readily distinguished from each other. The tubercle is dead matter, while the pus globule is a living organism, and has a moving nucleus.

Dr. E. Smith had been engaged in an extensive practice, in which cases of tubercular meningitis were of frequent occurrence, and felt assured, from careful microscopic examination, continued through many years, that the deposited matter presents all the histological characters of true tubercle.

Mr. Richardson was of opinion, that a connexion between scarlet fever and rheumatism does exist, but was not sure that the two are identical diseases. He referred to a family living in a damp locality near to Barnes, in which, of five children attacked with scarlet fever, two had rheumatic complications, and one of these died. He had no doubt that the acute swelling and attendant fever indicated true rheumatism, and had observed that it was only as the skin regained its functions that improvement began to manifest itself. He further referred to the opinions expressed by Drs. Kennedy, Golding Bird, and Withering, as to the occurrence of the complication, and was inclined to think that it abounded in certain localities, since the former had met with 40 cases in the neighbouroood of Belfast. The author had not referred to the frequency of rheumatic fever, but he (Mr. Richardson) had prepared an abstract from the Registrar-General's returns, extending over a period of six years, and including twenty-six counties and the London districts, from 1843 to 1848 inclusive, which showed that the proportion of deaths from that disease to those from all causes at all ages were as 1002 to 678,815. As it respects the influence of age, he had found under 5 years of age 16 deaths from that disease in 269, 805 deaths from all causes; 226 deaths from 5 to 20 years of age; 249 deaths from 20 to 40 years of age; 298 deaths from 40 to 60 years of age; and 215 deaths above 60 years of age, thus proving that the majority occurred between 40 and 60 years of age.

Dr. Camps had met with two cases which appeared to indicate a connexion between meningitis, or other head affections, and rheumatism. One occurred in a boy of 10 years of age, while living at school, and exhibited itself in the form of mania. The only cause of this disease which could be discovered was his having recently left off a flannel waistcoat. He believed that Dr. Bright's opinion was now established as to the connexion which exists between chorea and the rheumatic diathesis.

Mr. Dendy was at issue with the author as to the use of the term rheumatism, being of opinion that it had not been well defined, and was employed to designate a condition of the joints for which we have no other appellation. He would prefer the term arthritis. He approved of Hunter's maxim, that two diseases cannot run through their course in the system at the same time, and expressed his doubts as to the existence of the connexion between scarlet fever and rheumatism which had been referred to. As to the complication of cerebral symptoms, he believed that it was not restricted to rheumatic cases, but attended the last moments of all fatal cases of acute diseases. He believed them to depend upon meningeal congestion rather than inflammation. Without expressing any objection to the constant reference to French, German, and Latin authors, he would have preferred a more copious reference to English authorities, believing them to be at least equally valuable.

Mr. Love was doubtful if the rheumatic symptoms attending scarlet fever in very young children are really due to true rheumatism, and thought that the complication should rather be referred to the pre-existing disease. He had, however, met with a case of scarlet fever in which head symptoms, with epileptic fits, had supervened on the tenth day, precisely as was related in the author's case; and this would have been a counterpart of the latter if any rheumatic condition of the joints had been present. He had repeatedly treated cases of true rheumatism in children of four years of age, and had found that they did equally well, and on the same principles as those occurring in adults.

Mr. H. Lee referred to the state of the joints, and the general condition of the system, indicating true rheumatic fever, which occasionally follows the absorption of ill-conditioned abscesses. This was clearly owing to the distempered state of the blood; and presented the deposits upon the serous tissues of the head and heart met with in that disease.

Dr. Daniell, Mr. Dendy, and the author, then engaged in a logomachy on the terms rheumatism, arthritis, metastasis, and idiopathic, which having ended "as well as could be expected," the Society adjourned.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JANUARY 17, 1854.

Dr. BABINGTON, President, in the Chair.

Dr. Brinton exhibited a case of

ABSCESS OPENING INTO THE LARYNX.

Some of the interest attaching to this case was owing to the fact, that tracheotomy had been at one time proposed for the relief of the dyspnœa, which formed one of its most prominent features. The patient, a member of a consumptive family, was admitted into the Royal Free Hospital, on account of frequent attacks of dyspnœa, severe, though of short duration. The complaint began with hoarseness, leading to complete aphonia. The breathing was stridulous, and there was much pain over the trachea. There were no distinct symptoms of phthisis; but the history of the patient seemed to indicate the probability of tuberculous ulceration of the larynx; this, together with the fact, that the dyspnœa was at no time so violent as to give rise to danger of death by asphyxia, was considered to render the operation of tracheotomy unadvisable. The patient finally died of exhaustion, certainly not of asphyxia. On examination, an abscess was found in the larynx, involving the thyroid and arytenoid cartilages, and also the recurrent laryngeal branch of the pneumogastric nerve. Tuberculous deposits, in an early stage, were found in the upper part of the lungs, and there were traces of lobular pneumonia in the lung of the side on which the nerve was affected. It might be a question, whether tracheotomy would have been of any use in this case. Most probably not.

Dr. Brinton also showed a

PERFORATING ULCER OF THE LARGE INTESTINE.

The patient, who had suffered from one or two previous milder attacks of a similar nature, which had readily yielded to treatment, was admitted into the hospital labouring under constipation, (brought on by neglect,) with pain in the left iliac fossa, and general swelling of the abdomen, which was increasing. A copious evacuation was obtained by the use of aperients, and the patient experienced great relief; but, in the course of a few hours, the symptoms returned in an aggravated form, stercoraceous vomiting came on with great pain and swelling, and the patient died in three days.

On examination the colon was found in a gangrenous state, with a perforation of the size of a sixpence, through which fæcal matter had passed into the cavity of the peritoneum.

Dr. Lloyd inquired whether, in Dr. Brinton's first case, the ulcer was connected with the arytenoid joint. He had seen several cases in which this articulation had seemed to be affected with scrofulous disease, as any other joint in the body might be.

Dr. Brinton said, that the ulcer appeared to have commenced at the base of the thyroid cartilage; but perhaps Dr. Lloyd would examine the preparation, and give his opinion on it.

The President asked whether the intestinal ulcer presented any appearance of malignancy?

Dr. Brinton had not been able to make out any such character; most probably it did not.

Mr. N. Ward presented an example of

TRAUMATIC ULCER OF THE SMALL INTESTINE.

The patient, a man suffering under inguinal hernia, received a kick on the tumour in the course of a quarrel. He was brought into the London Hospital suffering under peritonitis, of which he died after four days' illness. On examination, two or three pints of fluid were found in the cavity of the peritoneum, the intestines were glued together by adhesions; and, on separating the two adherent protruding folds forming the hernia, a partially healed rent was found in the mesentery, and in the neighbouring intestine a gangrenous perforating ulcer. The rent in the mesentery, caused by the blow, had, to all appearance, led to peritonitis, and this, in its turn, to perforation of the intestine and death.

Mr. Ward also exhibited a case of

ANEURISM OF THE AORTA OPENING INTO THE ŒSOPHAGUS.

The patient, a sailor, was brought into the hospital immediately after a sudden and violent attack of hæmatemesis, to which, as it appeared, he had been subject. He complained of uneasiness about his chest, but, on account of his weak condition, only a superficial stethoscopic examination was possible, and nothing was detected. The vomiting of blood soon returned, and the patient died suddenly. On examination, an aneurism of the aorta was found, about the size of a small egg, which had burst into the œsophagus.

Dr. Lloyd had examined the preparation from Dr. Brinton's first case. It was impossible to say where the ulceration had originally commenced; but one thing was certain,—viz., that the arytenoid joint was destroyed. Aphonia was a constant symptom of destruction of the arytenoid cartilages.

Dr. Brinton, to show how little any one symptom could be relied on in these cases, mentioned a case in which equally complete aphonia had been a consequence of aneurism of the aorta.

Mr. Mitchell Henry mentioned, as a parallel to the case first given by Mr. Ward, that of a man admitted into the Middlesex Hospital with a black slough in the groin, presenting, at first sight, all the appearances of a sloughing bubo. It, however, on examination, proved to be a gangrenous perforation of the intestine of an irreducible hernia, fæcal matter escaping from the opening. The man died of peritonitis.

Dr. Handfield Jones exhibited

TWO CASES OF DISEASED STOMACH.

The patient from whom the first was taken had died with granular degeneration of the kidneys and anasarca. There had probably been no stomach symptoms. On the mucous surface of the stomach were found two ulcers, one extending to the submucous tissue, and the other laying bare the fibres of the muscular coat. The tubular structure of the stomach was indistinct, and in some parts had entirely disappeared. A lowly organised substance had formed among the tubes, concurring with and promoting their atrophy. With regard to the second case he must ask the aid of the Society to assist him in determining whether the appearance there seen was an ulcer or not. The patient had died suddenly after a journey in cold weather. The heart was found enlarged, with patches of fatty degeneration in its muscular tissue. The valves tolerably healthy. On the serous surface of the stomach, in the splenic region, there was a depression of the appearance of an ulcer the size of a half-crown piece, which had quite clean cut edges, was perfectly circular, and extended to the mucous coat in depth. There was no thickening around it, and no trace of inflammation. If this was a true, it certainly was a rare form, and nothing like it was described by Rokitansky. Perhaps the Society would aid him in the determination of the question.

The President suggested that Dr. Beale and Dr. Bristowe should examine it, and report upon it.

Dr. Ogier Ward mentioned a case where the patient lived twenty-three days with perforations of the intestines, and, after death, numerous ulcers were found on the peritoneal surface of the intestines, probably caused by the irritation of the fæcal matter which had been poured into the peritoneal cavity.

Dr. Fuller presented some

FIBRINOUS CASTS OF THE BRONCHIAL TUBES.

The patient, a married woman, who, when a child, had never had croup or any similar disease, had, for the last thirtee.. years, and especially during the last twelvemonths, been subject to attacks of violent dyspnœa, followed by the expectoration of these fibrinous casts. Relief was given by the use of calomel and alkalies. He had not been able to make a microscopical examination of these casts.

Dr. Handfield Jones inquired whether these attacks had been attended with fever.

Dr. Fuller said that they had not. These attacks were invariably brought on by exposure to cold and damp air.

Dr. Peacock asked whether there had been any hæmoptysis, and whether the casts were tubular.

Dr. Fuller said that the patient had suffered from hæmoptysis. He had not yet had time to examine the casts exhibited this evening, but those expectorated in former attacks were solid.

Dr. Lloyd remarked on the importance of Dr. Peacock's questions, and mentioned cases where these casts were coagula of blood.

The President suggested that Dr. Peacock should examine these casts, and report upon them.

Mr. Shaw exhibited a

TUMOUR FROM THE BRAIN.

The patient, a gentleman 62 years of age, had been under the care of Dr. Watson on account of an attack which commenced with severe throbbing pain on the right side of the head, not constant, though returning every day; there was sickness and nausea in the mornings, but no confusion of thought. It should be mentioned, that, twenty-seven years previously, he had suffered from a nervous affection of the right leg, from which, however, he had entirely recovered. The symptoms were for a time relieved by the use of veratria, combined with the application of leeches; they soon, however, returned with increased severity, at first by night, and then also by day. One morning he awoke with paralysis of, as he said, the left arm, but this was probably a mistake; it went off, but soon complete and permanent paralysis of the right arm came on, followed by hemiplegia of the right side, double vision, insensibility, and, in the course of three days, death.

On examination of the brain, the arachnoid was found dry and opaque, and two plates of bone, one inch each in length and breadth, and with serrated edges, were found in it on the right side, in the position where the pain had been felt during life. The substance of the brain was charged with serum, the ventricles were dilated, and, in the left, was a large, firm, white tumour, on a rather narrow base. Traces of old, inflammatory action, were found on the left side of the inferior surface of the brain, extending from the fissure of Sylvius to the medulla oblongata. There was an atheromatous deposit in the basilar artery. On microscopic examination, the tumour was found to be chiefly fibrous, containing also cells with oval nuclei, but no fusiform cells. The bony spicula were pronounced, by Mr. Tomes, to have all the microscopic characters of the most perfect bone. The tumour was, most likely, an affair of some standing, for the inflammation, which had left traces behind it, was evidently not a recent one, and had probably been excited by the presence of the tumour. The pain was probably owing to pressure of brain against the spicula of bone, on account of the fulness occasioned by the tumour.

Dr. Lionel Beale showed a

TUMOUR FROM THE CALF OF THE LEG.

This tumour was removed by Mr. Fergusson from a man of healthy family, and in whom no traces of the cancerous diathesis could be found. It had come on spontaneously, and had been gradually increasing for four years, when the operation was performed. It formed a large, soft, fluctuating mass in the calf of the leg, and was situated between the gastrocnemius and soleus muscles; the former being spread over it as a thin plane of muscular fibres. On making an incision into it, a large mass of jelly-like substance escaped, and the remainder of the tumour was easily scooped out from its bed. There was no distinct cyst. On a microscopical examination, the tumour was found to consist of a meshwork of fibres with clear interspaces, and minute dots scattered around the fibres, which dots, with a

higher power, were found to be cells containing oil-globules. Ether dissolved the oil-globules, and acetic acid brought into view a few nuclei on the fibres.

Dr. Lloyd inquired whether any malignant cells were seen?

Dr. Beale did not discover any signs of malignancy; it was a colloid tumour, not a colloid cancer.

Dr. Pollock exhibited some

HYDATIDS OF THE LIVER.

The patient had died suddenly with bronchitis and emphysema, though, when Dr. Pollock left the *post-mortem*, the direct cause of death had not been ascertained. Tumours had been diagnosed during life, and, after death, two hydatid cysts were found under the liver.

Mr. Shaw showed the

BRAIN OF A MAN WHO HAD BEEN SUBJECT DURING LIFE TO EXTRAORDINARY CONVULSIVE MOVEMENTS.

The man from whom this brain was taken had been the subject of such extraordinary convulsive movements in his attempts at progression, as to have been often suspected of imposture; but he had been well known and carefully watched for many years by several Medical men. He died of bronchitis without any brain symptoms. On examination the brain was found to weigh 41½ oz.; the medulla oblongata was very small; a quart of fluid escaped from the arachnoid; the pia mater was congested; there was extensive effusion of lymph on the surface of the brain, and an atheromatous deposit in the blood-vessels.

Dr. Lloyd would have expected some signs of affection of the brain with such extensive disease.

Dr. Barclay mentioned a case where an extensive deposit of quite recent lymph was found in the brain, and yet the patient was quite sensible up to her death, and there were no brain symptoms whatsoever.

Mr. Evans exhibited a

KIDNEY WITH NUMEROUS CYSTS.

The patient, a man aged 41, whose urine had in October last been found free from albumen, was admitted into the hospital in an almost fainting condition, with œdematous limbs and suffering under dyspnœa; still no albumen in the urine. In this condition he died, and on examination the brain was found healthy, the lungs gorged, the pleuræ adherent, the heart large, the mitral valves thickened, the liver in a state of commencing cirrhosis, the right kidney apparently healthy; the left, which weighed 5 oz., had its cortical substance honey-comb-like in appearance, from a large number of cysts containing an albuminous fluid; the epithelium was thickened and abnormal in appearance, and in the right and apparently healthy kidney, the epithelium was also found thick and opaque. The points chiefly to be noticed in this case were the non-presence of albumen in the urine, and the apparent healthiness of one kidney coinciding with extensive disease in the other, while the microscope showed the same disease, in very different stages, to exist in both.

Mr. Pilcher presented a case of

DISEASE OF THE EAR EXTENDING TO THE BRAIN.

The patient, a gentleman, aged 45, had had two polypi removed from the ear in 1847. The operation was followed by free bleeding; they returned, however, and, in 1853, the patient became affected with giddiness, and temporary dimness of sight, and was at times lethargic. The dimness of sight increased, and he became, first occasionally, and at length entirely, blind; there were also otorrhœa and obstinate constipation, and, notwithstanding the remedies employed, the patient at length died, preserving, however, until death, the full use of all his faculties, except that of sight. On examination, there was found extensive ulceration of the floor of the external meatus, and the interior wall of the tympanum, from which extended a tumour, raising the tentorium, and pressing on the left side of the cerebellum. There was extensive effusion into the ventricles, and on the anterior lobes of the brain, thus accounting for the blindness. The tumour was too much decomposed to admit of a satisfactory microscopical examination. The chief peculiarities of the case were the large size of the tumour, and the free hæmorrhage on injury.

Cholera on Board Ship.—The packet-ship Continent had arrived at New York in 42 days from Liverpool, with the loss of 54 of her steerage passengers by cholera.

MEDICAL NEWS.

St. George's Hospital.—At a General Meeting of the Subscribers to the Library of this Hospital, held on the 28th of January, it was moved, seconded, and unanimously resolved, "that, in consequence of late proceedings, the *Lancet* be no longer taken into this Library."

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 27th instant:—

Barrow, John Charles, Loughborough.
Derry, Rowland Hill, Plymouth.
Hart, Walter, Blackheath.
James, Henry Vale, Leominster.
Lord, John, Crewe, near Nantwich.
Phillips, James, Euston-place, Euston-square.
Rendle, Edmund Marshman Russell, Plymouth.
Titterton, Henry, Birmingham.
Tyrrell, Walter, Richmond.
Wyndowe, S. Jardine, H. E. I. Company's Service, Madras.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Jan. 26:—

Jackson, Peter Nevill, Leven, Yorkshire.
Kenworthy, John, Saddleworth, Yorkshire.
Thompson, William, Graaf Reinett, Cape of Good Hope.
Young, William Talbot,

APPOINTMENTS.

Medical.—John Milner Barry, M.D., has been appointed one of the Physicians to the Tunbridge Wells Infirmary and Dispensary.

Royal Medical Society of Edinburgh.—At a late meeting of this Society, George Christopher Molesworth Birdwood, Esq., Bombay, was elected Junior President, on the resignation of Dr. Winchester; and John Jardine Murray, Esq., Wimbledon, was elected Curator.

At a meeting of the Governors of the Sheffield Dispensary, held on Wednesday, the 18th ult., Mr. Septimus Arden, of Beverley, was elected House-Surgeon to the institution, by a majority of 205 votes. There were six other candidates for the office.

Naval.—Surgeons John Moody (1838), to the James Watt, 90, screw steamship, at Devonport; David Geddes, M.D. (1831), to the Illustrious, 72, at Portsmouth; Maurice T. West (1842), to the Cæsar; Gerald Yeo, M.D. (1850), recently serving in the Archer screw steam sloop, to the Dragon paddlewheel steam frigate, at Portsmouth; Thomas Seccombe (1853), recently promoted from Assistant-Surgeon of the Hermes when on the East India station to the Royal Naval Coast Volunteeers. Assistant-Surgeons Robert Wallace, M.D. (1845), recently serving in the Dauntless steam frigate when on the West India station, to the James Watt; Charles H. Chambers (1851), recently serving as additional to the Penelope steam frigate flagship, on the West Coast of Africa station, to the Cæsar; Augustus R. R. Preston (1846), from the London, 90, to the Illustrious; John C. Ingles (1847), to Haslar Hospital at Portsmouth.—Surgeons: Gerald Yeo, M.D., (1850), recently serving in the Archer steam-sloop, and who was yesterday appointed to the Dragon, is now appointed to the Bulldog paddle-wheel steam-sloop, at Portsmouth; Charles Thomas Simpson Kevern (1846), to the Dragon, paddle-wheel steam-frigate, at Portsmouth, vice Yeo. Assistant-Surgeon H. G. Roby, to the Bulldog.

Military.—3rd Light Dragoons: Surgeon William Ord Mackenzie, M.D., from the 82nd Foot, to be Surgeon, vice Henderson, who exchanges. 9th Light Dragoons: Assistant-Surgeon John James Clifford, M.D., from the 96th Foot, to be Assistant-Surgeon, vice Jephson, who exchanges. 9th Foot: Assistant-Surgeon John Coote Ovens, from the Staff, to be Assistant-Surgeon. 14th Foot: Surgeon William Denny, from the 34th Foot, to be Surgeon, vice Batt, who exchanges. 34th Foot: Surgeon Edgar Dumaresq Batt, from the 14th Foot, to be Surgeon, vice Denny, who exchanges. 62nd Foot: Assistant-Surgeon John Eldon Young, M.D., from the Staff, to be Assistant-Surgeon. 82nd Foot: Surgeon James Hen-

derson, M.D., from the 3rd Light Dragoons, to be Surgeon, vice Mackenzie, who exchanges. 96th Foot: Assistant-Surgeon William Holmes Jephson, M.D., from the 9th Light Dragoons, to be Assistant-Surgeon, vice Clifford, who exchanges.

VACANCY.

KENT AND CANTERBURY HOSPITAL.—The office of Dispenser is vacant. Appointment to be made Feb. 24.

DEATH.

HOWARD.—Jan. 27, at 6, Upper Gloucester-street, Dorset-street, Dr. R. Howard, M.D. Giessen; M.R.C.S. Eng. 1835; L.S.A. 1836. Author of—"Revelations of Egyptian Mysteries and Allegories of the Greek Lyric Poets;" "A Treatise on the Hurtful Nature of Salt, as taught by the Ancient Egyptian Philosophers;" "Saturnian Religion the Shield of Health;" a paper in the *Lancet* "On the Singular Efficacy of the Acetous Acid in Nervous and Sick Headaches."

NORTH LONDON MEDICAL SOCIETY. — Dr. Greenhalgh will deliver the annual oration on the advance of Practical Medicine during the year 1853, on February 8th.

THE BATTLE OF SINOPE.—M. Girault, Surgeon-Major to the Mogador, has written an interesting letter to the Editor of the *Gazette Médicale de Paris*, describing the scene witnessed by the French and English Medical staff upon their arrival at Sinope shortly after the destruction of a division of the Turkish fleet by a superior Russian force. We learn from M. Girault, that seven Turkish frigates and some smaller vessels were attacked by six Russian ships (two and three-deckers) and by a considerable number of frigates. The results of so unequal a contest could not be doubted. "Upon starting, the sea was rough, and we kept side by side with the Retribution (for which we were sometimes obliged to slacken speed). After forty-eight hours we doubled the Cape, which conceals the town of Sinope, and we were first struck with the complete absence of vessels in a roadstead, where, a few days before, a sanguinary combat had taken place. Upon approaching, we began to perceive on the level of the water, and close to the shore, smoking black masses; they were the hulls of the Turkish vessels. The shore, opposite a frigate, which, as we afterwards learned, had blown up after half an hour's combat, was white with corpses, which had been dragged above high-water mark for purposes of interment. Before the combat there were five thousand living beings. It was estimated that two-thirds had been killed. Far in the interior, the ground was covered with fragments of all kinds. 'I will not attempt to pourtray,' says M. Girault, 'my impressions upon visiting the scene of action. I well understood why civilized spirits yearn for peace. They do so with good reason. The Anglo-French commanders decided, with one accord, that the town was too desolate, and too denuded of resources, for surgeons to be left there in charge of the wounded, as was first intended. We therefore received orders to convey all the sufferers on board. We were struck, upon examining the wounded, to find how great an effort Nature had made to repair vast lesions of seven days' date. The wounds generally had a healthy appearance. There were many comminuted fractures of the leg, a few of the thigh, many wounds from explosions, vast surfaces, muscles, etc., carried away; many burns,—they were the predominant lesion, as may be understood, since all the Turkish vessels were either burnt or blown up. I amputated one arm above the elbow on the spot; and M. Vincent, of the Valmy, performed the same operation upon another patient. The forearm had become gangrenous.' Both officers and men of both nations seem to have been animated by the highest spirit of humanity; the sailors volunteered their services, and ultimately the work was accomplished, but after great labour and much privation. The Mogador received 87 wounded, of whom 55 were severely injured. The number received on board the Retribution is not stated. The vessels returned in safety to Constantinople, and the sufferers were taken into the Naval Hospital, where they are doing well."—*L'Union Med.*, Jan. 7, 1854. These are the proceedings of what the press in Southern Europe designated with a sneer, "the great lint expedition."

YELLOW FEVER AND CHOLERA.—The yellow fever was again commencing at St. Thomas's; and that island, with some of the surrounding smaller islands, was likewise being frightfully ravaged by cholera. Up to the sailing of the Medway, 791 deaths had occurred in St. Thomas's alone; and the *St. Thomas's Times* of the 7th ult. says:—"We record to noon of this day 791 deaths in town and country. A few of that number are of course from other causes than cholera, but these are indeed but few. From the number of deaths occurring daily, it is to be seen, that the same forms no scale whereby any judgment can be formed as to augmentation or diminution of the fell disease, as on one day the table of mortality indicates a number which would lead us to hope that the malady was disappearing, while on the next day the increase sets a blight on that hope. The affliction is not confined to St. Thomas's; for the keys and small islands in our immediate neighbourhood appear to be stricken in like manner, only that their case is more to be deplored, as the few inhabitants are void of those means which a populous town like ours possesses." The last steamer brought news that the cholera had broken out at Nevis, and it was feared that it would spread among the whole group of the northern and windward islands.

SMALL-POX still lingers in the Sandwich Islands, but less fatally.

MORTALITY NOTABILIA.—The number of deaths registered in the Metropolitan districts in the week that ended on Saturday, was 1178. This amount differs little from the number returned in the previous week. In the ten corresponding weeks of the years 1844-53, the average number was 1086, which, if a certain proportion is added for increase of population, becomes 1195, nearly the calculated amount. In the four weeks of January, the following were the numbers of deaths registered:—1444, 1492, 1195, and 1178, showing a continual decrease during the last three. In the same periods the mean temperature rose as follows:—30·2°, 37·5°, 42·2°, and 42·2°. Deaths from the class of pulmonary complaints were in the last two weeks 250 and 242. The number dying from these latter has now fallen below the average, while fever and diseases incidental to children are about as fatal as usual.

Births.—817 boys and 845 girls, in all 1662 children, were registered as born in London in the week. The average was 1444. Births over deaths, 484.

Meteorology.—The mean height of the barometer was 29·993 in. The mean temperature of the week was 42·2°, which is 5·2° above the average of 38 years. Mean daily temperature above average on every day. On Sunday, Thursday, and Saturday the excess was more than 6°. Highest temperature on Thursday, 52·1°; lowest, 31·9°, on Wednesday. Mean dew-point temperature, 38·6°. Wind south-east and south-west. Highest temperatures of Thames, 43·5° and 43·2°. Horizontal movement of air, 1085 miles; rain, 0·13 ins.; no electricity shown in the week.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, January* 28, 1853.

CAUSES OF DEATH.	JAN. 28.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES	520	368	264	1178	10856
SPECIFIED CAUSES	518	368	264	1150	10774
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	169	45	16	230	2132
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	4	28	20	52	485
3. Tubercular Diseases	58	115	7	180	1848
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	48	31	31	110	1240
5. Diseases of the Heart and Blood-vessels	4	22	23	49	368
6. Diseases of the Lungs and of the other Organs of Respiration	114	59	69	242	2362
7. Diseases of the Stomach, Liver, and other Organs of Digestion	33	27	13	73	601
8. Diseases of the Kidneys, etc.	2	9	4	15	118
9. Childbirth, Diseases of the Uterus	..	6	..	6	109
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	5	1	7	80
11. Diseases of the Skin, Cellular, Tissue, etc.	..	2	..	2	20
12. Malformations	2	..	..	2	38
13. Prematnre Birth and Debility	29	..	1	30	235
14. Atrophy	24	..	13	37	189
15. Age	..	..	61	61	597
16. Sudden	3	3	..	6	94
17. Violence, Privation, Cold, and Intemperance	27	16	5	48	258
CAUSES NOT SPECIFIED	2	..	..	28	82

ORIGINAL LECTURES.

LECTURES
ON THE
FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture III.

FERMENTATION IN THE CONTENTS OF THE STOMACH, WITH DEVELOPMENT OF SARCINÆ.

The consideration of the preceding kinds of fermentation leads us naturally to that particular kind in which those curious bodies, the *sarcinæ ventriculi*, are formed in the stomach.

These bodies were first discovered by Mr. John Goodsir, in 1842, in a case of which he has given the following account :—

"Mr. ——, aged 19, consulted me about a stomach complaint, under which he had been labouring for four months, and which had more or less resisted every attempt made for its removal. He informed me that he considered it to be water-brash; that it attacked him on awaking in the morning with a feeling of distension of the stomach; that, without any effort of vomiting, a quantity of fluid, varying in volume from two-thirds to a whole wash-hand basinful, passed up from his stomach; that, after this, he was quite relieved, and experienced no further inconvenience till the evening of the same day, when, without decided distension, sounds as of a fluid boiling or bubbling, and proceeding from the region of his stomach, were perceptible to himself and to those around him; that he slept well enough, but was generally attacked in the usual manner next morning. Such was my patient's own account of his case.

"On examining more particularly into the symptoms, I could ascertain nothing positive. His tongue and pulse were natural; he had no headache, nausea, or thirst; no tumour could be detected in the epigastrium, and no pain on pressure was complained of in the region of the stomach. The bowels were moved daily, and the stools were normal. His appetite was not affected, and the usual articles of diet appeared to agree with him. He was thin, but had a good complexion, and his flesh was firm. He stated that he had been very fat, but that this had left him before the accession of his stomach complaint. I was informed that one of his testicles had never descended beyond the groin."(a)

The fluid thrown up from the stomach smelt, Mr. Goodsir adds, like fermenting wort, with a faint acid odour; and, after it had stood a few hours, was covered with a mass of froth, like the head of a pot of porter. The fluid itself was then moderately transparent, and of a light brown colour; and had deposited on the bottom of the basin a ropy matter of granular appearance.

Mr. Goodsir proceeded to examine the fluid under the microscope, expecting, from the signs of fermentation which the matter presented, to see some of the globular or moniliform algæ, which are the usual concomitants of certain fermentations. "What," he says, "was my astonishment then to find, in the first drop I examined, not the vegetables I was led to expect, but numerous individuals of a form with allies of which the zoologist is familiar! Drop after drop exhibited the same specific form, with a precision which convinced me that I had now to deal with an organism which, whether animal or vegetable, was closely allied to certain genera of *bacillariæ*, and much more closely to the genus *gonium* among the *volvocinæ*."

These organisms—the sarcinæ—are square or slightly oblong

plates, the thickness of which is about one-eighth of the length of one of the sides. They are divided into four equal squares by lines, which join the middle points of opposite sides, and cross at right angles in the centre of the face, so as to resemble a packet bound with cords, which cross at right angles.

Each of the four secondary squares is again divided into four ternary squares, being similarly arranged, but more faintly marked.

Perfect individuals vary from 800 to 1000 of an inch linear along each of their sides, and under a high power appear slightly brown or yellow.

After discovering the sarcinæ, Mr. Goodsir submitted some of the fluid to Dr. George Wilson, who made an elaborate analysis of it, and found that it contained a large quantity of acetic acid, some acid which he inferred to be the lactic, and a minute quantity of hydrochloric acid.

The patient was under Mr. Goodsir's observation nearly two months, at the end of which the disorder still continued, but was much mitigated by the remedies employed.

Soon after the observations of Mr. Goodsir were published, sarcinæ were found by Mr. Busk in three cases in quick succession.

The first case was that of a young man who was admitted into the Seamen's Hospital for severe injuries, and who, previously to the infliction of these injuries, had been in perfect health. He had sustained rupture of the diaphragm, in consequence of which the whole of the stomach and parts of other abdominal viscera had passed into the cavity of the left pleura. After his admission to the Hospital, he lived about eight days, during which time everything he swallowed was brought up again by a kind of regurgitation, apparently without having entered the stomach at all. Besides the mere ingesta, a peculiar-looking brown fluid was occasionally thrown up in large quantity, to the amount, in the course of twenty-four hours, of several pints. On being allowed to stand for twenty-four hours, this fluid underwent a kind of fermentation, had a faint odour, something like that of fermenting wort, and was covered with a yeasty froth.

On examining the brown matter through the microscope, Mr. Busk found that it was composed almost wholly of sarcinæ, and of small bodies like the torulæ of yeast.

The second case was that of a young man who had fracture of the spine and, as was supposed, rupture of the diaphragm, in consequence of falling into the hold of a vessel. About twelve hours after the occurrence of the injury he vomited once, and once only; and the matters rejected consisted of a small quantity of brownish fluid, mixed with food. The brown colour, as in the former case, was found to depend upon the presence of coloured flakes, composed in the greater part of sarcinæ.

This man never vomited afterwards, and at the end of several months was in perfect health, excepting the paralysis and other effects of the injury done to the spine. His appetite and digestion were very good.

The third case, related by Mr. Busk, was that of a boy, about 15 years of age, who was much reduced by disease of the hip-joint, from which he had long suffered. A short time before his death, he was seized with acute pleurisy, which was attended with frequent vomiting, and in the matter thus rejected, and consisting of little more than mucus, were observed many brownish flakes, which were found to be composed principally of sarcinæ.

Nothing peculiar was observable in the mucous membrane of the stomach in this or in the first of the cases related by Mr. Busk; nor were any of the sarcinæ to be detected, on the most careful examination, in any other part of the alimentary canal than the stomach. (*Microscopical Journal*, Vol. II., p. 321.)

In the winter of 1850, two men, having this peculiar form of indigestion, were in the Hospital together, and were long under my observation.

One of them, James Lane, was a labourer, 44 years of age; and the stomach disorder, as in two of the cases recorded by Mr. Busk, seemed to have resulted from an injury. He told us that he had led a temperate life in the country, and that his health was good until two years before, when, while he was at work on a railroad, a large quantity of earth fell on him, throwing him with violence across some pieces of thick board which were lying immediately in front of him. He was completely buried in the earth for half an hour, at the end of which he was dug out insensible, and was found to have received some severe injuries of the head and face. Ever since that time he has had palpitation and shortness of breath on exertion, so that he has been unable to work hard; and his stomach has been disordered in the following way. As soon as he recovered from the immediate shock of the injury, he began to suffer pain at the stomach. The pain continued, and from that time he had occasional vomiting; but the vomiting did not trouble him much until the last four months, during which it had occurred, on an average, two or three times in twenty-four hours. The vomiting occurred most frequently in the evening, or at night after he had gone to bed.

On his admission to the hospital, on the 11th of December, he was thin, and much out of condition. His appetite was good, but a few minutes after every meal he had pain and a sense of burning at the pit of the stomach, soon followed by much flatulence and distension of the stomach, which continued until he vomited, when the stomach got slack, and the heart-burn ceased. The matter vomited varied in quantity from a

(a) *Edinburgh Medical and Surgical Journal.* Vol. LVII., p. 430.

teacupful to a quart or more. It was always sour, and, after it was vomited, fermented and frothed like wort. When it had stood some hours in the vessel in which it was received, it consisted of a clear liquid, which had a brownish sediment, and was covered by a light-brownish frothy matter that looked and smelt like yeast. He stated that the stomach was usually cleared by four or five efforts of vomiting—that a clear liquid like water came first; a thicker and brownish matter last.

On microscopic examination, the brownish matter was found to contain great numbers of the yeast-fungus and sarcinæ. A drawing of these objects, which I now show you, was made for me by Dr. Jordan, who was then Physician's Assistant at the Hospital.

Lane complained of pain at the right of the epigastrium, and was unable to lie on the right side, as this posture increased the pain and uneasiness at the stomach and the flatulence. On account of this pain, several blisters had been applied between the right mamma and the epigastrium. At a small spot under the cartilage of the tenth rib on the right side, there was constant tenderness, but no tumour could be felt there. The stomach appeared to be somewhat enlarged, and the bowels were habitually costive. It seemed probable that the diaphragm had been injured, and that the movements of the stomach were impeded by unnatural adhesions of the stomach near its pyloric end.

Lane was quite free from fever, but his nights were often restless from the uneasiness and distension of the stomach, which were usually most troublesome in the evening and at night.

He was kept on a diet of lean meat and bread, and was ordered to take two minims of creosote in pills three times a day. Under this treatment the symptoms abated; and, on the 15th of January, five weeks after he came under our notice, he left the Hospital, much improved in condition, but still suffering from pain at the epigastrium, flatulence, and the occasional vomiting or eructation of a sour fermenting liquid.

I sent the liquid vomited on two different occasions to the Laboratory of the College, and requested Mr. Hardwick to analyse it for me, and to ascertain especially what was the nature of the acid, and whether it contained alcohol. He complied with my request, and the result of his analysis was, that the first specimen contained acetic acid and a trace of hydrochloric acid, but no alcohol; the second specimen, acetic acid, but neither hydrochloric acid nor alcohol.

The result of the analysis confirmed, therefore, that made by Dr. Wilson, that the acid generated by the fermentative process is acetic acid.

In the *Medical Times* for the 23rd of August, 1851, Dr. Jenner has published some very valuable and interesting observations on the case of a man who had suffered terribly for many years from the kind of stomach-disorder we are considering. In this instance, an analysis of the matter vomited was once made by Professor Graham, who found that "it contained a large excess of free hydrochloric acid, a little acetic acid, alcohol, and sugar. The gas disengaged was carbonic acid."

Similar results seem to have been obtained by Dr. Bence Jones, from analyses of fluid containing sarcinæ vomited by a man in St. George's Hospital.

It is probable, therefore, that in the fluid vomited by Lane, and analysed by Mr. Hardwick, alcohol was present at an earlier stage of the fermentative process, but that by the time the analysis was commenced this had all passed into acetic acid.

It occurred to me, that it might be possible to generate the sarcinæ from some materials of the food out of the body; and, with the assistance of Dr. Jordan, I made the following experiment:—

A small quantity of the brownish matter containing torulæ and sarcinæ, vomited by Lane, was added, in separate glasses,

1st. To sugar and water.

2ndly. To starch and water.

3rdly. To albumen (white of egg) and water.

4thly. To a mixture of the contents of the three preceding glasses.

The fluid in these several glasses was kept for two or three days at the temperature of the body; but in none of them were the sarcinæ multiplied. I did not then know that an acid condition of the fluid is essential to their development, as M. Andral and Dr. Hassall have shown that it is to the development of some other fungi.

On the 14th of December, 1850, three days after the admission of Lane to the hospital, another man, Joseph Burraston, was admitted, thin and out of condition, like Lane, and having a stomach disorder of the same kind.

Burraston, who was 40 years of age, was a pot-cleaner at a public-house in London, and had drunk very hard of beer and spirits. He had suffered in years gone by from syphilis and gonorrhœa: but, with the exception of these diseases, his health seems to have been good, considering his habits, until about twelve months before his admission to the hospital, when he began to have occasional sickness, especially after drinking beer or spirits.

Six months before his admission the vomiting became more frequent; and since that time, he had sometimes vomited twice or thrice in a day. The appetite was always very good. He suffered no positive pain in the stomach, but soon after meals had a burning heat there, and the stomach became blown out with wind. The uneasy sensations continued until vomiting occurred, when they ceased, to be excited again, in greater or less degree, after the next meal. The matter vomited often amounted to a pint and a-half, and sometimes to two or three pints. It usually consisted of a sour clear liquid, having a light brownish, stringy sediment. It fermented, and after a time became covered with a brownish froth, like that on the top of fermenting wort. The brown matter, both in the sediment and at the surface of the liquid, contained abundance of torulæ and sarcinæ.

No tumour could be felt at the epigastrium, but the bowels were habitually costive, and the stomach appeared to be larger than natural.

The long duration of the malady, the habitual constipation, and the apparent enlargement of the stomach, led me to infer, that the pyloric orifice of the stomach was somewhat strictured; and it seemed probable, from there being no tumour and no positive pain—from there being, in fact, no indications of cancer of the stomach, or of simple ulcer—that the cause of the stricture was that induration of the cellular tissue in the pyloric ring which spirit-drinking causes.

Burraston remained in the hospital till the 29th of March, between three and four months. During all that time he was quite free from fever; the pulse usually ranging from 56 to 80 a minute. The appetite was constantly good, sometimes more craving than natural. The condition of the stomach varied according to the remedies employed. Sometimes, although there was more or less flatulent distension and sense of burning in the stomach after meals, there was no vomiting for many days together. At other times, vomiting occurred two or three times a-day. The distension and uneasiness of the stomach were usually greater, and the vomiting was more frequent in the evening and at night, than in earlier parts of the day. The matter vomited was always the same kind of glairy fluid, and was almost always acid and fermenting. On two or three occasions, however, the fluid was alkaline; and it was observed, that when such was the case, no sarcinæ could be found in it. The same fact was noticed in a man who was some months before in the hospital under the care of Dr. Todd.

The sleep seemed to depend mainly on the state of the stomach; being sound when the stomach was empty, and disturbed and broken when the stomach was distended and uneasy. The urine was always clear, and usually very acid. The quantity of it passed daily varied from a pint and a-half to three pints and a-half in twenty-four hours, and the specific gravity ranged from 1022 to 1011. The larger quantities within this range, and the lower specific gravities being by far the more common condition. The urine contained no albumen, but often exhibited under the microscope crystals of oxalate of lime. It was frequently noticed that the saliva had an acid re-action. Various plans of treatment were tried in succession.

At first, two minims of creosote were given three times a-day, in pills, as in the former case; and, in order to obviate constipation, five grains of the compound aloetic pill at night.

Under these remedies considerable amendment took place, so that three or four days were sometimes passed without vomiting; but the peculiar disorder of digestion always existed in greater or less degree, and, at times, the distension of the stomach was as great, and, if vomiting occurred, the matter thrown up was in as large quantity, and had the same characters as before.

On the 16th of January the creosote was left off, and, on account of the frequent presence of oxalate of lime in the urine, twenty minims of the dilute nitro-muriatic acid were given twice a-day, half-an-hour before the principal meals.

At the end of a week, no benefit having resulted from the acids, the creosote was again given instead, and a diet was ordered from which saccharine substances were excluded, and which comprised a pound of lean meat, eighteen ounces of gluten bread, and two pints of coffee. The disorder again abated.

On the 5th of February it is noted that he had gained 3½lbs.

in weight in the previous week. On the evening of that day, however, he vomited three pints of matter, which was as sour as the matter vomited before, and fermented as much. From this time, though there was always more or less distension and uneasiness of the stomach after meals, he did not vomit till the 19th, when he again brought up three pints, having the same characters as before. On this day his weight was 8 stone 10lbs., exactly as it was on the 5th of February, a fortnight before.

It then occurred to me, that, as the disorder seemed to be kept up by some obstruction at the pyloric end of the stomach, good might possibly result from occasionally emptying the stomach completely, and thus getting rid of the ferment by means of emetics; and, in consequence, I ordered him to take occasionally ℈j. of sulphate of zinc. The emetics acted very powerfully, but no essential benefit resulted from them.

The medicines he had hitherto been taking were now left off, and 5 grains of nux vomica were given in pills three times a-day. These pills were taken more than a week without apparent benefit. On the 10th of March, they were discontinued; and, having learned from a man who was some time before in the hospital vomiting sarcinæ, that he had derived much benefit from eating large quantities of common salt, I prescribed this, as a medicine, to Burraston.

From the 10th of March to the 19th he took two tea-spoonsful, and after the 19th two table-spoonsful of common salt, in half a pint of water, twice a day. Together with the salt, he occasionally took, as before, compound aloetic pills, to regulate the bowels.

This remedy proved much more successful than any previously tried. After he took the large doses of salt, he had occasionally a sense of burning in the stomach, and more or less of distension; but did not vomit, and had very little nausea; and on the 29th of March, three weeks after the salt was ordered, he left the hospital much relieved.

On the 8th of October of the same year, the nurse at the Hospital under whose charge he was showed me a letter she had just received from him, in which he stated, that ever since he left the Hospital he had continued to take the salt, and that for some time he had also taken habitually cascarilla tea. His stomach disorder, he stated, was very much less troublesome than when he was in the Hospital, and he attributed the amendment mainly to the salt.

In the autumn of 1851, I was consulted at my own house by a man who had suffered from this kind of stomach-disorder for ten years, and who had derived great relief from enormous doses of carbonate (bicarbonate?) of soda. He was a carpenter, 40 years of age, who lived in the country, and had always, as he stated, been of temperate habits. The stomach disorder came on without assignable cause, and slowly but gradually increased. He told me that four years before I saw him a chemist had recommended him to take carbonate of soda, and that he soon got to take enormous quantities of it; for months together as much as three-quarters of a pound a week—on his bread, and in his tea and beer—and sometimes, for a short time, as much as a pound a week. For the last four months his allowance had been a quarter of a pound a week, and he had found that a larger quantity of it gave him pain in the back. He stated that at first he derived great benefit from these large doses of soda, and that they enabled him to resume his work, which he had been obliged to discontinue before. His strength, however, had gradually declined, and when I saw him he was much emaciated, and had the look of a man with malignant disease. No tumour could be felt in the region of the stomach, but the stomach was much distended; the bowels were habitually very costive; the cutaneous veins of the belly were large; vomiting occurred frequently, sometimes as often as two or three times a day, and several times within the preceding two years he had vomited matter like coffee-grounds. His symptoms differed from those of the patients of whom I have before spoken, in the circumstance, that solid food gave him pain in the stomach, so that he had been induced to refrain almost entirely from its use.

It seemed to me, that at the time I saw him there was ulceration of the stomach and obstruction at the pyloric orifice, the result, very probably, of slowly-growing malignant disease.

I prescribed at first large doses of salt, but no benefit resulted from them; and I subsequently ordered, I know not with what effect, bismuth, magnesia, and opium. A week or two ago I heard of his death, which took place not long since—towards the end of 1853.

It appears from the preceding cases, and many similar ones on record, that the peculiarity of the disorder we are considering consists in this, that the secretions of the stomach, which seem to be usually more abundant than natural, undergo or excite in the food in the stomach, and after they have been thrown up from it, a fermentation which is attended with the evolution of carbonic acid, and with the production of torulæ and sarcinæ, and which leads to the formation of acetic acid.

The production of the disorder seems to require that there shall be some condition which prevents the stomach from completely or readily emptying itself.

The disorder may occur in young persons, and exist for a short time, as in one of the cases related by Mr. Busk, and in a case that has been recorded by Dr. Bence Jones, in which it was noticed a short time before death in a boy of 14, who died of peritonitis and granular disease of the kidney; but it has been most frequently noticed in men who have reached middle age,—persons more liable than any others to simple stricture and cancer of the pylorus, and to other diseases which prevent the stomach from completely emptying itself,—and in such persons the malady is usually of long duration, and may, indeed, continue to the end of life.

The appetite is generally good, but the indulgence of it is followed by flatulent distension of the stomach, attended by a sense of burning or other uneasiness, which, when an ulcer of the stomach exists, sometimes amounts to almost agonising pain. When the disorder is slight, the heartburn or uneasiness at the stomach continues for some hours, and then gradually subsides, as—in one way and another, by the absorption and discharge of its contents,—the stomach gets empty. When the disorder is in higher degree, the uneasiness persists until it is relieved by the vomiting or eructation of a clear, sour, fermenting liquid. The quantity of this liquid ejected at once varies in different cases and at different times; and when an obstruction at the pyloric orifice has long existed, and the stomach has become much enlarged, sometimes amounts to two quarts or more. When much is thrown up from the stomach, the bowels, as in ordinary cases of stricture of the pylorus, are usually costive. There is, in most cases, complete absence of fever, but sleep is often much disturbed by the distension and uneasiness of the stomach, which, as they result from eating, are more distressing in the evening and at night than in earlier parts of the day.

The disorder of digestion, the pain, the disturbance of sleep, cause loss of flesh, and, after the malady has lasted long in high degree, the patient is usually emaciated, has a dry skin, a slow pulse, and the look of a person with serious organic disease of the stomach. The disorder is readily recognised when it is in such degree as to cause vomiting, by the circumstance, that the matter thrown up from the stomach ferments, and that both the foam which collects on its surface, and the sediment it throws down, contain abundance of sarcinæ and torulæ.

It would seem, from the evolution of carbonic acid, from the development of torulæ, and from the fact, that alcohol was detected by Professor Graham in the matter vomited in a case of this kind, that common alcoholic fermentation is the first step in the process of transformation; but the alcohol appears to be rapidly transformed, and the process ends in the production of a large quantity of acetic acid. No symptoms of intoxication have been noticed in cases of this kind.

As the production of acetic acid from alcohol requires a large quantity of oxygen, there can be little doubt, that where, as in the analysis published by Mr. Goodsir, a very large quantity of acetic acid has been found in the matter vomited, much of this acetic acid has been formed after the matter has been ejected from the stomach. We know that fermentation goes on actively in the matter ejected, and the conditions for the acetification of alcohol would seem to be much more favourable when the matter is exposed to the air than when it is shut up, excluded from the direct influence of the air, in the body.

It must not be supposed, however, that this peculiar fermentation constitutes the whole disease. The disease consists primarily and essentially of some organic change which prevents the stomach from completely or readily emptying itself, and which causes a secretion from the coats of the stomach which, when mixed with the food, is prone to undergo or to excite the fermentative process in question. The fermentation may be stopped for a time; the matter thrown up from the stomach may be alkaline, and contain no sarcinæ, as happened to Burraston during his stay in the hospital; but the patient, instead of being then well, has the more common kind of disorder which an impediment to the emptying of the stomach causes. The question then arises,—How is it that an impediment to the emptying of the stomach leads to this kind of fermentation in some cases and not in others? Is there any peculiarity in the organic change in the particular cases in which the fermentation occurs? It is curious that, in two of the cases related by Mr. Busk, the disorder resulted from hernia of the

stomach through the diaphragm, the coats of the stomach itself being sound.

The development of the sarcinæ has probably the same relation to the fermentative process, or to some stage of the fermentative process, as the development of torulæ has to simple alcoholic fermentation. It is worthy of note that sarcinæ are not peculiar to the stomach. They have been found in other animal secretions in a state of decomposition. In a review of Lehmann's "Physiological Chemistry," in the *British and Foreign Medico-Chirurgical Review* for 1851, it is stated, that sarcinæ have been once detected in the urine by Heller; and Dr. Beale tells me that he has discovered them once in urine and once in decomposing bile.

But, although the development of torulæ and sarcinæ cannot be considered the primary cause of the stomach disorder, the fermentation that attends it, by leading to the evolution of gas, and the formation of acetic acid, and thus distending and fretting the stomach, terribly aggravates the sufferings which the impediment to the emptying of the stomach, which is the origin of the mischief, would otherwise produce.

The heartburn and uneasiness of the stomach may be lessened, by neutralising the excess of acid by carbonate of soda or some other alkali; but the readiest, perhaps, in most cases, the chief means we have of relieving the disorder, are the agents which tend to prevent the fermentative process. The fermentative process may be checked by creosote, which has a remarkable influence in checking fermentation of various kinds, and which was given with benefit in three of the cases noticed above, and in several others, of which accounts have been published in the Medical Journals. Small doses—a minim or half a minim—in the form of pill, might prove sufficient if taken, as it should be, at every meal. (a)

If we may judge by the case of Burraston, the fermentation may also be checked, and the disorder, in some cases, be much mitigated by large quantities of common salt.

A more effectual remedy still is, perhaps, the bisulphite of soda, which is a powerful antiseptic, and has been, of late years, much used in some anatomical schools, to preserve bodies for dissection. It has also been used to prevent the fermentation of vegetable juices. It owes its virtues to the circumstance, that it is decomposed by almost any vegetable acid, and that its decomposition liberates sulphurous acid, which has great power to prevent alcoholic and acetous fermentation. (b)

The merit of suggesting it as a remedy for the disorder we are considering, belongs, I believe, to Dr. Jenner, who gave it with much success in the case to which I have before referred. I have myself tried it with much benefit in several cases in which the symptoms were like those that attend the vomiting of sarcinæ. From ℥ss. to ℥j. of it may be given, dissolved in water, two or three times a-day; and probably, with proper care as to the times of giving it, smaller doses would prove sufficient. There are, perhaps, many other agents having power to prevent fermentation, that might prove beneficial in the same way.

In chronic cases of the disorder, the drain from the coats of the stomach, and the frequent throwing up of part of its contents, causes constipation; and it is requisite to obviate this condition, since any undue accumulation in the bowels aggravates the stomach-disorder. The best aperients are probably aloetic or colocynth pills.

When the disorder is severe, and the patient reduced in flesh, opiates, timely administered, are of much service in lessening the uneasiness at the stomach, and promoting sleep.

It now and then happens, that the disorder co-exists with chronic ulcer of the stomach, and that eating solid food causes *pain* in the stomach, which is different from the uneasiness that results from distension of the stomach, and pain also in the corresponding part of the back. In such cases, as in ordinary cases of simple ulcer, the diet should be of the least irritating kind.

By the various means which I have now enumerated, the disorder may be greatly mitigated, the strength of the patient kept up, and his life prolonged: which is as much as can be promised for any disorder which originates, as this usually does, in irremovable organic changes.

(a) In the new mode of preparing vinegar from alcohol, by making the alcoholic liquid frequently strain through twigs or shavings, it is found that any charring of the twigs or shavings entirely prevents the acetification of the liquid.

(b) In some parts of Devonshire, sulphurous acid generated by the burning of sulphur, is used to arrest fermentation, and prevent acetification in cider.

ORIGINAL COMMUNICATIONS.

ARMY MEDICAL REPORTS.

No. XVI.

(SELECTED BY AUTHORITY OF THE DIRECTOR-GENERAL FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

I.—ON THE TREATMENT OF YELLOW FEVER IN ANTIGUA.

By T. MOORHEAD, M.D., Assistant-Surgeon 54th Regiment.

THE methods of treatment adopted may be described under three different heads:—1st. Those where blood-letting was resorted to, and endeavours made to affect the system with mercury; 2nd. Those where quinine was given, in large doses, in order to produce cinchonism, a state supposed to be incompatible with fever; and 3rd. Those who were neither bled nor took quinine, except in small doses, and generally combined with other medicines.

Under the first head, 29 cases were treated, and 15 died; under the second 35 cases were treated, and 20 died; and under the third and last head, 11 cases were admitted, and 8 died: total admitted under the head febris icterodes, 75: total number of deaths, 43.

At the commencement of the epidemic, blood-letting and mercury, to the extent of salivation, when possible, were the chief means resorted to, with the hope of cutting short and curing the disease; blisters to the epigastrium and nape of neck were applied, when there was much irritability of stomach, or tendency to coma; saline and purgative medicines were given in the first stage of the disease, and enemata were administered in the second, when the bowels required to be moved. Sponging the body with cold water, or lime-juice and water, was often very grateful to the feelings of the patient, and lime-water and tincture of opium, were often of service in neutralising acidity and allaying the irritability of the stomach. Stimulants were early resorted to, on account of the tendency of the disease to produce extensive debility.

Under the second method of treatment many of the above means were adopted, but sulphate of quinine, as suggested by Dr. Teevan, was the remedy from which most benefit was looked for; and certainly, if (as most experienced Medical men believe), yellow fever belongs to the family of intermittens or remittens, both of which yield to the influence of this medicine, sulphate of quinine, in large doses, is the most scientific means of treatment, and the one from which we should expect the most favourable results. If yellow fever originates from the inhalation of the same poison as the above-mentioned diseases, or in a more concentrated form, or in larger quantity, why should not a larger dose of quinine (than is sufficient to remove remittent fever), cure a case of yellow fever? But we have just had experience in the late epidemic, that this valuable medicine has not the decided effect we would fondly anticipate in this fatal disease, as shown by the proportion of deaths to those treated.

On admission, sulphate of quinine was given to the extent of gr. xxv., in combination with calomel ℈j.; this dose frequently had the effect of opening the bowels, causing a relaxed state of the skin, a moist tongue, and a softer and a lower pulse. Sulph. quinine gr. x. was then given every two hours till the patient had taken in all forty-five grains; it was now reduced to gr. v. every two hours. When cinchonism was induced, the dose was diminished according to circumstances, and the effect of the medicine on the system merely kept up. In some cases, cinchonism was produced after the third dose was given (45 grains), but in others not till upwards of an ℥j. had been taken. In a third class it was impossible to say what quantity was retained in the system before the desired effect was produced, owing to the irritable state of the stomach from the commencement; medicine and everything else being vomited as fast as taken. On an average, I should say, it required from forty-five to sixty grains to cause ringing in the ears, deafness, etc.; and even when these effects were apparent and kept up, the disease very often ran its course uncontrolled in the same manner as already stated under another head.

Of the eleven cases treated under the third head, I have previously stated that eight proved fatal; but then these very men (with few exceptions) were in such a state of body when brought to the hospital as to prevent us having recourse to any active measures; indeed, in several instances,

it was impossible at first to say whether the patient laboured under delirium tremens or yellow fever, or both, or the accession of the one disease on the cessation of the other. Stimulants, such as brandy, wine, etc., were, therefore, naturally had recourse to, from the very moment they came to the hospital, with the faint hope of arousing and supporting the system, which had been shattered by intemperate habits. In two instances mild measures were adopted,—such as keeping the bowels open by castor-oil, calomel, etc., bathing the feet and legs in hot water, and encouraging perspiration; but here again, the deadly nature of the disease presented itself, and both proved fatal one on the 4th, and the other on the 6th day.

On taking a review of the fatal cases, 43 in number, which occurred among the men, I find 12 days to be the longest duration of the disease, 2 days the shortest. Average $6\frac{2}{3}$ days, and the 6th and 9th the most fatal. The first woman attacked lived 12 days.

II.—ON THE PROPAGATION AND TREATMENT OF THE SAME EPIDEMIC.

By S. TEEVAN, M.D.
Staff-Surgeon, First-Class.

I have taken every opportunity that has occurred from time to time, since the 6th October last, of bringing to the notice of the Inspector-General of Hospitals, in Barbadoes, the nature of the fever prevailing, with one solitary exception, (and that exception a drunken Artillery man employed at the Signal station, Shirley Heights,) among the head-quarter detachment of the 54th Regiment stationed in this island, and stated, that the first case occurred in the person of Private J. B., aged 30 years, a carpenter by trade, belonging to the above-mentioned corps, who was employed on the public works until the end of September last, and was admitted into the Garrison Hospital at the Ridge, under Dr. Dawson, the Surgeon of that corps, on Saturday, the 6th October, consequent on fever. An emetic was administered and repeated during the day. In the course of the ensuing night, yellowness of the conjunctivæ and skin, black vomit, and suppression of urine supervened; and he died at half-past three o'clock p.m. on the following day, Sunday, the 7th October.

The second fatal case occurred in the person of Private S. R., aged 37 years, who was admitted into the Garrison Hospital at the Ridge, on Monday, the 8th October, consequent on fever, the symptoms of which continued mild for the first six days, but became formidable on the seventh day, with yellowness of the conjunctivæ and skin; and he died at half-past five o'clock p.m. on the eighth day after admission into hospital. Both of these men were equally well and long schooled in habits of vice and dissipation, ready to resume them whenever an opportunity offered, and that occurred in the early part of October, when these men went to English Harbour, got drunk, and slept in the Bush for the two consecutive nights immediately previous to their admission into hospital. Both belonged to the Light Company, and resided in the barrack on Blockhouse-hill. Mrs. M., however—a soldier's wife, of sober and industrious habits, but occasionally went to English Harbour to purchase various domestic articles; who, with Mrs. B., occupied a room having a boarded partition side-wall high in the same barrack, near the Signal station, on Shirley Heights—sickened of fever about the 6th October; the symptoms continued favourable until the night of the 12th and morning of the 13th following, when her body assumed a light yellow colour, and blood oozed from her mouth, and, soon after, from all the mucous surfaces, followed by floodings and abortion; and she died at half-past two o'clock a.m. on the morning of the 18th October.

Sergeant N., aged 28 years, married without leave, was in the habit of making frequent and untimely visits to see his wife, who was ill at English Harbour; contracted fever on the 17th October. The symptoms appeared to me unfavourable on the afternoon of Friday, the 19th. He survived, however, until half-past one o'clock a.m. on the morning of the 24th, having had yellowness of the conjunctivæ and skin, and black vomit, from the afternoon of Monday, the 22nd, until he expired. Six men were employed to carry the dead body of the late Mrs. M. from the room in the same barrack, near the Signal station on Shirley Heights, to the apartment usually used as a dead-house in the Hospital, immediately after she expired, about half-past two o'clock on the morning of the 18th October. Private J. S.—one of them—contracted fever on the 21st; Private W. G.—another of them—contracted fever on the 22nd; Private R. T.—another of them—on the 23rd; and Private J. C. on the 29th October; making no less than four men, out of six who were employed to carry the dead body of the late Mrs. M. to the dead-house; T. and C. died; S. and G. recovered. Private T. M. carried the soiled linen of the late Mrs. M., on the 18th October, from the dead-house at the Hospital to the barracks; and he contracted fever on the 23rd October. Private G. B. occasionally sat up with and attended the late Mrs. M. during her last illness, and he contracted fever on the 28th October; both M. and B. died. Mrs. B. occasionally sat up with and nursed the late Mrs. M., but also washed the soiled linen of the sick in hospital; contracted fever on the 29th October; and Mrs. B., who was in constant attendance on the late Mrs. M. during her last illness, contracted fever on the 31st October; and I am concerned to add, that both of these humane and good-natured women died. On Saturday, the 20th October, the Hospital-Sergeant M. brought Sergeant N., in the last stage of fever, into his room in the Hospital. Sergeant N. died, as already stated, at half-past one o'clock a.m. on the morning of the 24th October; and Sergeant M. contracted fever on the 31st October. Corporal G., who succeeded Sergeant M., contracted fever on the 6th November, and died; Corporal C., who succeeded G., contracted fever on the 10th November, and died; Sergeant C., who was attending his brother, and acting as clerk in the Hospital, contracted fever on the 13th November, and died; Corporal M. also, who had been an assistant in the Hospital, contracted fever on the 13th November, and died. Private T. B., an assistant orderly in the Hospital, contracted the fever; and about six, or perhaps seven, of the patients in the Ophthalmic Ward, contracted fever, as well as the cook, Private T. R., who contracted the fever on the 20th November, and died on the 22nd following, thus making no less than fifteen persons in number up to this date, 24th November, who were, in some way or another, connected with the sick, and contracted fever. But it may be urged, that all these persons who were in attendance on the sick, or in some way connected with the Hospital, etc., were equally susceptible of contracting the poison, whatever that may be, whether electrical, aerial, aqueous, or earthy, which produced fever only a few days earlier in others.

In a Report upon 104 cases, 55 of which proved fatal, Dr. Teevan says:—

"The treatment consisted of blood-letting, purgatives, and mercury, to ptyalism, in 35 of the above-mentioned cases, of whom 19 died. Quinine and calomel, in small and frequently-repeated doses, were administered in 21 cases, of whom 13 died. Quinine and calomel, in large doses, were administered in 40 cases, of whom 20 died; and, at my suggestion, mild measures, consisting of calomel, castor oil, pedeluvia, and diluent drinks, were adopted in 2 cases, and both proved fatal. I am constrained, however, to remark, that the castor oil and pedeluvia were not had recourse to so often as I desired them to be given and used in either of these two cases. A few cases of ephemeral fever, and common remittent fever, occurred, but they were not looked upon with any apprehension, and yielded to the usual remedial measures."

Antigua, 24th November, 1849.

STATISTICS OF THE CASES OF THE CHOLERA EPIDEMIC, 1853,

TREATED AT THE NEWCASTLE DISPENSARY,

WITH THE CHEMICAL AND MICROSCOPICAL EXAMINATIONS OF THE EXCRETIONS, AND OBSERVATIONS UPON THE PATHOLOGY AND TREATMENT.

By Messrs. J. S. PEARSE and JEFFERY A. MARSTON,
Newcastle Dispensary.

[As detailed to the Newcastle and Gateshead Pathological Society. T. M. GREENHOW, Esq., President, in the Chair.]

(Concluded from page 108.)

Urine.—Great difficulty was found in collecting the first urine passed after collapse; but in some cases it was secured; and in many the urine was carefully examined daily. Of course, only an estimate of the aggregate condition can be given, but particulars will be related in the cases.

The amount of urine first passed was exceedingly small, about one ounce, two ounces, sometimes even less. The average specific gravity of the urine first passed was always exceedingly low, in some cases 1·005—1·008, often very pale, sometimes high coloured, and generally but feebly acid to litmus.

In all the cases which were examined, the following facts were ascertained:—

1. That the urine was albuminous, coagulating by heat and nitric acid; and that the quantity of albumen was inversely to the specific gravity of the urine.

2. That in most cases the first urine passed gave no crystals of urea or lithic acid, and but a very small quantity—sometimes, indeed, hardly a trace—of salines, although the urine was carefully evaporated, tested, and examined; that as the sp. gr. increased, so did the solids appear, and the amount of albumen become less; and invariably the cerebral symptoms with which the consecutive fever of cholera was particularly marked, bore direct relation to the amount of solids in the urine; and that invariably the most fatal cases of consecutive fever were marked by urine having a remarkably low sp. gr., and being albuminous, and very small in quantity.

Simon examined the urine of a cholera patient, in which 1½oz. was passed, of sp. gr. 1·011; and he found

Water	975
Solid constituents	24·10
Urea	7·10

He states, that it was very high-coloured, a fact not universally observed by us.

Heller examined one ounce of urine passed after collapse. It was highly acid, but deposited earthy phosphates. In 1000 parts it contained.

Water	955·67
Solid constituents	44
Urea	10·50
Extractive matters and salts ...	33·73

Hennann and Whittstock also examined some urine, and found its sp. gr. 1·006—1·0008.

Vogel examined some of sp. gr. 1·008, strongly acid, in which the salts of lime and magnesia were entirely absent, while the sulphates were found in very large quantity. Bile, pigment, and albumen was detected by all these observers.

Respiration.—Unfortunately, the observations upon the functions of respiration were confined to one case; and it was with the view of detecting the amount of carbonic acid excreted during the collapsed stage. The patient (an intelligent young man) expired for some period into a glass containing lime water. No turbidity whatever was produced; but, upon the attendant breathing eight or twelve times into the same vessel, it immediately became so.

In one case of collapsed cholera, a large bladder of oxygen was inhaled by the patient, by means of a stopcock, and the symptoms before and after carefully marked. Our notes are the following:—

"Catharine Burlinson, aged 37. October 1. Duration of the disease, nine hours. When first seen, was collapsed; pulse nearly imperceptible; surface cold, blue, and constringed; vision somewhat dull; respiration, thoracic, 40; has had cramps; excessive rice-water purging and vomiting, but these somewhat abated; passed no water; oxygen administered; pulse exactly the same; respiration 38; countenance perhaps a little less blanched, (but a few teaspoonsful of brandy were given); surface equally cold, and presents not one iota of difference or improvement. Died about 3½ hours after."

We learn, that oxygen was inhaled by some patients in the epidemic of 1849 with as little success.

This gives a rough outline of the few experiments we were able to make during the spare momeuts left to us.

In reviewing the main facts of the preceding, we obtain a great insight into the pathological phenomena of choleraic disease; but the beneficial practical results are but limited and meagre.

Cholera has always been divided into three stages:—1. Premonitory, accompanied by rice-water purging and vomiting, more or less severe, with tendency to collapse; 2. The blue or collapsed stage; 3. The re-actionary stage, constituting consecutive fever; and this is certainly at once truthful and practical. Although we would not be understood to exclude the nervous symptoms which cholera presents, yet we conceive that we are acting more in accordance with the principles of true pathology, both of this and other diseases, in looking upon these symptoms as concurrent events, rather than marked primary or progressive consecutive changes. Physicians have been too apt to regard morbid phenomena as the direct offspring of a morbid nerve force,—a lesion of the nervous system. We believe that cholera is a disease, however, affecting the elemental constituents of the frame, particularly the fluids; and that the true *origo mali* arises, in some morbid changes in the whole circulating current.

The present epidemic presents no peculiar phases of which we are aware, unless it be its fatality. Cases have occurred here and there, where the premonitory stage was followed by collapse and death in six hours; four hours was the shortest which we remember; and in these no remedy whatever appeared to be of any avail.

The first case we saw happened on September 5; the patient, Mary McDonald, aged 26, living in a healthy street of the western part of the town. This patient was phthisical, and in an advanced stage, when she became the subject of cholera; purging and vomiting of a rice-water character followed four loose feculent stools, the patient passing speedily into collapse, from which she never recovered. The duration of the disease was twelve hours. On the same day, the second case occurred: Alice Conley, aged 22, residing in a very dirty, unhealthy locality,—Queen-street. The patient had been guilty of the greatest errors in diet, and was very poor. She died in thirteen hours. The third case occurred on the 8th, and another on the 10th; and these recovered; after which cholera became epidemic. It did not appear that the first period of the epidemic was particularly malignant in its character,—the most markedly-fatal period (according to our observation) being the middle part of September. We most particularly inquired as to any possible source of contagion, but could find none whatever in these cases.

Of the cases which occurred without any purging or vomiting, some may have resulted from the effusion of rice-water into the bowels, though none appeared obvious to the eye; others, with great probability, may have resulted from some idiosyncracy, in which the whole force of the virus was expended upon the nervous centres, and collapse produced. Phenomena distinctly referrible to the morbid action of nerve-centres were sufficiently marked in many cases; thus, a boy, aged 12, had no premonitory symptoms, but was seized with nearly general tonic spasm. When seen, his pulse was small and contracted, 120; his skin cold and blue; his tongue cold and creamy, but clean; there was perfect opisthotonos and marked commencing trismus. The patient made many ineffectual attempts to open his mouth; the action of the muscles of the extremities, however, remained normal. We learned that his bowels had not been relieved for two days; that he felt suddenly ill in the street, and speedily after his return to his residence became as we found him. He had passed no water for ten hours. He was ordered a warm bath, a blister to the spine, and calomel. gr. vj., to be followed in au hour by ol. ricini ℥j.

At the next visit the bowels had been relieved; the stools were fæculent; no water had been passed; skin cold and blue; complains of great pain in the head; pupil contracted, conjunctiva suffused; opisthotonos and trismus, if anything, worse; pulse contracted and weak. Ordered leeches to temples. Repeat powder; blister to neck, and a diaphoretic mixture, with sp. ammon. co. Next visit he was dead, making twenty-eight hours' duration of the disease. A *post-mortem*, unfortunately, could not be obtained. This case, perchance, might have been benefited by chloroform; but we have seen it tried in traumatic and idiopathic tetanus, at the Glasgow Infirmary, without any marked benefit. Shortly after this the case of a woman (Braid) occurred, in which clonic spasms of the masticatory muscles and those of the neck occurred, during which dislocation of the lower jaw took place four times, spite of a strong bandage. In this case the patient had recovered from collapse, and was suffering from consecutive fever; had not passed any urine for three days, and was apparently sufferiug from poisouing by urea, the conjunctiva being congested, the pupil sluggish; complained of pain in the head, scalp hot, pulse 110, with some vomiting. The symptoms abated after treatment,—viz., counter-irritation to the neck and saline febrifuges, with sedatives, a small quantity of urine, of low specific gravity, and albuminous, having been passed, with improvement to the symptoms, and, by degrees, the function of the kidneys was restored. As a general result of our observation, those cascs were the most fatal,—1 in which the vomiting and purging were the most incessant; 2, those in which these entirely ceased, and the patient became the subject of cerebral affections. Now, to the latter head we may, I conceive, fairly attribute the fatality to the action of a virus counteracted in its specific effects,—viz., the exosmotic curreut from the gastro-enteric membrane, and concentrating, as it were, its whole deadly force upon the nervous centres. These patients appeared, even during collapse, physically exceedingly restless, and mentally lethargic, continually tossing about the bed in the most restless manner; a few were delirious, although not by any means generally so, for it was remarked, on all hands, that the patients were in perfect possession of their faculties. We are led to suppose, that in the event of our being able even to arrest the excessive excretions by some wholesale astringents, as was lately proposed in the *Lancet*, the cases would resemble these, and the effects of the virus would be equally and fatally felt.

One would be led to imagine, that during collapse all, or all

normal chemical functions within the body were arrested, or supplanted by a higher abnormal force, under which profuse exosmotic currents were omni—endosmotic nil—and it was this fact that led to the impossibility of trying fairly the effects of medicines; for we have little or no proof that they were absorbed at all. Nor did it appear that even gaseous bodies were absorbed through the pulmonary membrane. As corroborative of this statement, we may mention the case of a patient who during collapse drank one ounce of a cretaceous and aromatic confection mixture he had obtained from a chemist; it was not rejected, but was passed nearly pure by stool; hence it must have traversed the whole intestinal tube without having lost a particle by absorption.

We learn, unfortunately, but little from the *post-mortem* appearances. The intestinal canal is often found more or less gorged with a substance similar to the rice water, with shreds of membrane here and there. Sometimes the mucous membrane is highly congested; often pale and anæmic, presenting, unquestionably, no marks of inflammation; the portal system and liver generally congested; the kidneys often congested, particularly the cortical portion, which is sometimes injected (this latter fact is more observed in deaths after collapse than during collapse); the bladder always empty and contracted; the spleen shrunken, contracted, and anæmic; the nervous centres, circulatory and respiratory organs, present no appreciable specific differences from those obtained from any other *post-mortems*. Perhaps the only well-marked abnormal condition is found in the blood itself, which is always altered, quantitatively and qualitatively, being of a dark venous hue and of a tarry inspissated consistence.

This condition will be easily explained by reference to the analysed excretions. We find the rice water purging to consist of a substance nearly identical with serum—minus the globules; while the unoxydated condition of the blood will possibly explain its dark, tarry appearance; perhaps, if the lungs be proved to cease their function, carbonic acid may be retained in the fluid, forming another condition favourable to its altered colour. The shrivelled state of the blood-globules has been before noticed.

The contraction of the spleen proves that the development of the blood is more or less arrested, while the contracted state of the bladder is merely what might be anticipated; for, during the disease, no urine is formed, because the serum, with its salts, and the elements of the urine, pass away from the enteric membrane. At the same time, this fact accounts for the absence of death by coma in cholera.

The condition of the urine affords some valuable pathological facts. It is always albuminous, of low specific gravity, and containing a very minute trace of solids.

The albuminosity we conceive marks the venous congestion of the kidney, and consequent injection of the Malpighian tufts. It is obvious, that this congestion does not arise from a determination of blood to the organ; but rather, we apprehend, from a stagnant condition of inspissated blood in it.

As regards the absence of solids, this appears to result from three causes. 1st. The absence or paucity of these elements in the blood—from having passed away by the bowels. 2nd. The diminution of water and salines in the serum. 3rd. The congested and abnormal state of the renal vessels with the inspissated venous blood. The first reason can only be assigned for the cessation of the functions of the kidney during collapse; but a much more important inquiry results as to the condition of the urine in consecutive fever.

Recovery from collapse implies increasing animal heat, increasing power of circulation, respiration, and commencing assumption of glandular functions. When a patient has fairly passed the collapsed stage, there must be a gradual return, or attempt to return, to a normal condition; the increase of temperature marks chemical action in the frame, the disintegration and oxidation of the elemental tissues, the absorption of ingesta, and the consequent production in the blood of the elements of urea and lithic acid, and bile. It is highly probable that little or no waste results from the ingesta, for absorption must be excessively active during the re-actionary stage; hence but little effete matter can arise from this source; but what becomes of the elements of the urine prepared from other sources? Of course, but little, if any, can be present in the blood immediately after collapse; but the re-actionary stage marks its gradual reproduction. It is clear, that at first no urine is made, because its elements have been excreted by other sources,—hence, immediately after collapse, the urine contains little or none of its proper constituents, from the paucity of these ingredients in the blood; but, after that, the low specific gravity marks that they are retained from other causes; may these not be the inspissated condition of the blood, and the absence of its aqueous part to dissolve them sufficiently; while the venous congestion of the gland itself, marked by the elimination of albumen, may preclude their elimination? So long as such congestion exists, whatever be the cause, the symptoms of the patient strongly attest their presence in the blood; for if anything has more strongly characterized the phases of the epidemic than another, it is the occurrence of cerebral symptoms in the consecutive fever, concurrent with urine of low specific gravity and albuminous; the improvement of those symptoms as the specific gravity became greater, and their fatality when both continued nearly the same. After collapse, a patient expresses himself better; appears so; desires food; nay, even endeavours to obtain it; his pulse is gaining in frequency and force; his skin becomes warm,—so he may continue for a day; but he passes no urine, or a very small quantity—one ounce in twenty-four hours; his pulse becomes irritable, quick, and small; his cheek flushed; his scalp, particularly the posterior part, hot; and he complains of pain in the head, or he lies in a mentally lethargic state, but physically horribly restless, tossing the clothes off, turning from side to side, often apparently dosing, but not sleeping; sometimes at night he becomes somewhat delirious, but he is rational when his attention is arrested; his eyes become bright and red, the conjunctiva being suffused, the pupil sluggish or contracted. Now, almost without exception, if the patient passed no water, or no more water, nor of a higher specific gravity, he continued so till death; but he did not die by coma, apparently for this reason, that his power sank under the irritative fever ere coma came on; but in the case of a strong healthy man, who had passed through collapsed cholera, and in which these symptoms were particularly evidenced, we noticed that he ultimately died comatose four days after collapse, and during this period he passed no more than one ounce of urine in twenty-four hours, of low specific gravity and albuminous.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S, ST. THOMAS'S, AND THE HOSPITAL FOR DISEASES OF THE SKIN.

REPORT ON EIGHTEEN CASES OF PEMPHIGUS.

[Under the care of Dr. Bennett, Mr. Skey, and Mr. Startin.]

In England, pemphigus is a disease of considerable rarity. It is one, also, which, in many of its forms, is extremely obstinate and difficult of cure. It has as yet found no monographist, and has, indeed, received but little attention, the whole of our published information respecting it consisting in a few scattered reports of cases, and in compilations from continental writers. The attempt, therefore, to bring together, in a short report, most of the cases that have recently come under our notice in the London Hospitals, may, it is hoped, not be found fruitless. As might be expected, a large majority of these cases have occurred at the Hospital for Skin Diseases. The following particulars of several of them (Cases 1, 3, 5, 6, and 7) are from notes kindly supplied to us by Mr. Tyler, a gentleman to whose labours in dermatology the pages of the *Medical Times and Gazette* have already, on more than one occasion, been indebted; the others are from our own.

Pemphigus (*the bullous disease*,—from πεμφιξ, a bleb) is a disease about the diagnosis of which no difficulty exists, since any one who has either seen a case, or a good portrait of it, would be quite unable to confuse its features with those of any other. It was formerly separated into two varieties, under the names of pemphigus and pompholyx; but, as the distinction between them was founded merely on the different degree of chronicity, it has latterly been very properly discarded. The way, however, in which pemphigus has been divided by late writers, following Rayer, into *acute* and *chronic*, is also liable to objection, since the so-called *acute* cases are almost invariably simply transient and benign, all the characters of severity, whether constitutional or local, being reserved for those of the chronic class. The subjects in connexion with the disease especially requiring elucidation are,—1st. The age, condition of health, etc., most liable to its attacks; 2ndly. The nature of the attendant symptoms; 3rdly. The predisposing causes; and 4thly. The treatment. To these, therefore, attention will be more particularly directed in the following report:—

Case 1.—*Severe Pemphigus of Ten Weeks' Duration in a Pregnant Woman.— Improvement after Delivery.— Recovery under Arsenical Treatment.—Relapse a Year afterwards.— Second Recovery.*—Emily Ellston, aged 24, a healthy married woman, eight months advanced in her first pregnancy, admitted June 25, 1850. The eruption had been preceded by headache, and had begun ten weeks before as a crop of papules over the shins, which successively, in the course of a day or two, had become large bullæ. The disease then rapidly involved almost the whole cutaneous surface, including even some parts of the face. She described her sufferings, from the soreness of the whole skin, and from the tingling and smarting sensations, as having been "dreadful." On her lower extremities alone were from seventy to eighty bullæ, each as large as the valve of a walnut shell. The fluid contained was a clear yellow serum, and had an alkaline reaction. She had a furred white tongue, constipated bowels, quick, hard pulse, and a severe headache. On account of the pregnancy, Mr. Startin did not deem it wise to exhibit any arsenical remedy, and accordingly a saline aperient mixture was alone ordered. On July 3, no improvement having previously resulted, the patient was prematurely, but safely delivered of a healthy child. During the next ten days the eruption disappeared to a considerable extent, the mitigation not being attributable to any particular medication. On July 14, the iodide of potassium, in doses of three grains thrice a-day, was ordered, and the improvement continued to advance. Fresh bullæ, however, still occasionally appeared, and, on July 23, a mixture, containing in each dose a minim and a half of Fowler's solution and five minims of colchicum wine, was prescribed, to be taken three times a-day, and an alterative pill every night. Under these measures the cure was complete in about six weeks. The infant was not suckled, and it did not suffer any affection of the skin.

In the following summer this patient was again under care for a second attack of the same disease. Mr. Startin ordered the arsenical mixture and alterative pill as before, and a very rapid cure resulted.

Case 2.— *Severe Pemphigus frequently recurring during Nine Years.—Repeated Temporary Relief by the Use of Arsenic.*—William Clarke, a fair-complexioned boy, now aged 14, has been under care at the Cutaneous Hospital several times every year for the last six years, on account of recurrent attacks of severe pemphigus. For three years previous to that he had suffered from the disease, and had been under a great variety of treatment without benefit. On the day of his first attendance he was so ill that he had to be carried to the hospital on a bed. The eruption then involved almost the whole cutaneous surface, including the face, but not the scalp. Mr. Startin prescribed arsenic, and with the best results. Repeatedly since that time the disease has been quite absent through a summer or winter, but has never failed to recur in the spring and autumn months. The boy, who is very intelligent, states that some years ago he used to notice, that whenever he was free from the eruption he was very liable to suffer from colds in the head and feelings of general illness; latterly, however, such has not been the case, and during the summer of 1853 he has been throughout quite free from it, and also in perfect health. For the reason above-mentioned he has never applied to Mr. Startin so long as the eruption did not go beyond a certain degree of severity, but when it has done so he has never failed to derive very speedy benefit from the use of arsenic. On many occasions, especially during change of air in the country, the eruption has spontaneously disappeared for a time. At present (February 6) he is a tolerably healthy-looking lad, and is quite free from the disease, excepting a few small bullæ about the lips. He lives in a house not known to be unhealthy in any respect, and is accustomed to good diet. The fluid from the bullæ has been several times tested and always found highly alkaline.

Case 3.—*Severe Pemphigus of Two Years' Duration.—Three Months' Treatment.—Perfect Recovery under the use of Arsenic with Iron.*—Elizabeth Hancock, aged 7, was admitted October 3, 1851. Bullæ, the size of a finger-tip, were scattered over various parts of the body, thighs, and legs; and on the face were some smaller ones, much resembling drops of water. The child had suffered from the disease for three years. She was in bad health, and had been much underfed at home. That the disease, however, did not depend solely on deficient nourishment was indicated by the fact that she had, for a long period, been an in-patient in one of the hospitals, where she was well fed, without any material improvement. There was some tendency to the formation of pustules on the parts where the bullæ had broken, and around their edges. The child suffered greatly from the pain occasioned. Mr. Startin prescribed the liq. arsenic. ℥j. three times daily. On October 17, but very little benefit having resulted, an alterative pill was added to the treatment, and the parts ordered to be kept wrapped in cotton wool. On October 31, no improvement had taken place; indeed, the eruption seemed rather inclined to increase. Mr. Startin, therefore, changed the prescription, omitting the pill, and ordering instead of the former draught one containing liq. arsenicalis, ℥iss.; tinct. ferri sesquichl., ℥iij.; tinct. opii ℥ij. During the next month, great progress was made, and at the end of November no fresh bullæ had appeared for upwards of ten days, excepting one solitary and small bleb. The medicine was persevered in to the end of January, when the girl was discharged, all traces of the disease having quite vanished. After the one bullæ mentioned, none others had appeared. She had very much improved in health.

Case 4.—*Severe Recurrent Pemphigus of Three Years' Duration.—Arsenical Treatment for Two Months.—Recovery.—Repeated Relapses.—Much Improved Health.*—William Norris, aged 9, a fair-complexioned and very cachectic boy, was admitted on September 19, 1851, having then suffered from recurrent attacks of pemphigus during more than two years. The bullæ were dispersed over the limbs, body, and neck; none on the face. Besides treatment at several Hospitals, he had been for a long period under the care of Mr. Erasmus Wilson, and had sat for the admirable portrait of Pemphigus, published by that gentleman in his "Fasciculi." [For a full report of this case, with account of the treatment, we must refer the reader to Mr. Wilson's book. Mr. Wilson there states, that of many remedies which had been tried, the most benefit had been obtained from Fowler's solution.] On several occasions he had made great improvement, but never had got quite rid of the disease. He was of scrofulous constitution, and one of his knees was the subject of false anchylosis, from disorganisation of the joint, consequent on injury. The bullæ were many of them very large, and the serum they contained was strongly alkaline. Mr. Tyler examined the boy's urine, which he found to be slightly alkaline, and to deposit, on standing, a white precipitate of phosphates, soluble in nitric acid: there was no albumen. Mr. Startin ordered, liq. arsenicalis ℥ iss., tinct. opii. ℥ ij., ter. die. The parts to be protected by cotton-wool, and bathed once daily with a borax and glycerine lotion.

On November 21, much improvement had taken place. On the 28th, all the bullæ had disappeared; and on December 5 he was discharged cured, a small scab on the penis being the sole remnant of the disease.

In March, 1852, this patient was re-admitted with a slight attack of his former disease. The same medicines were again prescribed, and he left well in a few weeks.

February 7, 1854.—Since the last note, this boy has had several slight relapses. He is now, and has been for seven months past, an in-patient at the Orthopædic Hospital, on account of his knee. He is a florid and healthy-looking lad, but still, frequently, has a crop of bullæ come out about his genitals, the other parts being quite clear. They give him but little annoyance, and no especial treatment has recently been adopted. Although he has never been for a long period together quite free from the disease, yet, since Mr. Startin's treatment, he has never suffered severely from it, and his general health now appears to be permanently re-established.

Case 5.—*Mild Pemphigus of Two Years' Duration.—Recovery after One Month's Treatment by Arsenical Remedies.*—Alfred Morley, aged 9, a strong, active boy, in good health, was admitted on November 12, 1851. He had had the disease for upwards of two years, and stated that, during that time, it had never quite left him. It did not appear to give him much annoyance, and he had not been under much medical care for it. The bullæ were developed chiefly about the knees and elbows, there being also a few on the right hand and foot. None of them were larger than a threepenny piece. The same prescription as in the case above was ordered.

On December 3, the bullæ had ceased to re-appear, and on December 15 the boy was discharged quite well.

Case 6.—*Mild Pemphigus of Seven Months' Duration.—Much Cachexia.—Recovery in a Month under Arsenical Treatment.*—J. Hitchcock, aged 50, a labourer, residing at the village of Ealing, was admitted on November 26, 1851. He had the appearance of extreme ill health, and stated, that he had on several occasions spit blood. Many years ago he had suffered an attack of inflammation of the lungs, and had since been accustomed to get himself bled regularly every spring. Seven months ago, and very soon after the last bleeding, he observed a crop of small blisters on his right leg. These rapidly increased in size, and spread to other parts. They were attended by very little pain,

but continued after this to appear in successive crops, in spite of the treatment to which he had been subjected. On admission, he was found to have bullæ on his right leg and thigh, and about the neck, some of them large ones, being at least the size of a pigeon's egg. They arose immediately from sound and uninflamed skin, not being surrounded by any areola of redness whatever.

℞ Liq. arsenicalis ℳiij.; tinct. opii ℳiij.; ex aquâ ter die sumend.; borax and glycerine lotion.

Rapid improvement resulted, and the man was discharged quite well of the pemphigus, on Dec. 24; he had also much benefited in his general health.

Case 7.—Mild Pemphigus following the Cure of Psoriasis.—Saline Treatment.—Recovery.—Thomas Harris, aged 63, was admitted on Feb. 23, 1853. He had been under treatment during the former summer for psoriasis of twenty years' duration, but which had been considered to be of syphilitic origin. For this disease he underwent a six months' treatment by mercurials, in combination with arsenic, and was discharged well in January, a few weeks before the pemphigus appeared. The bullæ were of moderate size, and scattered over many parts of the trunk and extremities, more especially affecting the right leg; some of them contained pus, and were surrounded by an unusual degree of inflammation. He had noticed, he said, that some had matter within them almost from their first appearance. He was in bad health, and resided in a narrow court in the City. Mr. Startin, considering the antecedents of the affection, and also the amount of inflammatory action present, as contra-indicative of arsenical treatment, prescribed merely a saline mixture, to be taken three times daily, and a borax lotion for outward use.

On March 3rd, the man stated, that no fresh bullæ had appeared since the day of his admission, and some remains of scabs and a few small excoriations were all that remained of the disease. On March 12th he was discharged cured.

Case 8.—Mild Pemphigus repeatedly Recurrent during Three Years.—Complication with Anæmia.—Favourable Progress under Arsenical Treatment.—Susannah Herring, aged 25, a servant-girl, single, of a family remarkable for robust health, was admitted, on March 1, 1853. She was rather stout, but extremely pale and anæmic. The left leg was covered with large bullæ of pemphigus, but there were none on any other part of the body. The history given was, that a similar eruption, generally affecting only the legs, had appeared regularly every spring and autumn for four years, usually lasting a few weeks at a time. At the period of its first outbreak she was living in place at Woburn, in an underground and damp kitchen, and was much out of health. The eruption then confined itself to the left arm, and lasted for nine weeks. She had suffered habitually from indigestion; the catamenia had always been regular; the only antecedent to the outbreaks of the disease which she had noticed had been severe aching pain in the calves of the legs. On examination, loud venous bruits were detected in the jugular veins. The eruption had, this time, come out suddenly, only three days before her admission. The fluid obtained from the bullæ was clear serum, and strongly alkaline. On account of the chlorotic complication, Mr. Startin decided to try a ferruginous plan of treatment, and ordered a mixture containing two grains of the sulphate of iron to be taken three times daily.

On March 14, the eruption had quite left the legs, but it had appeared on the left arm, which was almost covered with bullæ, varying in size from a shilling downwards. Mr. Startin now ordered the usual arsenical draught (3 minims.)

Under the last prescription great improvement was soon made. The patient, however, who lived at a considerable distance in the country, was lost sight of before she was quite well. As the disease had lasted within a week or two of its usual time, the influence of the remedy could not be regarded as proved.

Case 9.—Severe Pemphigus of Six Months' Duration.—Rapid Recovery under Arsenical Treatment.—Return of the Disease a Year Afterwards.—Second Recovery.—Mary Death, aged 9, of a fair complexion and thin skin, healthy-looking, was a patient, in the spring of 1851, for a severe attack of pemphigus, which had then lasted for six months in spite of treatment at various Hospitals. Under the use of the arsenical mixture (1 minim) she was cured in a few weeks. She remained quite free from the disease, and in good health, for a year, when a scattered eruption of bullæ again appeared. She at once applied for advice, and the same remedies being again resorted to, was well in a short time.

Case 10.—Severe Pemphigus of Seven Months' Duration.—Arsenical Treatment.—Recovery in Three Weeks.—J. A., a boy, aged 12, of fair complexion, thin, and delicate looking, admitted April 14, 1852. His body and limbs were literally covered with the eruption; and so great had been the irritation induced, that for many nights he had scarcely slept. The disease had lasted for seven months without abatement, and in spite of constant treatment conducted in St. Thomas's and other Hospitals. The arsenical draught (ℳiss.) was ordered. On April 29, (two weeks,) every bulla had disappeared, and the boy looked quite a different person. It was judged best to continue the medicine for a few weeks longer, and under it great improvement in the general health resulted. One other bulla afterwards formed on the arm, but the disease did not re-appear to any further extent while he remained under observation.

Case 11.—Mild Pemphigus in an apparently Healthy Man.—Recovery in Three Weeks under the Use of Quinine.—Walter C., aged 21, a butcher, of fair complexion, moderately stout, and healthy looking, was admitted as an out-patient at St. Bartholomew's Hospital under the care of Mr. Skey, August 28, 1850. The eruption was of a few days' duration, and affected both arms; some of the bullæ being as large as half-crowns. The man attributed it to venereal disease, but there did not appear to be any evidence in support of his conclusion. He had regularly had meat and beer daily, though of late not in such full quantity as formerly, owing to his having been out of work. He had been slightly salivated three months before, for what was believed to be syphilis. The eruption caused no pain, but some itching and tingling. Tongue clean; appetite good; bowels regular. A purgative powder was ordered twice a week, and a quinine draught three times daily. The eruption afterwards appeared on the legs, but at the end of a fortnight it had pretty well subsided in all parts. No fresh bullæ formed, and the man was a week or two later discharged cured. He had throughout the illness expressed himself as feeling quite well.

Case 12.—Severe Pemphigus, attended with Uncontrollable Diarrhœa.—Death.—Autopsy.—No important Visceral Lesion.—Isabella G., aged 12, a school-girl, the daughter of a bargeman residing at Bermondsey, was an in-patient at St. Thomas's Hospital, during the spring of 1850, under the care of Dr. Bennett. She suffered from an eruption of pemphigus over the whole body, and also from profuse diarrhœa, which resisted the influence of every remedy. After an illness of several months, she died emaciated to the last degree, and suffering also from a very large bed-sore. Throughout the illness, her tongue had been constantly glazed and smooth, and there had been much delirium. At the *post-mortem*, the mucous lining of the intestines was found very pale, but otherwise quite healthy. The liver was thought to be a little fatty, and there were evidences of a slight, but quite recent attack of pleurisy on the left side. The left lung was also congested.

Case 13.—Severe Pemphigus repeatedly Recurrent during Three Years.—Rapid Recovery under Arsenical Treatment on Two Occasions.—John Bennison, aged 14, a native of Hull, now living in Lambeth, was admitted on November 29, 1851. He was of fair complexion, florid, and of sanguine temperament; had always been accustomed to live well. The eruption first showed itself three years ago on the legs, soon spread over the body, and lasted, with some partial intermissions, for seven months. Since that time he has seldom been free from it many weeks together, excepting latterly. It has generally seemed to be brought out by taking cold, and the present attack followed getting wet feet. Seasons have not appeared to exert the least influence. At one time, on Medical recommendation, he lived for several months on better diet than usual, and drank two pints of beer daily, with much benefit both to his general health and to the eruption; but the latter was not cured. Six months ago he attended this hospital for six weeks, took arsenic, and got quite well. During the four months since then, during which he has been free from the disease, he has not noticed that his health has suffered in any other respect. The present attack is of one week's duration. The bullæ, as large as shillings, affect the scrotum, penis, upper parts of thighs, and abdomen. When the eruption is coming out, he usually feels weary and out of energy, but has no particular pain in any part.

Mr. Startin again ordered him the arsenical mixture; and in the course of a few weeks he was discharged well. He has not since been under care.

Case 14.—Severe Pemphigus of Fifteen Months' Duration—Failure of Tonic Treatment—Cure by Arsenic in Five Months.—Elizabeth Webster, a fair complexioned child, aged 7, accustomed to a moderately nutritious diet, and usually enjoying good health. Her home was in a very crowded part of London; the room being on the third storey, and perfectly dry, but much exposed to bad smells from a knacker's yard close by. In September of 1852, according to her mother's account she was suddenly attacked by an eruption of red and painful spots about the

neck, face, and calves, which were soon succeeded by large blebs. After this the eruption affected most parts of the body, and a rapid succession of large bullæ was kept up. The child suffered extremely from the constant pain and discharge; she was generally feverish and irritable; appetite poor; she rapidly lost flesh. After trying various medicines prescribed by different Medical men without any avail, she was taken as an out-patient to one of the large hospitals, and subsequently not making any progress, was admitted into the same institution as an in-patient, under the care of the senior physician. This was in November, 1852, and the child was then pale, emaciated, and covered with large bullæ over almost the entire surface. Salines were at first tried; afterwards the iodide of potassium, in full doses; then alkalies, with sarsparilla; and, lastly, cod-liver oil, and nutritious diet. During a full six months she was allowed wine, beer, eggs, and meat, and every means was taken to improve her general health. The external application consisted in equal parts of the lead lotion and olive oil. Several times slight improvement took place, but it never progressed much until near the end of the period, when, after the continued use of the cod-liver oil, the eruption so far disappeared, that she was allowed to return home. She had much improved in flesh and strength during her stay in the hospital, but many bullæ were still out at the time of her discharge. Almost immediately after her return home the disease re-appeared with its former vigour, and she was a second time admitted into the hospital. The cod-liver oil was again used; but, on this occasion, without benefit, and after a few weeks' treatment, she again left the hospital.

On July 20, 1853, she came under the care of Mr. Startin, as an out-patient at the Hospital for Skin Diseases. The trunk, extremities, face, and neck were literally covered either with bullæ or with the scabs left by them; there were some even on the scalp. The child was pale, thin, and much out of health; tongue clean and moist; appetite reported to be voracious. Mr. Startin ordered an arsenical draught (℥jss.), with tincture of opium (℥ij.) to be taken thrice daily, and a lotion of borax and lime-water for outward application.

Improvement was perceptible during the first week, and continued, with slight relapses, until September 23, when she was in much better health, slept well, looked cheerful, and had only a few sparingly scattered bullæ remaining.

Sept. 30.—A relapse has occurred without apparent cause and during the continuance of the medicines; many fresh and large bullæ have appeared.

℞ Ferri sulph. gr. iss.; tinct. hyosc. ℥v.; liq. arsenic. ℥iss., ex aquâ ter indies.

Oct. 14.—No fresh bullæ have appeared since last note.

Nov. 20.—Is almost well; a few small bullæ have come out during the last month, chiefly on the face or about the arms. She is gaining flesh. Mr. Startin directs that the excoriations should be dusted with powdered calamine. The medicine sickens, and is to be omitted as may seem needful.

February 6.—The child is now strong, stout, of good colour, and in perfect health. Her skin is, with the exception of a small spot on one wrist, quite free from eruption, all the excoriations having healed. Since the last date she has taken very few doses of the medicine, and her progress has been steady. Single small bullæ still occasionally make their appearance, but do not last more than a day or two.

The above case exhibits the advantages of the arsenical treatment in the strongest light. The disease had existed for more than a year without having even once been well, and there were no signs of spontaneous amendment being about to take place. Cachexia, as far as good diet could effect it, had been removed, and treatment by almost all the usual remedies, excepting arsenic, had been carefully and efficiently carried out. The child's home is a miserable one, and her diet there has been very poor as compared with what she had had in the Hospital; yet we find that in spite of this great disadvantage a cure of the disease and great improvement in the general health have been effected by the employment of the specific remedy.

Case 15.—*Severe Pemphigus in a Young Child.—Extreme Constitutional Disturbance.—Recovery.*—Elizabeth Cordwell, aged 15 months, the child of very poor parents, living on the ground floor of a badly drained house in Blackfriars, was admitted on August 29, 1853, suffering from acute pemphigus of three days' duration. She was of fair complexion, puny, but active, still at the breast. Until the eruption came out, she had not seemed ill, but then became feverish and very irritable. The bullæ, which varied in size from a split pea to a shilling, showed themselves first on the face, and afterwards on the chest, arms, abdomen, and buttocks. There were aphthæ in the mouth, and complete loss of appetite. Mr. Startin ordered the usual arsenical draught (℥ss.) and the borax lotion.

The treatment in this case was so irregularly carried out that it is not worth while to follow its details. The infant disliked the medicine, and the mother neglected its administration. For several weeks the eruption continued to increase, and the child became emaciated to an extreme degree, being covered from head to foot with excoriations; she was obliged to be always carried out on a pillow, and her sufferings were apparently very great. The scalp was involved in the disease, and some of the bullæ left quite deep ulcers. After about a month, the violence of the disease abated, and a cure was effected in about three months. The child is now (Feb. 7) free from eruption, healthy, and thriving. Scars have been left in several places. It would not be fair to attribute the recovery to any particular treatment, since, for several weeks at a time, the mother omitted coming to the Hospital, and did not give the medicine.

Case 16.—*Congenital Syphilitic Pemphigus in an Infant One Week Old.—Death.*—None of the preceding cases have given us a clear instance of pemphigus occurring in the adult as a symptom of constitutional syphilis; nor are we, indeed, aware that the disease has ever been so observed. In France, it is reputed, however, to be one of the frequent signs of congenital syphilis. This certainly is not the case in London. Among the large numbers of patients constantly attending our large Hospitals on account of hereditary syphilitic skin affections, it is extremely rare to see pemphigus. Three or four of such cases are all that have come under our observation at the Hospital for Cutaneous Diseases during several years. In all, the eruption was very transient, and passed, in the course of a day or two, into one or other of the more common forms of skin disease. In the following, death occurred:—Emma Bis was admitted in December, 1852. She was one week old, and had suffered for several days from severe snuffles, aphthous inflammation of the mouth, psoriasis about the hands and feet, and a copious eruption of pemphigus on most parts of the body. She was a very puny infant, and both her parents were, at the time of her birth, affected with constitutional syphilis. Mr. Startin ordered minute doses of the bichloride. After a day or two, the bullæ entirely disappeared, leaving the skin excoriated and fissured. An attack of pleurisy afterwards occurred, and death followed ten days from the commencement of the symptoms.

Case 17.—*Infantile Pemphigus.—Spontaneous Recovery.*—Hospital practice has not furnished us with an example of pemphigus occurring in infant life independent of syphilis. Such cases have, we are informed, been rather frequent of late, and one well-marked instance fell under our own notice in private practice. It is, we believe, a fair illustration of the disease as it happens at that period of life. The infant was a boy, and remarkably stout and healthy. The eruption appeared on the fourth day, and affected the abdomen, thighs, and buttocks; it disappeared spontaneously at the end of a fortnight. No derangement whatever of the general health attended its course, and no treatment was adopted, excepting the application of a covering of cotton-wool over the affected parts. The child has thriven well since, and there is not the slightest reason for believing him affected with hereditary syphilis. It must be noted, that his parents live in a damp house, almost close to much stagnant water.

Case 18.—*Severe Pemphigus Complicated with Syphilitic Cachexia.—Arsenical Treatment.—Recovery.*—The following case had been under treatment at more than one Hospital without benefit. Its cure took place when under the private care of Mr. Tyler, to whom we are indebted for its particulars. W. B., aged 54, a man of rather spare make, who had suffered in youth very severely from syphilis, and was still affected with the remains of tertiary eruption. In the middle of February, 1853, he came under Mr. Tyler's care, having then had for several months a copious eruption of pemphigus, attended by much constitutional disturbance. Nothing that had been done for him previously had afforded him any degree of relief, and he was much alarmed at his condition. The bullæ were larger than shillings, and affected the arms, legs, and abdomen. There was considerable irritative fever; a furred tongue; quick, but very feeble pulse; and loss of appetite. From February 12 to March 7, treatment by means of tonics, iron, etc., was pursued, and during this period the diseased continued to get worse, and bullæ much larger than before appeared. On March 7, the liq. arsenicalis in three minim doses was prescribed, and persevered with until August 27, when the patient was quite well. A generous diet with wine was throughout allowed. The progress was steady during the whole period, with the exception of a relapse which occurred at the end of June, and was produced apparently by

exposure to cold, the eruption having previously all but disappeared. The man improved in general health during the treatment to a point much beyond what he had known for years, and lost almost all the traces of his old syphilitic affection. The local application which had been found to give most relief was common flour dredged over the abraded surfaces. No relapse has occurred up to the present time.

Conclusions.—Examination of the more detailed notes before us, from which the preceding cases have been compiled, appears to warrant the following conclusions :—

1. That pemphigus is a disease affecting all periods of life; especially liable to occur between the ages of 4 and 25.

2. That, like many other skin diseases, it very frequently recurs in those who have once been its subjects.

3. That it usually affects those only of a fair complexion and thin skin. (To this we find no exception among the cases in which note has been made as to the complexion.)

4. That it is rather more common in the male than the female sex (10 to 8).

5. That its severe chronic and relapsing forms are more frequent than the benign and transient.

6. That the parts most liable to be affected are the legs, arms, genitals, abdomen; seldom the face, and very rarely the hairy scalp.

7. That the serum of the bullæ is almost always alkaline. (It was tested in most of the cases, and no exception occurred; the alkalinity was generally very great.)

8. That it is very rarely a symptom of congenital, and perhaps never of acquired syphilis.

9. That it occurs commonly to those of good physical conformation, but is mostly coincident with temporary cachexia.

10. That it is not very markedly influenced by season.

11. That its idiopathic infantile form is a very mild disease, and will usually recover spontaneously.

12. That it is not, as a rule, associated with any particular form of cachexia. (In but two of the above cases were the patients scrofulous; none were known to be rheumatic, or to have had ague; dyspepsia was an attendant in but few.)

13. That the general indications are for the use of tonic regimen and generous diet, (Cases 13 and 14;) but that these will not suffice for the cure (Cases 3, 4 and 14).

14. That arsenic may be esteemed an almost specific remedy even in the worst class of cases, (Cases 2, 3, 4, 14, etc. etc.) [The careful perusal of the preceding series will, we think, convince the reader that this proposition is not too strongly put. Many of the patients were, when admitted under Mr. Startin's care, in a truly deplorable condition,—the disease had produced extreme irritation, it had lasted for many months or years, it had resisted all sorts of treatment previously. In every instance but two (Cases 3 and 15) the most marked benefit attended the adoption of the arsenical plan.]

15. That arsenic does not merely repress the eruption, but remedies the unknown constitutional cause on which that symptom depends, always very much benefiting the general health of the patient.

16. That arsenic does not prevent the liability to subsequent attacks, but that such attacks are always much less severe than the original one, and tend, if treated by the same remedy, to diminish in intensity on each successive occasion.

17. That the early age of the patient does not in the least forbid resort to the arsenical treatment.

Those acquainted with the literature of this subject will observe, that the above conclusions differ considerably in some respects from the statements to be found in books. The disease itself may probably differ somewhat in London and on the Continent. Gilibert, whose monograph on it is the best extant, appears, for instance, to have met with but three examples of chronic pemphigus, all of them in elderly and enfeebled subjects. A current opinion has accordingly prevailed, that that form is almost peculiar to the aged, while the fact is, as we have above shown, that in London, at any rate, the young are much more frequently its subjects. Cases of relapsing pemphigus, or those in which the disease has extended over many years, do not appear to have attracted much notice from previous writers. Pemphigus is not known to prevail endemically in any part of England; on the contrary, it seems to be about equally scattered over all districts. Two cases came under our notice in York some years ago, and during the last summer we saw a very well-marked case in the Leeds Infirmary, under the care of Mr. Samuel Hey. Mr. Hey informed us, that the disease was very rare in Leeds, and that he had, during many years, seen but that one example. There does not appear to be much foundation for the opinion that the disease prevails most in damp localities, and on the banks of rivers. Such a notion is supported by but a small proportion of the above cases. The preceding series probably scarcely presents the benign and chronic forms in their due proportions as to frequency of occurrence, since cases of the former are often of so transient a character that they never come under care at Hospitals. With regard to the treatment of the chronic form by arsenic, we have recorded *all* that we have seen. A case has been mentioned to us, however, by a gentleman of very careful observation, in which the arsenic is stated to have quite failed to cure the disease, while it seriously interfered with the patient's (a child) health. We have not obtained particulars as to administration, etc.

The disease known in London as Rupia escharotica, but described by Dr. Corrigan as a form of infantile pemphigus, has been altogether omitted in the above, and is reserved for a future report. Whatever may be said of its primary stage, its after-course has no sort of resemblance to pemphigus.

Note.—The series of Empyema cases, which should have been concluded in the present Journal, is deferred for a week or two, to permit of the introduction of several important cases yet under treatment.

LIST OF SCIENTIFIC MEETINGS.

This Evening, Feb. 11.—Royal Institution. *Subject :*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——— ——— Royal Botanic Society. Four o'Clock.
——— ——— Medical Society of London. *Subject :*—"On an Improved Plan of Removing Hæmorrhoidal Tumours." By H. Lee, Esq. Eight o'Clock.
Tuesday, February 14.—Royal Institution. *Subject :*—"On Heat." By Professor Tyndall. Three o'Clock.
——— ——— Royal Medical and Chirurgical Society. Half-past Eight o'Clock.
——— ——— Zoological Society. Nine o'Clock.
Wednesday, February 15.—Microscopic Society. *Anniversary.* Eight o'Clock.
——— ——— Hunterian Society. *Subject :*—"On Hydatids in the Abdomen." By Mr. Cock. Eight o'Clock.
Thursday, February 16.—Royal Institution. *Subject :*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.
——— ——— Royal Society. Half-past Eight o'Clock.
——— ——— Hunterian Society. *Anniversary.* Eight o'Clock.
——— ——— Harveian Society. Eight o'Clock.
——— ——— Abernethian Society. Eight o'Clock.
——— ——— Medical Society of King's College. Half-past Seven o'Clock.
Friday, February 17.—Royal Institution. *Subject :*—"On the Characters of Insanity." By John Conolly, M.D. Half-past Eight o'Clock.
——— ——— Western Medical and Surgical Society of London. Eight o'Clock.
——— ——— Geological Society. *Anniversary.* One o'Clock.
Saturday, February 18.—Royal Institution. *Subject :*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——— ——— Medical Society of London. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, FEBRUARY 11.

THE CASE OF SEWARD *v.* HOUSLEY.

We have frequently been compelled to deplore the culpable laxity which prevails in our Courts of Law, whenever an arrant quack or impostor is prosecuted for manslaughter. The verdict is almost invariably given in favour of the accused, and this is usually done under the direction of the presiding Judge, and with the concurrence of the Bar. An ignorant bone-setter undertakes to set a broken limb, and the patient is lamed for life; an uneducated midwife tears out the bowels of a parturient woman, supposing the intestine to be the placenta; a patient is purged to death by the drastic drugs of one scoundrel, or allowed to die

under the Homœopathic globules of another; and scores of victims are hurried to their last account by enormous doses of lobelia and cayenne pepper. It is true, that in some of these cases, the offenders are made to appear at the bar of justice; but the result in all is precisely the same, namely, a triumphant acquittal, and the accused parties become martyrs in the eye of the public.

But let us reverse the picture. A gentleman who has been regularly educated for the Profession, who has passed the necessary examinations, and who has been in actual practice for seventeen years, unfortunately meets with an unsuccessful case, and forthwith he is made the subject of an action at law; and the Judges and the Juries who would have at once acquitted the quack, the bone-setter, the midwife, the homœopath, or the lobelia-doctor, exhibit their virtuous indignation against alleged malpraxis and their zeal for the public welfare, by awarding vindictive damages for the plaintiff.

Such a case as that to which we now most reluctantly allude has lately been tried in one of our courts of law. The plaintiff in the action is an infant, who of course sues by her next friend, and the defendant is Mr. Housley, a most respectable practitioner in this Metropolis. It appears that this infant, being nine months old, fell out of bed and injured its leg, and that Mr. Housley, who was the Medical attendant of the family, was called in to see it. He ascertained that the thigh was fractured, and he accordingly placed the child upon a pillow. On the day following the accident, he and his assistant set the bone, and bandaged the whole limb from the toes upwards. About the seventh or eighth day afterwards, a blister was observed on the toes of the child, according to the statement of the mother; and when Mr. Housley's attention was drawn to this circumstance, he cut the bandage, remarking, that he must remove it if the appearances became worse. On subsequent occasions the bandage was removed, poultices of linseed-meal and bread were applied, nourishing food was administered, and it was ordered that the limb should be kept warm. Gangrene, however, had commenced, and was rapidly proceeding, until at length Mr. Erichsen was called in, who advised and performed amputation of the leg below the knee. For the loss of the limb thus occasioned, the action was brought; and another action was brought at the same time for the expenses to which the father had become liable in the progress of the case. The jury, after a short consultation, gave a verdict for the plaintiff,—damages, 200*l.*; and in respect of the second action they awarded 50*l.* to the father. We need not state that the costs would most probably amount to as much more.

Now, as we have no knowledge of the case beyond that which we have derived from the accounts in the newspapers, we are in no condition to argue upon the pathological questions which may be involved in this very lamentable transaction; and we do not venture, after the direct evidence of Mr. Erichsen, who was called for the prosecution, and the admission of Mr. Arnott, who was called for the defence, to question the fact, that the undue tightness of the bandage was the cause of the mortification, and consequently led to the ultimate loss of the limb. There may, it is true, be some doubt whether the gangrene was not due to arterial disease or injury; but, as we have just observed, we are ignorant of any but the published details of the case. It appears, however, that the infant was a feeble and puny child, and, of course, peculiarly liable to symptoms which a more robust constitution might have enabled it to resist.

But in the treatment of the fracture by Mr. Housley, we can find nothing to censure. He lays the child upon a pillow, and he subsequently sets the fractured limb; he places cotton-wool next the skin; over this he places a bandage, including some chips of a hat-box cut to the length of the thigh; over these he lays gutta percha, so as to obtain a correct model of the limb, and then he secures the whole with a roller. Supposing this to be the correct statement of Mr. Housley's proceedings, and we have no reason whatever to doubt that it is so, what Surgeon, we venture to ask, would for a moment doubt the correctness of the treatment? It further appears, that the limb having been thus set, and the bandage, the splints, and the gutta percha having been thus applied, the child was visited at regular intervals by Mr. Housley, and, as he did not perceive anything amiss with the limb, he very properly refrained from disturbing the arrangements. As soon, however, as his attention was drawn to the fact, that a livid appearance existed in one of the toes, he cut the bandage up to the knee, ordered the limb to be kept warm, and nutritious food administered. The child was seen every day, and the nourishment was continued, together with port wine and aromatic spirits of ammonia. Notwithstanding this treatment, however, the gangrene extended, and amputation was rendered unavoidable.

Now, admitting as we do, that the mortification was probably caused by the tightness of the bandage, yet may it not be urged, as was done by Mr. Housley, that, without any fault of his, the bandage may have become displaced by the natural restlessness of a child so young, and thus have led, in a feeble constitution, to gangrenous mischief? But, even if we allow the whole weight of culpability to fall upon Mr. Housley, to what does it amount? Why, simply to this,—that having, in his zeal for performing his duty efficiently, and for preventing the displacement of the broken ends of the bone, applied a bandage firmly and continuously to the whole limb, this pressure, exercised upon the textures of a feeble and delicate child, gave rise unexpectedly to mortification. Even admitting an error of judgment on the part of Mr. Housley, does it appear, from a tittle of the evidence, that he acted carelessly, roughly, or imprudently? May it not rather be inferred, that the unfortunate circumstances that ensued might have taken place under the hands of any other Surgeon, and that they were due rather to the feeble constitution and restlessness of the patient, than to want of skill on the part of the medical attendant?

Let us take the case of a person who is operated upon for cataract: the operation is skilfully performed, but, from the irritability of the patient, or from the badness of his constitution, inflammatory action is set up in the eye, and vision is destroyed. Would it not be monstrous to make the Surgeon responsible for the unsuccessful termination of such a case, and to visit him with overwhelming damages, which not only drain him of his pecuniary resources, but also blight and wither his professional prospects?

Now, let us exhibit an instance in contrast to the persecution of a regularly-qualified member of our Profession. In the early part of the last year, a fellow named William Hobson Palmer, described as a *botanist*, (?) but who possessed no medical qualification whatever, was charged with the manslaughter of a female, by administering to her enormous doses of lobelia and cayenne pepper. It was proved that the prisoner administered the poison: it was proved that the patient died from its administration; it was proved that the prisoner was wholly ignorant of the science he pretended to practise; and *therefore* he was triumphantly acquitted under the direction of the presiding Judge.

"Look here upon this picture and on this." An arrant quack is clearly proved to have caused the death of a fellow-creature by administering poisonous drugs of which he knew little, for the relief of a malady of which he knew less; but, *because he is ignorant*, he is declared free from all blame, and is again sent forth to practise his baneful arts upon a credulous and deluded public! On the other hand, a well-educated Surgeon has a case

which, although treated according to approved rules, terminates unfavourably; and, without making any allowances for the feebleness or other circumstances of the patient's constitution, or without making any fair concession for the fallibility of human nature, a British Judge and Jury pronounce a man guilty of dereliction of duty, and award against him an amount of damages, cruel in themselves, and which involve in their consequences the destruction of his professional practice and the embitterment of his future life!

We trust that Mr. Housley will move for a new trial.

THE LONDON WATER SUPPLY AND THE CHOLERA.

THERE is no intelligent member of the Medical Profession who will not be ready to second our appeal to the Metropolitan Water Companies, and endeavour to secure their co-operation in the efforts being made to place London in a state of sanitary defence against the invasion which we have too much reason to anticipate before the approaching Midsummer. We are not without the hope that we shall induce those who are so well entitled to be heard on this most important subject, to bring their influence promptly to the aid of our vast population, and obtain, in the shape of generous concession, that measure of justice which the Legislature has allowed to be deferred. The Profession could most advantageously—either by individual appeal, or perhaps more effectually through the influence of its collective bodies—invoke the cordial co-operation of the various Companies who are now in a position to show that they are not indifferent to the public safety, and deserving the estimation to which they have laid claim.

The Registrar-General, with a commendable zeal for the public health, has lately directed inquiry to be made of the various Metropolitan Water Companies as to any improvement which they have effected since 1849. The Companies have been asked whether the supply is the same as in 1849; whether the methods of purification and filtration are the same as in that year; if any change has been made in these and other respects, and whether any change has been contemplated in the existing arrangements. In nearly every case the replies as to the improvements effected are most unsatisfactory.

The Hampstead Water Company says, "The sources of supply are the same as in 1849;" so says the New River Company, the Grand Junction Water Company, the Chelsea Water Company, the Southwark and Vauxhall Water Company; and so says the West Middlesex, with the unwelcome addition, that "the water of this part of the river (at Barnes, about a mile and a-quarter above Hammersmith Bridge, whence the Company draws its supplies,) has necessarily *become impurer by the increase of sewage.*" In one case only—that of the Lambeth Water Works—has the source of supply been changed, and, as we have already seen, with very satisfactory results.

Then, in answer to the query as to the methods of filtration and purification, the Hampstead Company says, they are the same as in 1849; so the New River, so the Grand Junction, so the Chelsea, but adding, that "the system has been extended and improved;" so the West Middlesex, so the East London, and so the Southwark and Vauxhall. We have an honourable exception in the case of the Lambeth Water Company, who state, that they "have now large filtering beds at Thames Ditton, through which the *entire supply* passes into engine wells before it is pumped into the districts."

As to the future, the promises of improvement are ample, and not without value, as they are the results of legislative compulsion, and must be fulfilled within certain limits as to time. Thus we find the Hampstead Company now boring through the chalk stratum of the London Basin in the expectation of finding an abundant supply of pure water in the Green-Sand formation, and making arrangements for carrying out the provisions of the Act of 1852, for improving the supply of water to the Metropolis. The New River Company state, that they are in treaty for land on which to form their filtering reservoirs, and that other alterations of an extensive character are in progress. The Grand Junction are going to change their source of supply from near Kew Bridge to a spot in the Thames between Hampton and Sunbury, about six miles above Teddington Lock, and a mile and a-half above Moulsey Lock. The water will be pumped from depositing reservoirs at Hampton, through a thirty-three-inch main, to the Kew Bridge works, where additional depositing filtering reservoirs, to the extent of more than six acres, are being formed. The Act of Parliament allows the Company until August, 1855, for the completion of these valuable works; but we have, on the part of the Company, the acknowledgment, that Parliament has allowed an unnecessary extent of time, and that they expect to be able to commence operations in September next. Here we find a Company anticipating the requirements of the Legislature by nearly a year. Why could not the other Companies manifest the same despatch in bringing their undertakings to completion? The Chelsea Company hold out no hope of expediting their works. They simply state, that an Act was obtained last Session, authorising new works, which are now in progress. "It provides for the completion of the works *within four years.*" And, as far as appears from the replies of this Company, its customers will have to wait four years until they enjoy the pure streams for want of which they are suffering, as there is no mention whatever of any intention to hasten the works beyond the rate of speed demanded. The West Middlesex Company are hurrying forward their works; "filter beds at Barnes are nearly completed, and will be immediately used for the water as now obtained."

It is really a study to observe how differently these Companies appear to be influenced. Some of them are Voluntaries of the first water, while others seem as if they were incapable of acting except under high pressure. As a contrast to the last-mentioned Company, we may notice the case of another, who are content to report that their works are in active progress, and must be completed by August, 1856. These Companies seem as if they were composed of essentially different materials, or of the same materials in very different states. In some cases there is evidently a desire to meet the wants of the public, and to deserve its confidence. In others there is an indifference to the public interests; and everything done is the effect of external pressure. The promptitude with which some of the Companies—such as the Lambeth—have hastened to fulfil the injunctions of Parliament gives them a claim on public gratitude; while the reverse is the case with those that so coolly speak of what they have to get done by August, 1856. By the way, we must notice the zeal shown in the public service by the Southwark and Vauxhall Water Company, which states, that, although the Act allowed three years from August, 1852, for the execution of the new works, the contracts for the whole were made immediately after the passing of the Act, and, being now in rapid course of fulfilment, will be completed and in operation one year within the time it prescribes. These cases all show that the time allowed for these works is much more than is requisite; and the concessions already made ought to induce others in the same spirit to hasten their works to a conclusion. Appeals such as we have suggested may in these circumstances be productive of the desired result. We hope to have the zealous co-operation of the Profession in urging the tardy Companies to put on all the force which is necessary to enable them to co-operate with efficiency in the forthcoming struggle against the epidemic which is about to renew its attack.

FRENCH THERAPEUTICS.

In these days of the printing-press and the steam-engine, when treatises pour forth on all sides, and the journey from London to Paris may be made in six hours, it must be matter of astonishment to any observer how slowly knowledge spreads. Throughout the British Isles there is probably scarcely a single Physician of note who does not believe in the curability of pulmonary phthisis,—frequent in its early stages, occasional even in its later. Nor is there, probably, one who does not recognise the grand principle of treatment as consisting in the use of a tonic and restorative system of diet, combined especially with the employment of fish oils and other hydro-carbons. Will it be believed that within a few days of the present time, before the Academy of Medicine in Paris, an essay has been read by one of the most expert physical diagnosticians in Europe on the treatment of phthisis, entering elaborately into the various branches of the subject, without the slightest mention of cod-liver oil, or of any substitute for it? Further, M. Piorry's paper was freely and fully discussed by the learned body to whom it was read, and it forms the subject of a four-columned criticism in last week's *Gazette Médicale;* yet the omission in question has been hinted at by none. The renowned Physician of La Pitié, who appears all but to despair of cures, has amused himself by measuring in centimetres, from time to time, the area of dulness on his patients' chests, the treatment meanwhile consisting in iodine inhalations, aided, when the case seemed to require it, by tartar emetic (internally administered), bismuth, phosphate of lime, quinine for the hectic, and opium for the cough. He was led, he states, to hope that iodine inhalations might induce healthy processes in tuberculous disorganisation of the lungs, from having noticed the effect of injections of that drug in hydrocele and scrofulous abscess of the testis! In the discussion one of his critics insists much on the value of the fumes of the arseniate of soda; and another on the extreme benefit derivable from the prolonged administration of the tartarized antimony; a third talks of the antagonism between phthisis and goitre, and argues thence that iodine ought not to cure both; while a fourth contents himself in finding fault with M. Piorry's nomenclature. This is not the only startling illustration which we have recently had before us of the utter incompetency of our French brethren in dealing with matters of therapeutics. The last Number but two of the *Gazette Médicale* contained a learned and lengthy dissertation, announcing the discovery that venesection is not always required in hæmoptysis! Can nothing be done in these times of French and English fraternization to remedy such disgraceful ignorance on the most important subjects? Might it not be well to raise a subscription, translate Dr. Hughes Bennett's last book, and distribute it gratis to the French Faculty? Or, perhaps, the end might be gained if the Brompton Hospital would invite the Académie de Médecine over for a visit. The man who, having witnessed for a week the practice of either of our Metropolitan Institutions for diseases of the chest, could go back and deny to his phthiscal patients, by batches of thirty-four at a time, the use of cod-liver oil, and subject them solely to iodine inhalations, would merit for his inhumanity to to be dismissed the Profession, and discarded from society.

THE LIVERPOOL MEETING.

We need not do more in directing attention to the meeting at Liverpool, reported in our columns to-day, than state, that the whole of the *élite* of the Profession in that important town participated in the movement. The names of Mr. E. R. Bickersteth, who was for forty years Surgeon to the Liverpool Royal Infirmary, Drs. Vose and Dickinson, Physicians to the same Institution, Messrs. Halton and Stubbs, two of its Surgeons, Dr. Inman, Physician to the Northern Hospital, Messrs. Ellis Jones, Chalmers, and Davies, its Surgeons—Dr. Cameron, Physician to the Southern Hospital, and several gentlemen connected with the Dispensaries and Lying-in Hospitals, among the total number of sixty present, are sufficient to show that the opinion of the bulk of the Profession in Liverpool was fairly represented. The meeting at Nottingham, also, is another striking proof of the fraternal feeling now existing among us.

MR. GAY'S CASE.

MEETING OF THE PROFESSION IN LIVERPOOL.

On Tuesday evening, a meeting of the Medical Profession was held in the Medical Hall, Hope-street, Liverpool, to consider the case of Mr. Gay, who has been recently dismissed from the Royal Free Hospital of London. The chair was occupied by J. M. Banner, Esq., M.R.C.S., Consulting Surgeon to the Northern Hospital, and T. D. Fletcher, Esq., M.R.C.S., Surgeon to the North Dispensary, and Demonstrator of Anatomy to the Royal Infirmary School of Medicine, officiated as Secretary. Among the gentlemen present we observed W. M'Cheane, Esq.; J. Godden, Esq.; W. H. Fitzpatrick, Esq.; J. Poole, Esq.; G. Kemp, Esq.; C. Kirwan, Esq.; A. Stephens, Esq.; H. Neill, Esq.; J. Collins, M.D.; A. T. H. Waters, Esq.; Surgeon to the Royal Infirmary; E. Jones, Esq., Surgeon to the Northern Hospital; J. J. Lancaster, M.D.; J. Welsby, Esq.; J. Sinclair, M.D.; J. Harricks, Esq.; D. Cowen, M.D.; D. Chalmers, Esq.; P. Macintyre, M.D.; C. D. Fitzpatrick, Esq.; H. Hulme, Esq.; R. Talbot, M.D.; T. Hodson, Esq.; W. Hannah, Esq.; T. Dawson, Esq.; G. Walker, Esq.; C. Ricketts, Esq.; J. B. Smith, Esq.; J. D. Weaver, Esq.; R. J. Sibbald, Esq.; J. M. Shain, Esq.; J. A. Sommers, Esq.; R. T. Lodge, M.D., House-Surgeon to the Northern Dispensary; E. R. Bickersteth, Esq.; T. T. Lyth, Esq.; A. Higginson, Esq.; D. Paterson, Esq.; A. Walmsley, Esq., Surgeon, Royal Infirmary; H. Stubbs, Esq.; T. Hensman, Esq.; T. Blackburn, Esq.; E. Parke, Esq.; J. Anderson, M.D.; D. H. M'Nicholl, M.D.; T. B. Gildersleeves, Esq.; J. Dickinson, M.D., Physician to the Royal Liverpool Infirmary; H. Imlack, M.D., Physician to the Lying-in Hospital; F. J. Osborne, Esq.; J. S. Hawthorn, Esq.; J. Bevan, Esq.; T. Statter, Esq.; A. B. Steele, Esq.; Dr. Vose, Senior Physician to the Liverpool Royal Infirmary; Dr. Dickinson, Physician to ditto; Dr. Inman, Physician to the Northern Hospital; Dr. Cameron, Physician to the Southern Hospital; Edward Bickersteth, Esq., Consulting Surgeon to the Liverpool Royal Infirmary; J. P. Halton, Esq., Senior Surgeon to do.; H. Shilts, Esq., Surgeon to do.; Ellis Jones, Esq., and D. Chalmers, Esq., Surgeons to the Northern Hospital; J. M. Davies, Esq., Assistant-Surgeon to do.; Mr. Higginson, Consulting Surgeon to the Liverpool Dispensaries; Mr. Lowndes, Mr. Behrend, and Mr. Desmond, Surgeons to the Liverpool Dispensaries; Mr. Harris, Surgeon to St. Anne's Dispensary; Mr. Grimsdale, Surgeon to the Lying-in Hospital; Mr. Mill, Mr. Poole, and Dr. Hibbert Taylor, Surgeons to the Eye and Ear Infirmary; and a large number of the Medical Profession of the town.

The Chairman, in stating the object of the meeting, said: Gentlemen, a strong feeling having been evidenced by most of the Medical Professors, in consequence of Mr. Gay having been dismissed from the Free Hospital of London, as Honorary Medical Officer, several influential members of that body thought it desirable that a public Meeting should be called in this town for the purpose of giving the Profession of Liverpool an opportunity of expressing their dissatisfaction of so unprecedented and ungracious an act. The Profession have felt, that a Medical Officer, holding an appointment in a public Institution, cannot be dismissed without his character receiving considerable damage—(hear, hear)—and they have thought such a step ought not to be taken unless for immoral conduct or incapacity. They have felt that a Medical man's character is his mainstay, and ought not to be blasted by the tainting breath of calumny, nor trampled upon by ungovernable feelings of jealousy. (Cheers.) It is for the purpose of giving the Medical Profession of Liverpool an opportunity of sending forth an unqualified statement of disapprobation of the part which has been enacted at the London Free Hospital, that this meeting has been called. I believe that all of you have received a copy of the *Medical Times and Gazette*, and also a circular containing a statement of the manner in which Mr. Gay has been dismissed from his appointment, and I conclude, therefore, that each gentleman present is sufficiently conversant with the merits of the question, and ought to be able to take a part in our proceedings. Nevertheless, our Secretary, Mr. Fletcher, has very kindly drawn up a short

epitome of the whole affair, from the commencement to its termination; and he will be kind enough to read that, so as to strengthen the recollection of gentlemen on the events as they occurred. As a Fellow of the Royal College of Surgeons, I can but express a hope that the Council of that body will yet take this matter into their serious consideration; for if the Fellowship is really an honour, as I have always felt it to be, I think that if any Fellow lies under the stigma of having been dismissed from a public appointment, as Mr. Gay has been, it is quite questionable whether he is in a position to hold so great an honour as has been conferred upon him. Gentlemen, I will not detain you further, but will leave the matter in your hands, being satisfied you will give it a calm and dignified consideration. I will now, with your permission, call upon the Secretary to read the statement. I have here a number of notes from Dr. Macrory and others, regretting their inability of attending on this occasion.

The Secretary (Mr. Fletcher) then read the following statement:—"It has been thought desirable that a condensed statement should be laid before the present meeting, embodying, as far as possible, all the points which have been urged with regard to the dismissal of Mr. Gay, without entering into the very varied controversies that have arisen incidentally out of it, in order that a calm and impartial verdict may be pronounced on the question, whether the punishment of Mr. Gay was right or wrong; and leaving all personal differences to be settled by those parties between whom they exist. Mr. Gay had, for more than seventeen years, been one of the Surgeons to the Royal Free Hospital, when, on the 30th of March last, his biography was published in a journal, in which occurred the offensive passages quoted in the correspondence which is in your hands,—the gist of which was, that Mr. Gay was not indebted to the Hospital for his celebrity, but the Hospital to him, and that Mr. Gay was the principal Surgeon to the Hospital. When this article appeared, Mr. Gay wrote to Dr. Marsden, the Founder of the Royal Free Hospital, in reference to the steps proper to be taken in regard to it, and thinking himself that it was not worthy of notice. It was then left unnoticed. Mr. Gay saw the Journal in question on the Board-room table, and a Governor acknowledged, that the weekly Board knew of it long before its publication. Up to this time, it appears, that no cause of offence had been given by Mr. Gay to the Committee or to his colleagues. In May, at the Annual Dinner of the Royal Free Hospital, Mr. Gay met these latter gentlemen on the same terms of cordiality as usual, and subsequently to that time, in June, the Annual Report appeared, from which the following is extracted:—'It is highly pleasing to your Committee to congratulate the Governors on the perfect harmony which prevails between the Committee, the Weekly Board, the Medical officers, and throughout every department of the Institution,—a good feeling and general co-operation so essential to the prosperity of your charity;' this being three months after the publication of the incriminated article. Mr. Halswell brought the biography under the notice of the Committee, and the correspondence ensued of which copies have been supplied to those present, and from which it will be seen that the Committee questioned Mr. Gay categorically as to his participation in, or knowledge of, the biography previously to its publication; and although Mr. Gay, in the strongest terms, and upon his honour, disclaimed any participation in the offensive portions, the Committee deemed his explanations unsatisfactory, and passed a vote, first, of want of confidence in Mr. Gay, and then one dismissing him from his office. It must in fairness be mentioned here, that the Committee gave no reason wherefore the explanation given by Mr. Gay was not satisfactory, nor was any attempt made to prove the truth of the accusations which they implied against him, and which he on his honour denied, this denial being backed by the exculpatory evidence of the author of the article. At the General Meeting of the Governors called to consider, with a view to confirm, the Resolution of the Committee dismissing Mr. Gay, held on December 30, that gentleman reiterated his disavowal of the offensive statements; on hearing which Mr. Halswell, who had originally brought the matter under the notice of the Committee, said, that had Mr. Gay avowed before the Committee what he then did, there would have been no occasion for the present meeting. Upon which Mr. Gay rose and declared, that he had stated nothing before that meeting beyond what he had repeated, again and again, to the Committee. Notwithstanding this, the decision of both Committees was confirmed by the meeting, and Mr. Gay was dismissed. Subsequently there appeared in the *Lancet*, of the 21st and 28th January, two documents, styled extracts from a draft Report to be presented to the Governors at their Annual Meeting of January, 1854, in the first of which most strenuous efforts are made to connect Mr. Gay with the offensive portions of the biography, themselves characterised by a series of very severe epithets. In the second some statements were put forth in answer to Mr. Gay's declaration, that his conduct had been such only as to advance the interests of the charity, by which it was sought to establish the fact of Mr. Gay having on some occasions resisted the Committee. The former of these documents was printed and widely circulated immediately before the meeting at the Hanover-square Rooms, under the title of a draft Report, etc., presented to the Governors at the Annual General Meeting of the 30th January." After the Hanover-square Meeting, a second edition of this document was circulated, including nearly all of the two extracts published in the *Lancet*, but with a slight, but very important, change in the title,—"A Report from the Committee of Management submitted to the Patrons, Governors, &c., of the Royal Free Hospital." At the Annual Meeting, the Report which the Committee had sent forth as "to be submitted to the Association General Meeting," was not submitted to that meeting, no reference being made to the circumstances of Mr. Gay's dismissal except the following:—"Having fully apprised you of the circumstances which necessitated so painful a step, your Committee deem it superfluous further to allude to them in this Report." There being thus no direct accusation against Mr. Gay before the meeting, a statement drawn up by him in justification of his conduct was refused admittance by the Chairman, and all discussion on the case thus effectually prevented.

Mr. Dickinson suggested, that it would be interesting to the meeting to hear Mr. Gay's own statement, which he had presented to the Committee.

Mr. Fletcher said, he had all the documents connected with the case on his table; the statement alluded to, however, was rather long, and had already appeared in substance in the *Medical Times and Gazette* and *Association Journal*.

Mr. J. P. Halton, F.R.C.S., Senior Surgeon to the Liverpool Royal Infirmary, moved the first Resolution:—

"That this meeting, having had the circumstances connected with Mr. Gay's case brought under its notice, is of opinion, that the dismissal of that gentleman was arbitrary and unjust."

The Resolution was received with hearty applause, and Mr. Halton merely observed, that he had no hesitation in expressing publicly his hearty and perfect concurrence with the Resolution.

Dr. Inman seconded the Resolution with very great pleasure. Like its proposer he considered the conduct of the Committee of the Royal Free Hospital both arbitrary and unjust,—arbitrary, because they had assumed a standard to which gentlemen did not bow,—and unjust, because they had not taken that view of right and wrong which was common in a civilised community. Now, what makes the blow still worse (continued the speaker) is the assertion, that they have done this for our good; that they have done it hoping and wishing to uphold the honour of the Medical Profession—(hear, hear)—and with a wish to put down anything like an attempt to advance one person above the head of another; and that they have not the slightest doubt that they will receive the thanks of the Medical Profession of this country: in other words, that they have absolutely stood forth as the champions of the Medical Profession—to build up their honour and dignity. It is quite evident, from the number of persons who attended the meeting in London, and the number of those here to-night, that the Medical Profession does not accept the championship of the Committee of the Royal Free Hospital—(applause)—and that, if they are to be chastised, they had rather not be chastised with a rod so excessively foul. Proceeding to remark more pointedly upon Mr. Gay's case, the speaker said: The offence appears to have been this,—Mr. Gay had a friend, or, at least, there were some persons desirous of publishing a biography of Mr. Gay. That biography appeared in a paper which, following the example of the *Lancet*, intended to give the biographies of gentlemen residing in London, in alphabetical order; and, if they got anything like encouragement from those gentlemen in the way of subscriptions, and probably some information too, their biography was published at length, and, generally speaking, was a tolerably good one; while, if gentlemen did not subscribe, they either had no biography at all, or else a very bad one. Be that as it may, it came to Mr. Gay's turn, and he was applied to respecting his birth, parentage, education, and the like; and, after consulting with some friends, he gave merely the dates of his birth, his education, and references to certain of his works. His biographer then spoke of him in an extremely flattering manner,—as a man who was an ornament to the Profession, and an ornament to the Hospital to which he was attached; that he was not, like the moon, deriving lustre from the sun, but that he was more like a candle in a dirty lantern—that he was giving

the light to the Hospital, rather than receiving light from it. Now, it is difficult for us to estimate how far this is true; but if the statement was entirely false, the Committee could have afforded to laugh at it. (Hear, hear.) As soon as it appeared, it was quite evident to Mr. Gay that it was not quite the sort of thing that ought to have appeared; and he therefore at once solicited one of his colleagues as to the best steps to be taken. He took no notice of it, however, nor did his colleagues, nor some members of the Board; and for three months everything appears to have gone on harmoniously; but at the end of that time—either from some person inimical to Mr. Gay, or from some cause respecting which we appear to be perfectly in the dark—the Committee took it into their heads to take the question up, and they wrote to Mr. Gay categorically, to inquire whether he had anything to do with it, and whether he was responsible for any of the statements. Mr. Gay tells them distinctly for what he is responsible, and for what he is not; so that, from the very first, the Committee absolutely knew (if they trust Mr. Gay's word,) what part of the biography was his, and what that of the Editor, or biographer engaged by the Editor. They receive the answer, and some of the Committee consider it satisfactory. Others are not satisfied; and notwithstanding the straightforward conduct of Mr. Gay, they declare that his conduct is not yet satisfactory. Now, they must have have had some ulterior intention, or some intention not to be satisfied with anything, or they must have been satisfied with the explanation Mr. Gay gave. Things thus remained until about the end of the hospital year; and then, as they had made up their minds apparently from the commencement to get rid of Mr. Gay, they summoned a meeting of the subscribers or Governors of the charity, in order to endorse what they had already determined upon. The Committee resolved upon Mr. Gay's dismissal; but then, for the first time, they appear to have thought what reason should they urge before the Governors for the dismissal of a gentleman who had been with them no less than sixteen years. What do they do? Why, they have recourse to a document which is false, false by *suppressio veri* and *suggestio falsi*. In this document they call attention to what they describe as "the offensive statements;" and then they state, that this biography was partly written by Mr. Gay himself, although they knew perfectly well that the objectionable statements were not written by Mr. Gay, and that he was in no way responsible for them. They, in fact, try to insinuate to the Governors that Mr. Gay was not to be believed, and that, although they had his negation of the allegation, still there was very little doubt that he was the author of the statement to which they objected. They point the attention of the Governors to the fact, that they requested Mr. Gay to write to the Editor; that Mr. Gay did write, and in these terms:—"You will do me the justice to say, that I am not responsible for any of the statements there made." He attends before the Committee with an answer from the Editor to this effect, that he neither suggested the statements nor had anything to do with them, nor, in fact, did he see them before they were in print. The Committee, in their Draft Report, absolutely insinuated, that, when he wrote to the Editor, the latter was unable to answer his letter in the affirmative; thus insinuating, that Mr. Gay is not to be believed upon his honour. The Committee, however, thinking this hardly sufficient ground, reiterated the statement over and over again no less than ten times, and each time almost precisely in the same words; viz., that the biography of Mr. Gay was partly written by himself, leaving the persons, of course, to suppose that it was the objectionable part which was thus written, or which he was privy to. Mr. Gay, in answer to this, declared that he has always had the good of the Hospital at heart; and here was an opportunity for his opponents to bolster up their case,—to blow up the pillow to a little larger compass,—though it was but filled with air after all. They brought forward a series of charges against him,—one, that he is an uncommonly troublesome man; that the Committee of Management had frequently to reprimand him; and they gave some instances, one of which was, that he had frequently asked for an operating theatre to be provided in the Hospital, which, when it was provided, he would not use. This, it was urged, was just a sample of what he had done, intimating, that, if they chose, they could unfold a tale. Mr. Gay triumphantly refuted this; and we now have a peep behind the scenes as to what this Committee of Management, or rather Mismanagement, is. He declares, that for a long time they had declined to have an operating theatre in their Hospital because the funds were not sufficiently large; but that, at last, urged by his request, they did establish one, but that the operating theatre is the lecture-room for the lecturer on anatomy, and that the very table on which persons are placed to be operated upon is the same upon which the corpse is laid during the demonstrations of the anatomical lecturer; and that it would be absurd, improper, and wrong for him to submit his patients to the risk of erysipelas, and other diseases, by introducing them, at a time when they were so susceptible of bad influences, to a room like that. Having stated this fact, Dr. Inman left it to the audience to judge of the truth of the statement, that Mr. Gay reflected credit on the Hospital rather than receiving credit from it. (Hear, hear.) The Committee finding that Mr. Gay and themselves had been weighed in the balances of public opinion, and that they kicked the beam,—finding that two stars could not shine in the same sphere,—resolved that one must be put out; and they made use of the pretext, that either they or Mr. Gay must be sacrificed to induce the Governors to consent to a dismissal. Under these circumstances, the dismissal of Mr. Gay must be considered as rather honourable to himself and dishonourable to the Committee than otherwise; but whether this were so or not, there could be no doubt that it was arbitrary and unjust. Before he sat down (Dr. Inman continued), he would beg to make a few observations respecting the treatment of Mr. Gay at the hands of those who called themselves the champions of the Profession. When the *Lancet* was first started, it declared itself the champion of the Medical Profession, and that it would support its honour and dignity through thick and thin. But they fouudit attacked and damaged very materially the reputation of Mr. Bransby Cooper, and always abused those persons who it imagined came fairly under its lash. As soon as *it* was attacked, however, it was perfectly unable to stand any abuse. This same *Lancet* had systematically supported the Committee in their attacks upon Mr. Gay, and, notwithstanding the opinion of the Medical Profession, expressed so powerfully in London and in the provinces, it professed to be the exponent of professional feeling, and to tell the Profession generally that they were in the wrong, and that Mr. Gay had been properly dismissed. He (the speaker) would, however, at once give up the idea of following such a leader, and would transfer his allegiance to those other Medical journals who had taken up the cause of the Profession in so noble, straightforward, and determined a manner as the *Medical Times and Gazette*, and the *Association Journal* had done. (Applause.) In conclusion, he thought he had said sufficient to show that the proceedings of the Committee had been arbitrary and unjust; and that the gentlemen who drew up the Resolution were perfectly justified in the epithets which they had applied.

The first Resolution was then put and carried unanimously.

Mr. Blackburn rose to move the second Resolution, which he read as follows:—

"That this meeting strongly disapproves of, and will discountenance by every means in its power, the publication of biographies of living members of the Profession."

(Cheers.) There was one advantage, he said, in moving this Resolution, which commended itself so fully to the approval of all, that it would be unnecessary for him to say much in its support. They had had the whole circumstances first explained by the Secretary's statement, and, secondly, by the speech of Dr. Inman, and it would, therefore, be improper for him to take up any portion of their time. He thought they might lay down as a general principle, that a gentleman who accepted the position of Honorary Surgeon or Physician of a public charity, and who discharged his duty, ought not under any circumstances to be dismissed by the Governors, except under three reasons: first, for well ascertained proof of inefficiency; secondly, for wilful and continued neglect of duty; and, thirdly, for such a degree of immorality as would bring disgrace on himself and scandal on the institution. (Cheers.) He was sure he need not say more on that subject than to ask gentlemen present who had heard the statement of the Secretary, whether anything of this kind has been proved against Mr. Gay. (Hear, hear) So far from it, there had not been the least attempt to prove incompetency or neglect of duty, and his moral character had never in the slightest degree been impugned. (Hear, hear.) All that could be said was, that he had been guilty of the imprudence of allowing his biography to be published while he was alive. While a man like Sir Benjamin Brodie had permitted the same thing, a young man like Mr. Gay, rising in his Profession, ought not to be punished for following a stereotyped fashion. (Hear, hear.) He thought, that after Mr. Gay had tendered an apology to the Committee, that ought to have been deemed satisfactory. (Hear, hear.) He should be sorry to use an offensive term in speaking of the conduct of Mr. Gay; but he must say, that his explanation approached to something like abjectness. He was of opinion, that in humility Mr. Gay went to the full length a man of spirit could be expected to go. (Hear.) He made every

concession that it was possible to make under the circumstances; and, were he a man at all to be believed, he had nothing to do with the offensive parts of the biography, and was, therefore, not answerable for what Mr. Ross chose to say of him. He did not, he said, see the biography before it was published; if he had done so, he would no doubt have made himself a party to the whole matter. There is one disadvantage in Mr. Gay's case, and that is, that he is in the hands of parties who are not very sparing of character when they have an opportunity of saying anything against it. (Hear, hear.) If the parties interested in depreciating Mr. Gay in the public estimation were able to say anything against him, he (Mr. Blackburn) was sure they would. The very absence of any distinct charge was a clear proof that no charge could be brought against him. (Hear, hear.) As to the charges of the operating-table, and his not seeing his patients, he had explained them most fully. He (Mr. Blackburn) was very glad to hear, from Mr. Fletcher's statement—the fact had escaped him—that Mr. Gay had consulted with Dr. Marsden as soon as the biography appeared. It was his duty to take that step.

Mr. Fletcher: My authority for that is Mr. Gay's own statement read at the public meeting in London, and it has not been contradicted by any one.

Mr. Blackburn (in continuation) said, if Mr. Gay had allowed the biography to go forward for three months, and had never said anything until called over the coals, he (Mr. Blackburn) should have said that Mr. Gay had adopted it; but he seemed to have seen the impropriety of it, and had consulted with the senior Medical officer, Dr. Marsden, and, in accordance with his advice, he let it pass. He thought that cleared Mr. Gay from any charge of having allowed it to go three months before taking notice of it. Mr. Gay must have been aware, when he allowed his name to appear, that he could not fail to give offence to the Wakleys, because the *Circular* has not been sparing of the *Lancet*. When he allowed his biography, therefore, to appear he must have been prepared to give offence to the Wakleys. That, however, was a question between Mr. Wakley and Mr. Gay, with which the Committee of the Hospital had no business to interfere. (Hear, hear.) If Mr. Gay so felt inclined to allow his biography to appear, it was no business of theirs. It might be offensive to the Wakleys no doubt. He was very far out in his calculation, or he might take that for granted, for those gentlemen did not very much excel in that particular virtue which Sterne calls "low-lived snivelling virtue of meekness." (Laughter.) He trusted that the discussion which this subject would evolve would put an end to these biographies, which were discreditable to the Profession. (Cheers.) A gentleman who spoke at the meeting in London directed attention to the conduct of the Legal profession in this respect. They could not certainly expect to be as compact a body as the barristers. If one of that body allowed such a document to appear respecting himself, he would lose station in his profession,—it would be deemed a puff direct—(laughter)—which would disgrace him. And it was no less than a puff direct. (Cheers and laughter.) Mr. Gay had the precedent of Sir B. Brodie, and he surely might be pardoned for following his example. In conclusion, he had great pleasure in moving the Resolution.

Mr. Ellis Jones, F.R.C.S., Honorary Surgeon to the Northern Hospital, in seconding the Resolution, coincided with the sentiments of the previous speakers. It had lately been too much the practice, he said, on the part of members of the Profession to descend to quackery and humbug. Surely this movement would put an end to it. (Hear, hear.) He would not wish to weaken what had been so well expressed by previous speakers; but before sitting down he wished to express his admiration of the conduct of Dr. Cormack, for the able manner in which he had denounced the practice of living biographies in the *Association Journal*, for his remarks upon the recent proceedings at and in connexion with the Royal Free Hospital, and for his having resigned his appointment as Lecturer to that Institution, in consequence of the arbitrary manner in which the Committee had behaved to his colleague, Mr. Gay. (Cheers.)

Dr. Collins deprecated the passing of such a Resolution. Why should not Medical men, if they had the vanity, or the talent, to write their own biography, or pay others for doing it, why should they not publish such works as well as other people, and let the public judge whether they were puffing, contemptible, or full of merit? There were many incidents connected with the Medical career which might give an interest and piquancy to a biography, and which might be read with pleasure at the fireside. He did not profess to be a genius, but there were matters, perhaps, connected with his own history which might be caught up in this way by the biographer. (Laughter.) He mentioned two. He stood twice for a public institution in Liverpool, though he was told beforehand, by a conscientious astrologer, that he would stand no chance unless he happened to be born under Scorpio. (Renewed laughter.) In the first case, his opponent was carried triumphantly over his head. He had friends at court who said he was a man of genius, of talent, of high moral conduct. He served the charities for seven years, and, during that time, he never had but one prescription, which, according to the House-Surgeon, cured as many patients as the fifty prescriptions of others. (Laughter.) That gentleman died in a lunatic asylum, where he (the speaker) had the misfortune to place him. On the next occasion, his opponent was deaf and blind—(laughter)—and was, he believed, obliged to leave the country to escape its laws. He had a little interest, therefore, in protesting against the Resolution, because, although he might not have the genius or talent of some of those around him, he might still be able to throw upon paper some few materials of interest for a biography. (Laughter and applause.)

Mr. Harricks thought they did not come with clean hands to the support of the Motion, as he was aware of instances in which Hospital Surgeons and Doctors in Liverpool had allowed their names to appear in print, and had been the active agents in doing so, in a manner which reflected very great discredit on the Profession, and which was, in fact, carrying out the practice of puffery which had been so much condemned by previous speakers, so as to outrage all Professional decency. Only the other day he saw a man exhibiting, in a public assembly, half a dozen patients whom he had cut for the stone. (Oh, oh!) If these puffs were sanctioned, how could they with any grace pass Resolutions censuring biographies.

The remarks of Mr. Harricks called forth considerable opposition, it being contended by several of the speakers, that he was diverging from the question, by indulging in personalities.

Mr. Harricks maintained, that the question before the meeting was that of puffery, and he repeated his assertion.

Dr. Vose, Dr. Dickenson, and other gentlemen connected with Institutions, indignantly rebutted the accusation of Mr. Harricks so far as they themselves, or their colleagues, to their knowledge, were concerned.

Dr. Sinclair took the part of Mr. Harricks, and said, that gentleman had been misunderstood, and that the parties to whom he alluded were not present.

Mr. Blackburn, in reply, contended that Mr. Harrick's observations only showed the necessity for passing the Resolution.

The Resolution was then put and carried unanimously, with the exception of one hand, which was held up amid some laughter.

Dr. Cameron, Physician to the Southern Hospital, proposed the next Resolution, which was as follows:—

"That the Resolutions agreed to at this meeting be advertised in the London Medical Journals, and that a subscription be forthwith entered into to defray the expenses incidental to this this meeting."

As the sole representative of the Southern Hospital, he expressed his regret that any one should be found to speak of the local staff in general in the language used by Mr. Harricks. (Cheers.)

Mr. Hakes, surgeon, seconded the Resolution, which was carried *nem. dis.*

A vote of thanks to the Chairman, moved by Mr. Bickersteth, senior, and seconded by Dr. Vose, terminated the proceedings, a collection having been previously made to defray the expenses of the meeting.

OPINION OF THE PROFESSION ON MR. GAY'S CASE.

At a meeting of the Medico-Chirurgical Society of Nottingham, held on the 3rd of February inst., Dr. Massy in the chair, the following Resolutions were carried unanimously:—

1. Moved by Booth Eddison, Esq., F.R.C.S.; and seconded by Henry Taylor, Esq.—

"That the dismissal of John Gay, Esq., from the office of Surgeon to the Royal Free Hospital is unjust, and calculated seriously to injure the best interests of Hospitals and Medical Institutions for the relief of the sick poor."

2. Moved by Thomas Wright, Esq.; and seconded by Augustus Darby, Esq.—

"That, without expressing any opinion on the propriety of publishing biographies of living members of the Medical Profession, we consider that the conduct of Mr. Gay has throughout

been honourable, and deserves the sympathy of his professional brethren."

3. Moved by Joseph White, Esq.; and seconded by John Sloane, M.D.—

"That no Medical Officer of any Hospital or Dispensary should be considered liable to dismissal unless proved guilty of some great moral delinquency, culpable neglect of his duties, or want of Medical skill."

We, the undersigned, Medical Practitioners, residing at Hastings and St. Leonards, are desirous of expressing our hearty concurrence with the Resolutions passed at the late Meeting held at the Hanover-square Rooms, relative to Mr. Gay's dismissal from the Royal Free Hospital.

D. Hoadley Gabb,
R. Cooper Gardiner,
Charles A. Adey, M.D.,
Dr. Harwood,
Wm. Duke, M.D.,
A. H. Marks,
R. Dering Adams,
W. A. Greenhill, M.D.,
John Savery,
Frederick Ticehurst,
John Wyatt Barnard,
Joseph Steavenson, M.D.,
Frederick John Dyer,
John Charles Savery,
Walter Duke,
Robert Ranking.

January 31, 1854.

REVIEWS.

A Contribution to Scottish Ethnology. By John Beddoe, B.A., M.D. 8vo. Pp. 32. London. 1853.

This is an interesting memoir, well written, and valuable from containing a large number of particular facts.

"At the first blush," writes Dr. Beddoe, "it may seem to be a matter of little or no importance to us whether a particular race be as fair as angels or black as crows. I, however, think otherwise, and in so thinking follow greater men than I can ever hope to approach. Among these, was the lamented Prichard, who, having collected a vast mass of facts relative to the complexional characters of various nations, used them as a powerful buttress of that elaborate argument by which he succeeded in bringing into harmony with the Mosaic record the opinions of the larger section of British ethnologists."—P. 4.

It would seem at first sight an easy matter to determine the prevailing colour of the eyes and hair of a nation through which one had travelled; and yet it is not so.

"The eye may rest," says our author, "upon a great many sets of features in the course of a long day's travel; but the mind will retain but few of them photographed on the tablet of memory, and those few will probably be such as presented striking peculiarities, or have belonged to the persons brought most frequently and nearly into the company and contact of the observer."

Mr. Paget talks of the "shaggy, black locks" of the Croats; another author, of "their Sclavonian characteristics of blue eyes and fair hair." Some describe the Laplanders as "black, others as red-haired."

The obscurity in which the subject appeared to be involved induced Dr. Beddoe to enter on the inquiry:—

"I conceived the idea," he writes, "of submitting the points in dispute to the test of personal observation, *checked by numerical comparison,* and thus laying a firm foundation for the ethnological theories of others."—P. 6.

In order to obtain data for settling the question, Dr. Beddoe visited most of the districts and counties of Scotland, with some parts of England, and tabulated about 25,000 observations. A summary of the results obtained by his researches is given in the form of tables, and appended to each table are a few very able notes. The following are the complexional characters Dr. Beddoe has been led to attribute to the "two great ethnological sections of the Britons, as at present existing:"—

"1. *Celtic Race.*—Eyes grey, or blue, passing through dark grey and dark green into brown and black. Eyelashes dark.

"Hair bright red, or yellow, passing into various shades of brown, (generally bright, and tinged with red or yellow,) into dark brown and coal black.

"2. *Teutonic Race.*—Eyes blue, or grey, passing through greenish-grey, yellow, and hazel, into brown. Eyelashes light.

"Hair light red, flaxen, or flaxen-yellow, passing through various shades of generally dull brown into a very dark hue, but not into coal black."—P. 29.

Our space does not permit us to follow Dr. Beddoe's Memoir more closely; but we recommend it to the most attentive consideration of all interested in ethnological studies.

The Dublin Hospital Gazette. No. I., Vol. I. To be published on the 1st and 15th of each month. Imperial 8vo. Pp. 16. Dublin: W. R. Kelly.

We hail with sincere pleasure the re-appearance of the *Dublin Hospital Gazette,* and at once receive it in all good fellowship and brotherhood, as a new labourer in the inexhaustible field of clinical research. The *Irish Quarterly Journal of Medicine,* which still holds so eminent a position amid the scientific literature which it so largely helped to create, foster, and advance, is naturally the medium of the higher order of Medical and Surgical Memoirs, Critical and Analytical Reviews, and Reports on Medical Science. In such a periodical, however, even if of much greater extent in type and space, it would simply be physically impossible to embrace the valuable materials which are daily furnished in such abundance by the Dublin Hospitals. The necessity for some medium of publication and permanent record of cases, the majority of which otherwise become forgotten or lost, has long been felt among the Irish Surgeons and Physicians; and to the scientific world of medicine generally some exponent of the clinical labours of a school so honourably known by its many distinguished names was a great desideratum. The *Dublin Hospital Gazette* will therefore be read with interest, not only in Ireland, but here and in other countries. The scope of the Journal is so well shown in the Prospectus on its first page, that we extract the following passage:—

"The *Dublin Hospital Gazette* will be mainly devoted to the cultivation and improvement of Practical Medicine and Surgery, through the publication of carefully recorded cases, with clinical observations, which otherwise might be forgotten or lost, or might be only applied to temporary clinical instruction, but which, preserved in the pages of this Journal, will form an authentic record and accumulation of facts that will constitute the best materials for future more lengthened, and elaborate essays."

The publication of such a Journal will, we fully anticipate, be of pre-eminent advantage to the Irish School of Medicine. With the immense opportunities for clinical and pathological research which its large and numerous Hospitals furnish, even this new addition to its periodical literature will not by any means exhaust the materials daily furnished in such abundance by its clinical lectures, cases, operations, *post-mortems,* and reports in various branches of medicine, surgery, pathology, and therapeutics. Our own pages are constantly filled with materials, for the publication of which no space exists in the Irish periodicals, and we shall ever be found ready to work side by side with our Irish literary brethren to advance the common cause of our science, whether the pages of our Journal embrace the researches of the English or the Irish observer.

The first number of the *Gazette* contains a quantity of most valuable clinical and pathological matter, and the principal Hospitals of Dublin are fully represented by one or more Physicians or Surgeons. The Meath, so well known in the history of auscultation, sends its cases by Dr. Lees and Mr. Smyly. St. Vincent's Hospital is represented by Dr. O'Ferrall. Jervis-street and the Richmond also furnish their quota; but where is Steevens', this nurse of the Colles, the Wilmots, the Cusacks, the Marshes? We hope soon to meet their names again. We do not want elaborate memoirs or long essays, but we here want to know by brief graphic sketches the practice and experience of men daily conversant with disease on such a large scale. The example of the first number of the *Gazette* shows how this can be done most efficiently, though briefly. There are many interesting topics in this number, to which we would call the attention of our readers if our space permitted. We may just mention the valuable case of Mr. Smyly and Dr. O'Ferrall, the cases of Empyema by Dr. Banks, and Dr. Gordon's important observations on the internal use of chloroform in fever, etc.

In conclusion, we heartily wish success to our new fellow-labourer in Medical literature.

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1. *Practical Observations on the History, Nature, and Treatment, of Cholera Asphyxia.* By John Coghlan, M.D., Wexford. Pp. 25. Dublin. 1853.
2. *The Common Sense of Cholera.* By a Practical Practitioner. Pp. 68. London. 1854.

Dr. Coghlan's pamphlet is a short and sensible abstract of the nature and treatment of cholera. The author is a non-contagionist. He advocates the use of castor-oil and landanum in the premonitory diarrhœa, of acetate of lead and opium when the alvine evacuations have become more obstinate; and in the more

advanced stages of the disease, he relies upon the use of salines, particularly chloride of sodium, phosphate of soda, and chlorate of potass.

The author of the "Common Sense of Cholera" is evidently on good terms with himself, and treats us with sixty-eight pages of as egregious nonsense as we ever read. He finds no difficulty in the treatment of this disease, which has baffled so many other practitioners, and declares, "unhesitatingly, that it is a disease infinitely more under control than any others—say, for instance, scarlet fever." His treatment consists in drawing a basin of blood till the patient faints, and in giving him calomel in frequent doses. It would be a mere waste of our space to notice this book at any length, as the principles laid down are either novel and inadmissible, or old and hackneyed.

GENERAL CORRESPONDENCE.

MR. GAY AND THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have watched with no small interest the progress of the list of subscribers to the fund for defraying the expenses of the recent (as you call it) Great Meeting of the Medical Profession in reference to the dismissal of Mr. Gay.

Being one of those who wholly condemn the proceedings of the Committee of the Royal Free Hospital, (although I cannot say that, much as I personally regard him, I sympathise fully with one who has placed himself in the wrong so much as Mr. Gay,) I have been anxious to see how the members of the Profession would come forward substantially with their money in his cause.

The small amount of the subscription, and the paucity of names of eminence in the list show, that for some reason the Profession at large does not cordially sympathise with Mr. Gay. Why is this?

The true answer to this question is, I believe, as follows:—Mr. Gay has fallen into the trap of allowing his biography to appear.

Many cannot support a man who, however well disposed, would sanction, even tacitly, such a violation of Professional decorum as this. They would rather appear to submit to an act of gross tyranny on the part of a majority in a Committee than seem to lend any support to the odious biography system.

It is all very well to say that the meeting was attended by (as was calculated) twelve hundred members of the Profession.

But who knows that the twelve hundred were Professional men?

And where were the leading men? Where were the Physicians and Surgeons of Hospitals? Where were the leading teachers?

Where were Lawrence and Stanley, Roupell and Burrows, of Bartholomew's? Where were the Physicians and Surgeons of University College? Of King's College? Where were Green of St. Thomas's, Addison and Babington of Guy's? Where were Paris, Latham, Bright, Watson, Clark, Holland, Forbes, Locock, Fergusson, Hodgson? Where were Symonds, of Bristol? Watson, of Bath; Barnes, Blackall, and Shapter, of Exeter; Bardsley, of Manchester, and many others?

My object in now addressing you is, to suggest that some expedient be adopted to bring before the Profession this simple question,—

Is it correct or honourable for any liberal Profession to sanction, directly or indirectly, the publication of biographies of living members, which have been notoriously submitted to, and corrected by, themselves? In other words, is it honourable that Professional men should, during their life-time, publish their autobiographies?

Let this question be submitted fairly to the Profession, without mixing up with it any other matter, and I have still faith enough in the high sentiment and honour of the Medical Profession to believe that it would be answered indignantly in the negative by an overwhelming majority, who would enhance their expression of opinion by any reasonable pecuniary subscription towards the endowment of a Medical scholarship, or any other useful Medical object.

One of the speakers at the late meeting said most truly, that, had a barrister sat for his portrait, and had it published with his life in the *Law Times* or *Legal Examiner*, he would have been disbarred? Would the Medical Profession show a similar *esprit de corps*? a similar sense of honour and high feeling?

I dare assert that they would, and I put it to you, Sir, to give them the opportunity.

Dr. Cormack, the Editor of the *Association Medical Journal*, has expressed a just and righteous indignation at the late proceedings at the Free Hospital, and he has, most honourably to himself, resigned his position at that Hospital. He has also written indignantly against the biography system, but only after he had tacitly sanctioned it.

It is easy, however, for Dr. Cormack to abandon a position of no emolument. Dr. Cormack has forgotten that one of the most prominent Biographies is that of the President of the Provincial Medical and Surgical Association, a Society by which his Journal is supported, and he is paid.

Do the members of the Provincial Association sanction this disgraceful system of Autobiography? Do they, and does the Editor of its Journal, sanction the intimate connexion of their President with the individuals who have been the means of degrading our Profession and inducing men of character and position to commit themselves, by doing that which would lead to the expulsion of barristers from the ranks of theirs?

What would the great men of our Profession have said to all this? Would it have been tolerated by Sydenham, by the Heberdens, by Gregory, by Baillie, by Denman, by Abernethy, by Cline, by Astley Cooper? I am, &c.

London, Feb. 5, 1854. AN HOSPITAL PHYSICIAN.

[Having received the above letter from one of the most deservedly esteemed and respected Hospital Physicians of this Metropolis, we felt bound to publish it unaltered; but must remark, that, though others calculated the numbers present at the meeting at 1200, our own estimate was "upwards of 1000," and we gave good reasons for believing that estimate to be correct. No one was admitted to the meeting who was not known to be a Medical man, the majority signing their names and addresses at the door. A Mr. Nelson was excluded simply because he was not in the Profession. We feel bound to add, also, that Dr. Cormack can scarcely be considered as tacitly sanctioning the biographical puff because he edits the Journal of an Association the President of which had encouraged the system, if not directly, indirectly. On the contrary, Dr. C. has shewn his independence by boldly attacking a system encouraged by the head of the body which supports the Journal he edits. We trust that the Committee, who have received subscriptions to carry into effect the objects of the Great Meeting, will employ part of the funds placed at their disposal in obtaining some such expression of opinion against the biographies as that advised by the "Hospital Physician," with some general resolution to show that the *heads of the Profession* do not approve of the conduct of the Free Hospital people towards their late Medical Officer. It would be well, also, if a general opinion could be obtained at the same time as to the manner in which those persons are to be regarded who continue to hold office under a management which has so insulted the whole Profession.—ED.]

[To the Editor of the Medical Times and Gazette.

SIR,—I enclose the copy of a note which I have addressed to the Editor of the *Laneet*. If you consider that the object of the communication will be, in any degree, promoted by its appearance in the columns of your Journal, I shall feel obliged by your giving it a place there. I am, &c.

3, Woburn-square, Feb. 7, 1854. GEORGE JOHNSON.

(COPY.)

[To the Editor of the Laneet.]

SIR,—My attention has been called to the fact, that in a recent Number of the *Lancet* my name is included in a list of Physicians and Surgeons who are reported as not present at the meeting in the Hanover-square Rooms. Since this report, so far as it relates to me, is the reverse of the truth, I beg permission to inform you and your readers, that personally unacquainted as I am with Mr. Gay, I was present at the meeting in question, that I assented to the Resolutions which were proposed and passed, and that I have sent a subscription to the Treasurer.

I am, Sir, your obedient servant,

3, Woburn-square, Feb. 7, 1854. GEORGE JOHNSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Lancet* of January 28, is a letter signed "Spectator," in which it is impudently alleged that I "jumbled together several queries, and published them as a deliberate Resolution upon what the meeting had unanimously agreed."

It may perhaps be considered a sufficient refutation of this false and insolent assertion if I observe, that the Resolution which, in spite of his "horror," "Spectator" has so correctly quoted, was proposed by Mr. C. De Morgan, seconded by Mr. H. Spencer Smith, and carried unanimously, at the preliminary meeting held at the Hanover-square Rooms, on January 11. It was inadvertently left out in the first advertisements by which the general meeting was convened; but no sooner was the omission discovered, than fresh advertisements were issued, in which the Resolution in question was scrupulously inserted.

I should have made no reply to this audacious falsehood, had I not been requested to do so by the Committee. The personal abuse which "Spectator" has thought fit to apply to me is utterly beneath my notice. I trust I shall ever be able to treat the scurrilous imputations of an anonymous and mercenary scribbler with the contempt they so justly merit.

I am, Sir, &c. HARVEY LUDLOW,
Hon. Sec. to the Protest Committee.

27, Charterhouse-square, Feb. 6, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

FEBRUARY 4, 1854.

DR. FORBES WINSLOW, President, in the Chair.

Dr. Winn read a paper on

THE EFFICACY OF GALIUM APARINE IN CERTAIN FORMS OF CUTANEOUS, SCROFULOUS, AND CANCEROUS DISEASES.

He stated, that the galium aparine was a therapeutical agent, the remedial powers of which, in the treatment of cutaneous diseases, promised to equal, if not surpass, those of arsenic, with this advantage, of being entirely free from poisonous qualities. When Dr. Winn first drew the attention of his Professional friends to the properties of this plant two years since, he was only aware of its efficacy in treating lepra; since then he has ascertained its benefit in other skin diseases. Dr. Winn then related the circumstances which led to his acquaintance with the galium aparine. A friend of his in Truro, who had suffered for many years from lepra vulgaris, and had taken all the usual remedies in vain, informed him, that he possessed at last a remedy for his troublesome complaint in a common wild plant, of which he did not know the name. Dr. Winn found this plant to be galium aparine, which grows abundantly in England; and, on further inquiries, learned, that three other persons in that district had been cured by the same remedy, one of whom had been discharged from St. George's Hospital as an incurable patient. After a botanical sketch of the plant, Dr. Winn expressed his belief, that the ancients were acquainted with this plant, and that it is identical with the *απαρινη* of Dioscorides. On referring to some very old authorities, he ascertained, that the galium was much in vogue as a domestic remedy in this country many centuries since; it was then highly extolled as a cure for cancer, scrofula, leprosy, and dropsy. An Italian writer, Giuseppe Ferramosia, had published in *Schmidt's Jahrbucher*, an account of severa lcases of scrofula, in which the galium appeared to produce rapid absorption of enlarged scrofulous glands. Diebach had also recommended it for phthisis, ascites, and scrofula. Richter considered it beneficial in strumous affections. Dr. Winn wished to direct attention to the fact of galium having been efficacious in glandular affections as well as lepra; it tended to confirm the theory, that the two diseases were owing to the same cause, a strumous diathesis. It was also a remarkable circumstance, and one not generally well known, that arsenic is highly beneficial in glandular swellings. Mr. H. Rees, an experienced and successful practitioner in the diseases of children, informed Dr. Winn that he had tried arsenic in infantile glandular affections, and proved it to be a most efficacious remedy. When first Dr. Winn ured the galium it was in the form of a decoction; but finding this mode inconvenient, he requested Mr. Hooper, of Pall Mall, to prepare an inspissated juice, and that able operative chemist had succeeded in making a very valuable preparation. A teaspoonful of the juice equals in strength a half pint of the decoction. In ordinary cases, a drachm taken three times daily will be found sufficient, but in obstinate affections the dose must be doubled. The juice of the galium had been analysed by Ferramosia and Robert Schwartz. The former gives as its constituents acetate of potass, gallic acid, tannin, extractive, water. The analysis of Schwartz is somewhat different. He gives its component parts thus: Galitannic acid, citric acid, rubichloric acid, chlorophylle, starch. With regard to the *modus operandi* of the galium, Dr. Winn said he had little to offer but what was merely conjectural. Many of his patients were conscious of an increased flow of urine during its use, possibly from its acting on the kidneys as a depurating agent. The class of cutaneous diseases which had been benefited under his own observation, was chiefly that dependent on a state of dyscrasia, such as lepra and psoriasis. He also considered these diseases as often arising from a strumous diathesis. The gentleman suffering from lepra, whose case had been referred to at the commencement of the paper, was one of a very consumptive family. In him the family disease had manifested itself under another form. It is highly important that the fluid extract be perseveringly used. Many patients have failed, no doubt, from not having given the remedy a sufficient trial; the same may be said of arsenic. Dr. Winn had tried the galium in 19 cases of skin disease. Of these, 5 were cases of lepra; 6 of psoriasis; 4 of eczema; 2 of lichen; 1 of inflamed acne; and 1 of ordinary copper-coloured syphilitic eruption. In 9 of these cases the benefit derived from this medicine was very striking. In 1, an instance of lichen circumscriptus, the effect produced by substituting the galium for other remedies was almost marvellous. With regard to the efficacy of this plant in the treatment of cancer, Dr. Winn was solely indebted to the experience of Mr. Bulley, of the Bucks Hospital, who had forwarded to him an account of two cases of cancer in which the galium appeared to exercise a remarkable influence in arresting the disease. Dr. Winn was told that large quantities of galium are sold at Covent-garden annually, and that it is chiefly used by the purchasers as an external application in cases of cancer. This fact strongly corroborates Mr. Bulley's observations.

Dr. Lankester was not prejudiced against the introduction of domestic remedics into legitimate practice; but while he admitted the probability of many way-side herbs possessing properties equally valuable with those of drugs obtained at great expense from distant countries, believed that the author had failed in the attempt to prove that the goose-grass possesses any special properties whatever. He was of opinion, that the benefits now claimed for that herb might, with equal truth, be accorded to the nostrums of any empiric or to the globules of the homœopath. He referred to the inefficacy of the extolled colyledon umbilicus in the treatment of epilepsy, and was of opinion that we ought to watch with much jealousy the introduction of any remedy into the Pharmacopœia. He further reminded the Fellows, that while the galium belongs to a natural order, which is known to possess highly important Medical properties—the cinchonaceæ—the chemical analysis had failed to discover any alkaloid whatever. Moreover, the results of the two analyses were not identical; and if we must ascribe the therapeutic value of the herb to the tannic, gallic, or citric acids, or to the acetate of potass, it would be more judicious to take those substances separately. He expressed his entire dissent from the statement, that the blood loses its globularity in cancer; and in reference to those illustrations of the efficacy of the galium, he thought them unhappily chosen, since, as none of the cases recovered, the like results might have been obtained from other valueless agents. Had it been averred that the galium or any other remedy had cured cancer, hc should have replied, that the disease could not have been cancer.

Dr. Crisp referred to the fact, that arsenic had again become the most fashionable remedy in skin diseases; and as he was of opinion that its continued use was not without danger, he would hail the introduction of a less noxious remedy for that class of complaints. He, however, believed tar to be one of the most serviceable remedies now known, and was accustomed to direct his patients to mix any quantity of it in a bucket of water, and then to drink the solution. He also used it externally. He was astonished at the remarks of the author's correspondent in reference to the alleged breaking up of the blood corpuscles in cancer.

Dr. E. Smith remarked, that when a gentleman not being an histologist entered into histological details, it was not always necessary to refute any errors into which he might have fallen; but the case was different when errors were promulged by an

author who assumed to himself the air of one accustomed to microscopic investigations. He could not understand how any one with the microscope in his hand could affirm, that the blood loses its globularity in cancer, and regains it as the disease disappears; and was assured that the globules remain as perfect during the occurrence of that disease, as is observed in healthy persons. He also pointed out the novelty of the correspondent's views in affirming a connexion, if not a relation of cause and effect, between the said breaking up of the blood corpuscles and the occurrence of cancer, and the reconstruction of those corpuscles, and a subsidence of the disease.

Dr. Camps considered the reference which the author had made to the cases of cancer as the weak point of his paper; for if they proved anything, they proved too much. He did not believe in the disappearance of the blood corpuscles, but yet he remembered M. Andral to have discovered some histological changes in the blood in two or three instances of that disease. He considered that the evidence adduced by the author as to the efficacy of the galium aparine was legitimate, and was disposed to believe that, to a certain extent, this herb might have been of service in the cases referred to by the author. He would welcome the introduction of any medicine which promised to save the public from the infliction of dangerous remedies.

Dr. Willshire considered that the previous speakers had overlooked the source of the benefit, if any, which might be conferred by the use of the galium, viz., that it is simply a fresh vegetable juice, or a scientifically prepared extract, which was probably of equivalent value. He then referred to the well-known efficacy of almost all fresh vegetable juices in scurvy, whether on sea or land, and more particularly of the potato, dulcamara, and lemon, and also of the fresh juices of other plants, as of the nettle, in blotches of the face and other skin diseases. He thought it probable that the galium had no other property than those common to all vegetables. He had met with many cases of persons who had refused to take fresh vegetables for many years; and one such had occurred to him in the daughter of a greengrocer, who, after having ceased to take such articles of diet for fifteen years, had a very bad attack of scurvy, but was relieved by the free use of water-cress and lemon-juice. He joined issue with Dr. Lankester as to the propriety of exhibiting isolated drugs, rather than the same drugs in the combinations with which nature had placed them. He referred, as an illustration of his argument, to the presence of alcohol in various preparations, and showed that while the chief value of these articles depended upon the quantity of the contained alcohol, yet that the combinations of it with other less important substances, as in the various kinds of wines, spirits, and beer, were of very great value. He objected to Dr. Lankester's dictum, that the cure of a case of supposed cancer would be conclusive evidence that the disease was not cancer, since that begged the question altogether.

Dr. Radcliffe gave some interesting details as to the benefit resulting from the use of fresh vegetable juices. He stated, that while skin diseases were very prevalent before the introduction of horticulture into England during the reign of Queen Elizabeth, they disappeared, as if by magic, after that occurrence. The inhabitants of the Polynesian Islands live chiefly on fruits, and are almost exempt from skin diseases; while those diseases are rife in India, where the inhabitants also live on vegetable diet, but not on fresh juices. He agreed with Dr. Willshire, that, if the galium possess any merit, it can be only that due to all fresh vegetables.

Dr. Cogswell expresses his approval of the mode by which the author had sought to establish his case,—namely, that of citing and confirming popular belief as to the merits of the herb, and then committing the subject to professional investigation. He also joined issue with Dr. Lankester as to the value of combinations of remedies, and believed such combinations to possess a value beyond that of individual and isolated remedies.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, FEBRUARY 6, 1854.

Dr. BABINGTON, President, in the Chair.

A Skeleton Map of the World, presented to the Society by Mr. James Wyld, Geographer to the Queen, was exhibited, and a vote of thanks to the donor passed.

A Paper, by Dr. Finch, was read by Dr. M'William, on

THE PREVALENCE AND FATALITY OF CHOLERA IN THE INDIAN ARMIES.

Dr. Finch prefaced his remarks by stating that there exists in this country exaggerated ideas in regard to the frequency and fatality of the appalling disease cholera in our Eastern Empire. The scope of his paper was to show that it was neither so frequent nor so fatal as is generally believed in this part of the world. In the compilation of his paper, Dr. Finch had availed himself largely of the ready access he had obtained to the latest official records which had been transmitted from Madras and Bombay to the India House, and submitted tabular statements, comprising those points having a bearing on his subject,—such as the numerical strength of the troops in the Presidencies, and the numbers of sick and deaths from all causes, the numbers of sick and deaths from cholera, the per centage of sick and deaths to strength from all diseases, and the like ratio of sick and deaths to strength from cholera. These tabular statements embrace the returns of the sick casualties of the Madras and Bombay armies, for the five official years from 1847-8 to 1851-2, and comprise the most recent returns received at the India House. It does not appear that any return from Bengal has been received since 1844, nor was any cause stated for this omission, which is much to be regretted, as it would have been highly satisfactory to have had brought under notice the extent and intensity of cholera in the larger, as well as in the minor, Presidencies, and rendered Dr. Finch's paper more complete and more instructive. A summary of the results obtained by Dr. Finch, after a careful inspection of the records alluded to, for the five years mentioned, will perhaps place the extent of the sickness and mortality occasioned by cholera in the Madras and Bombay armies in a clear point of view. Of the European troops of the Madras Presidency the average annual per centage attacked by cholera for the five years ending March 31, 1852, was 0·283, or 1 man in 350, and the per centage of deaths was 0·175, or 1 man in 570 of the numerical strength. Of the European troops serving in the Bombay Presidency, the average per centage of cholera patients was 0·813, or 1 man in 120, and the proportion of deaths from cholera was 0·396 per cent., or 1 man in 250 of the whole force. Of the native armies of these Presidencies the average per centage of sick and deaths for five years was as follow:—Of the Madras Sepoys, sick, 0·640, or 1 man in 150, and deaths, cholera, 0·251, or 1 man in 400. The average sickness from cholera among the Bombay Sepoys has been during these years 0·465, or 1 man in 215; and the average mortality in the same body of men was 0·201, or 1 man in about 500 of the total strength. Dr. Finch quoted, in confirmation of his opinion, a tabular statement drawn up by Colonel Sykes, and published in a volume of the "Transactions of the Statistical Society," and embracing a period of twenty years, from 1825 to 1844, both inclusive, having reference to a period prior to that referred to in Dr. Finch's paper. These results show that spasmodic cholera, though an alarming and fatal disease, is neither so frequent nor so fatal in the Indian armies as the timid and the alarmist have reported it to be, and that service in India does not entail so great a risk of life from cholera as is generally believed in this part of the world.

The President remarked how much the true fatality from cholera in India, as shown by this elaborate paper, was less than is generally supposed.

Mr. Spencer Wells inquired whether the author denied the contagious nature of the disease.

Dr. M'William said, that he did not enter into this point; he only aimed at giving juster views of its prevalence.

Dr. Gavin Milroy inquired whether there had been any mitigation in the character of the disease in the last few years, since the introduction of changes tending to an improvement in the condition of the men. The disease would appear from these returns to have been merely endemic in our army, and not truly epidemic.

Dr. Snow said, that from Colonel Sykes' returns the average annual mortality would appear to have been about 1 per cent. of the whole force. At this rate, the army would be decimated by cholera alone in ten years. Now, in London, the mortality from cholera during the epidemic of 1847-48, was greater than in the country generally; and yet it did not reach 1 per cent. of the whole population. He would, therefore, conclude, that the mortality in India, though apparently small, was in reality great.

Mr. Spencer Wells observed, that the mortality among camp-followers was always greater than in the army itself; but that this would not be included in the returns on which this paper was founded.

Dr. James Bird was sorry that he had not been in time to hear the whole of the paper; it was important to know the circumstances under which the army was placed at the times when the mortality was highest. For example, it might be mentioned, that, during the time that the Bombay army suffered most from

cholera, that it was under marching orders. The mortality was generally very much greater among the camp-followers than among the men.

Dr. Beattie said, that the disease was now less frequent on the whole than it had been some years back. He had never been able to trace a single attack to contagion.

Dr. H. Greenhowe still thought the mortality was shown to be much less than might have been anticipated. In order to judge correctly, we should have returns from the particular districts where disease had prevailed, and take our averages from these returns. In one place the mortality might be as high as 10 per cent.; in another not more than 1 in 500. Conclusions were often vitiated by the persons drawing them neglecting this important fact.

Dr. Snow observed, that their army returns were from a class of men placed in much more favourable circumstances than the generality of the Indian population. He thought we ought to compare these returns, not with the mortality of London, but with that of England generally, where, if the deaths from cholera during the last visitation had not been more than 0·07 per cent., the greater severity of the disease in India would then be still more manifest.

Some conclusions by Dr. Pappenheim, with respect to cholera, were also read by Dr. M'William; but it was resolved to defer their discussion until the facts on which they were founded had been laid before the Society.

Mr. Jemmett made some remarks on an attack similar to cholera, from which he had suffered in Van Diemen's Land. In answer to a question by Dr. G. Milroy, he said, that malignant cholera had not yet been distinctly recognised in Australia.

SOUTH LONDON MEDICAL ASSOCIATION.

SUPPRESSION OF ILLEGAL PRACTICE.

A MEETING of Medical Practitioners in the Southern district of the Metropolis was convened by this Association, on Friday evening, at the Literary Institution, Borough-road. Mr. E. Evans presided.

The Chairman, in opening the proceedings, said, there were probably few gentlemen present who had joined the Association for the sake of any personal advantage to themselves; in fact, many of them having had a long medical career, found a great difficulty in giving up practice; and, as far as he was concerned, he should not care if every street in London were lined with quacks. At the same time, he felt that it would affect his juniors in the profession. It was more for the protection of these that the Society had been formed—that a better and more pleasing path might be opened before them. (Hear, hear.) Some persons, indeed, might say, "What is the good of such an Association as this? I think the best way is for every member of the Profession to do what he can for himself." He (Mr. Evans) did not know how to denominate such a feeling, but he thought it very unkind and ungenerous, very prejudicial to the honour and etiquette of the Profession, and very unjust to their brother practitioners. It would be better not to press such persons to join them, as they would do more harm than good. (Hear, hear.) Every one must be aware that quackery was exceedingly rampant; and the very existence of such an Association as the present would, he believed, have a wonderful effect in checking the operations of quacks. It was intended, however, that more active measures should be adopted; and he had no doubt that if a proper case were put before the Apothecaries' Company, they would be glad enough to give their assistance. He thought a protection society very necessary for Medical men. The licensed victuallers, the stockbrokers, the bankers, and the legal profession, had all strong protection societies. If a quack counsel were to get up in one of the Courts of Law, and attempt to address the Judge, he would probably be hissed out of Court; and if a quack clergyman were to get into the pulpit, he would soon be brought before the Ecclesiastical, or some other Court. Why, then, should not the Medical Profession have protection? No doubt the Association now formed would be very useful indeed, either in petitioning Parliament, or in other ways. He did not think the Government had any great love for quackery, though, at the same time, it had a fondness for the money raised from the stamp-duties on quackery. He believed his excellent friend on the right, the hon. Member who had paid great attention to the interests of the Profession in the last Session of Parliament, had now a Bill prepared which would tend to abolish the evil to a very great extent; he could only say that the hon. Member should have the support of Medical men as a body, as far as he (Mr. Evans) could speak for them, in getting that Bill through the House; and if only half of it were passed, he was sure they would be very pleased and thankful.

The Secretary read the Minutes of the last meeting, which were confirmed.

Dr. Griffith moved the first Resolution:—

"That the Report and Address from the Provisional Council now read be adopted; and that the regulations adopted by the Provisional Council be adopted as the fundamental regulations of the Association."

He said, it appeared to him important, that the Medical men in each locality should be combined together for the purpose of watching closely what was going on there. The Provincial Association was producing an impression on the country generally, and on the Parliament; but, from its immense extent and want of individuality, that Association was not so well adapted for the purpose he had mentioned as the one now started. It was of great advantage that Medical men should be brought into communication with each other; for, the better they knew each other, the more cordiality of feeling would exist among them, and the more they would learn. The Society, however, was not a selfish Society, for the benefit merely of Medical men; it was also materially calculated to benefit those confided to their care. They were constantly meeting with persons who had suffered from quacks—from homœopathy and the various other *pathies* which were so rife in the present day; and it was very important, that Practitioners should meet together and discuss those matters, that they might decide what points in them were of use; for they contained many useful points, which, he thought, Medical men often damaged themselves by not making use of.

Mr. Doubleday seconded the Resolution.

Dr. Ladd moved as an Amendment:—

"That this Association be henceforth called the South London Medical and Ethical Association, and that a code of etiquette be framed for the guidance of its members, and certain rules and bye-laws be added."

Mr. Crellin seconded the Amendment, "for the purpose of having it brought before the meeting."

Dr. Jones opposed the Amendment. He said he should like to know who the members of the Association were, that they should sit in judgment on others. It appeared to him, that any one not being a member would not be amenable to the stricture that might be passed on his conduct; he would not be present to defend himself, the attack made upon him would pass by, and he would care very little for what the members of the Association said or thought. If, however, any differences were to arise between members themselves, those differences could only be the result of slight diversities of opinion, and would not be caused by ungentlemanly feeling, as the very fact of their being members of the Association would, he trusted, guarantee that they were gentlemen. (Hear, hear.)

Dr. Griffith thought the Amendment unnecessary, its object being included in the present powers of the Society.

Dr. Webster suggested that separate Committees might be formed, Medical, ethical, reform, and as many others as might be found necessary.

Dr. Ladd intimated that he would be willing to have his Amendment added to the original Resolution. He merely wished to advance the interests of his Profession, and to come in brotherly contact with the other members as much as possible.

The Chairman said Dr. Ladd would no doubt be one of the first on the Council, and would carry very considerable influence, so that the suggestion had better, perhaps, be left in the hands of the Council.

Dr. Ladd having assented, the Resolution was carried *nem. con.*

Mr. Hicks moved the second Resolution—

"That the following gentlemen constitute the Council for the ensuing year:—Dr. Barlow, Dr. Bateson, Charles Brady, Esq.; John Brady, Esq., M.P.; E. Doubleday, Esq.; E. Evans, Esq.; H. B. Evans, Esq.; Dr. W. E. Humble; Dr. Ladd; J. B. Law, Esq.; Dr. Lever; R. Marshall, Esq.; Charles Martin, Esq.; Samuel Osborn, Esq.; W. Rendle, Esq.; Hugh Statham, Esq.; Dr. Charles Taylor; R. Tebbitt, Esq.; J. R. Unwin, Esq.; J. W. Wakem, Esq.; G. H. Watson, Esq.; J. Birkett, Esq.; Dr. Griffith; Dr. Young; Dr. F. C. Jones; with power to add to their number."

He congratulated the Association on the success it had already attained. From three members it had risen to nearly a hundred, all actuated, he believed, by the best motives, not only towards their Profession, but towards the public at large. Such an Association had been long wanted. Twice or three times a week he had been sent for to see persons who were dying, merely

that the relatives might obtain certificates for burial. The deceased had been attended, perhaps, five or six weeks by some quack; and not only had the properly qualified practitioner been robbed, but frequently the wife had been deprived of her husband, or the mother of her child. He could state confidently, from his own experience, that infants with a simple bowel irritation had often been brought to a state approaching death by the most gross and improper treatment.

Mr. Bianchi seconded the Resolution, which passed unanimously.

The Chairman proposed—

"That Edward Doubleday, Esq., be the Treasurer, and Dr. Humble be the Honorary Secretary, for the ensuing year."

Mr. Charles Brady seconded the Resolution.

The Resolution passed unanimously.

Mr. Doubleday and Dr. Humble having returned thanks for the honour conferred upon them,

Mr. Doubleday proposed—

"That this Association is of opinion, that the time has fully arrived for exerting the most energetic opposition against illegal Medical practice; and while it fully recognises the duty incumbent on the public to take means to protect themselves from so dangerous a violation of the law, and from which they are necessarily the chief sufferers, it also feels that the position of Medical men as guardians of the public health should urge them to use their best endeavours towards the suppression of so serious an evil."

They would all agree with him, that the Resolution recommended itself. When he was a young man, and had to make his way, he was very much beset by those who usurped his province; and now he was grown old and grey-headed, and had not those gentlemen to fear, he, with his friends Mr. Evans, Dr. Webster, and others, had come forward to try and smooth the path for their junior brethren. Unfortunately, the collegiate bodies did not take the initiative in these matters. He trusted that the present Association would prove a good beginning, and be followed by Associations in other districts.

Mr. Charles Brady seconded the Resolution, which passed unanimously.

Dr. Webster proposed—

"That this Association, believing that the most effectual means of abolishing quackery consist in the adoption of measures by the Legislature for the summary conviction and punishment of offenders, without the necessity of having recourse to the difficult, doubtful, and expensive proceedings rendered necessary by the present state of the law, recognise the importance of a well-concerted system of petitioning Parliament on the subject, and authorise the Council to prepare a Petition in the name of the Association, and also to take such other measures as they may consider necessary, for the purpose of urging upon the Government the great objects of this Association."

He said he attended the meeting rather to listen and learn than to take part in the procedings. When he saw the advertisement it had the same effect on him as the trumpet on the war horse, and he could not refrain from coming to give what assistance he could to his junior brethren. He trusted the present Association would prove a worthy pupil of the old Association, which also had its rise in that neighbourhood, but was now merged in other Associations. There were no reformers at the time of the formation of the old Association, and very few who cared for the interests of the Profession. He thought they were now in a different position, and that the gentlemen present might take credit to themselves for having awakened the Profession to a sense of the rights they ought to possess as Medical men. (Hear, hear.) If they were to have men in the Profession so highly qualified as the law demanded, and many of their own exertions had a tendency to produce, they ought to have some degree of protection from illegal practitioners and from druggists' practice, which was most injurious to the public, most degrading to the Profession, and most unworthy of a country professing justice to its subjects. (Hear, hear.) It was said, that the liberty of the subject should not be interfered with; but if he saw a man going to commit self-destruction, he should feel it his duty to restrain him. He thought the Bill introduced into Parliament, in 1852, by Mr. Jacob Bell, to compel all druggists to have a certain amount of education, was only calculated to increase the evil, and he regretted that one influential portion of the Press neglected and betrayed its duty to the Profession in not saying a word against that iniquitous Bill. He warned them that the Pharmaceutical Society was again active, and would bring forward either the original or a similar Rill; and he hoped the South London Medical Association would have its eyes open, and present the necessary petitions against such a measure. (Hear.) The labourer was worthy of his hire; and he knew no set of men who were more worthy of what they earned, and so badly remunerated, as Medical Practitioners; for what with homeopathists, hydropathists, and all the other *pathists*, and especially the chemists, the Profession was not now, in that respect, in a very enviable state. This point was embodied in the Medical Reform Bill which would be brought forward this Session by the Provincial Association. He was well aware, from the feeling that existed in reference to what was called free-trade in medicine, that that Bill would meet with considerable opposition; and it was therefore advisable that as many petitions as possible should be presented in favour of its being carried, so far as it was valuable. A number of petitions, presented by different members, would, he believed, be more influential than one large petition, signed by many thousands. The question could be taken up on the ground of public health, as well as sanitary and other matters. It was said that quackery could not be put down; neither could murder and theft, but laws were in existence against those crimes; and if laws of the nature he had alluded to were passed, the Medical Profession and the public health would be in a very different state.

Dr. Jones seconded the Resolution.

The Chairman said, the Resolution was so much connected with the Bill of the hon. Member, that he should be very glad to have his views upon it.

Mr. Brady, M.P., then addressed the meeting. He said, the observations of his friend Dr. Webster bore out in every particular the opinions he had himself entertained for some time of the want of reform in the Medical Profession. The Bill to which Dr. Webster had alluded was a most excellent one, and absolutely and imperatively necessary for the protection and the furtherance of the best interests of the Profession; but, owing to the want of unity and action on the part of the Medical Profession, and their want of friends in the House of Commons, that Bill could not pass. If, however, the energies of the Provincial Association were directed in the course he would suggest, he was satisfied that a measure of great importance to the Profession and to the public at large would be the law of the land within three months. He had been informed, on good authority, that it was impossible, from the present distracted state of Her Majesty's counsellors, to bring them to think of any measure of large and comprehensive reform. Under these circumstances, feeling that nothing was about to be done, he took into consideration the propriety of framing a Bill, and had framed one which, he was happy to say, had received the sanction of the President of the College of Physicians, the President of the College of Surgeons, the Chairman of the Examining Board of the Apothecaries' Company, and the Worshipful Master of that Company. He (Mr. Brady) had shown the Bill to a great number of Members of the House of Commons, who had given it their entire approval; and Mr. Walpole, the late Home Secretary, had promised him his full and positive support. He went into these details to show that he had not been idle in the matter, but had been endeavouring to work it up in a practical common-sense way, and gain for it the good opinion of both sides of the House. But he wished to show to the House of Commons that his was a measure of social, not of political reform—that the object it had in view was legislation, not for a class but for the community at large. By these means he was almost certain that he would ultimately succeed in introducing the first wedge of Medical Reform. The Legislature had already given precedents to which he might refer. In the last year, by passing the Compulsory Vaccination Bill, they had taken away the liberty of the subject, and he could not be told now that he was interfering unlawfully with that liberty. He hoped to be able to convince them of the imperative necessity of a clause being introduced, summarily to punish any person who might assume the title of a Medical man, or administered medicine as a Physician, Surgeon, or Apothecary illegally. He had, however, a request to make of his brother Medical men around him, that they would form a Deputation, and call upon the Members for Southwark, Sir Wm. Molesworth and Mr. Apsley Pellatt, and ask them if it was their intention to support the measure he had referred to. (Cheers.) If that course were pursued in all the counties, boroughs, and cities of England, there would not be a Member that could not be canvassed in four-and-twenty hours, and he (Mr. Brady) would not stand alone in the House of Commons, as he did last year; but have some Members at any rate to support him. It was at present, however, a lamentable fact, that there was no body of men, however humble, that was not better represented in Parliament than the Medical Profession; and this was wholly and solely from want of unity and action in behalf of themselves. (Hear.) He

most cordially agreed with the resolution which had been moved and seconded; and hoped, that when he next met his brethren, he should have better news for them, as regarded the progress of Medical Reform. (Cheers.)

Dr. Webster expressed his readiness to form one of a Deputation to the Southwark members, and returned thanks for the compliment which had been paid him in adding his name to the Council.

The Resolution was put to the meeting and carried *nem. con.*

Mr. Wakem proposed, and Mr. Watson seconded, the next Resolution:—

"That this Association, feeling the urgent necessity that exists for the suppression of illegal Medical practice, and the advantages which must arise from a combined system of operations throughout the Profession, desire to urge upon their Medical brethren the propriety of forming over the whole country similar Associations in their several districts, and invite co-operation with them."—The Resolution passed unanimously.

Mr. H. B. Evans proposed—

"That, for the purpose of suppressing the large amount of illegal Medical practice now carried on more especially in this district, this Association authorises the Council to make such arrangements as they may consider expedient for the purpose of warning; and, in the event of such warning being neglected, enforcing the legal penalties against those who may be proved to be guilty of such illegal practice."

He regarded this Resolution as the pith and marrow of the Association, and hoped, that as the extension of the County Courts had put the means of prosecuting illegal practitioners in their power, they would avail themselves of the advantage.

Mr. Rugg, in seconding the Resolution, expressed an opinion that Medical men should not employ illegal assistants. Having obtained a little knowledge, such assistants often set up for themselves in the neighbourhood, and were a great injury to young Practitioners like himself. (Hear, hear.)

The Chairman said that point came within the scope of the Resolution.

The Resolution was then put and passed unanimously.

Dr. Webster proposed, and Mr. Charles Brady seconded, the election of the Chairman as President for the ensuing year.

Dr. Webster put the motion, which passed by acclamation, and was briefly acknowledged by the Chairman.

Mr. Brady, M.P., moved a vote of thanks to the Chairman, which was seconded by Dr. Griffith.

The proceedings then terminated.

PARLIAMENTARY INTELLIGENCE.

THURSDAY, Feb. 2.

NAVAL SURGEONS.—Petitions were presented from the Medical Profession of Salford, for redress of the grievances of Naval Medical Officers; by Mr. Evelyn, from some Medical gentlemen of Farnham, Waltham-oross, and Cheshunt, praying for an improvement in the condition of the junior Assistant-Surgeons in the Royal Navy; by Mr. A. Pellatt, from above fifty Medical Practitioners of the borough of Southwark, complaining of the injury to the studies of Assistant-Surgeons of the Navy through want of accommodation.

MONDAY, Feb. 6.

NAVAL ASSISTANT-SURGEONS.—Mr. Horsfall presented a Petition from the Professors and Students of the Liverpool School of Medicine, praying that the Assistant-Surgeons in Her Majesty's Navy may be placed on a footing of equality with the officers of the Medical Profession in the Army.

TUESDAY, Feb. 7.

NAVAL SURGEONS.—Mr. Michell presented a Petition from Trowbridge and Chichester, praying that Navy Surgeons may be placed on the same footing as Army Surgeons.

MEDICAL PRACTITIONERS AND SUPPRESSION OF ILLEGAL PRACTICE.

Mr. Brady obtained leave to introduce a Bill for the registration of qualified Practitioners, and for amending the law relating to the practice of medicine in Great Britain and Ireland. He proposed that there should be a registration of the members of the Medical Profession, not to interfere in any way with existing Institutions, but to be in a manner supplemental to them. He hoped that this explanation would prevent any opposition on the part of the College of Physicians. That body—most respectable for its learning—might perhaps think the proposed measure would interfere with its Charters, but that would not be the case, the object being simply and solely registration. The principle had been recognised by this House in more than one instance; it was a measure of protection extended to other Professions; and there was no reason why the Medical Profession should not come within it. Indeed, the number of dishonest practices resorted to by persons calling themselves Medical men, imperatively called for the step which he was then taking. On the second reading of the Bill, he would go into particulars, fully justifying what he then stated.

Mr. Digby Seymour seconded the Motion. He considered it a Bill for the removal of a common nuisance—the puffs of vendors of patent vegetable and other medicines, who now wound up their advertisements by declaring themselves members of the Medical Profession.

Lord Palmerston said, he would offer no opposition to the introduction of the Bill, but should reserve to himself the future consideration of its clauses, and the changes it was contemplated to effect for the benefit of the Profession. (Hear, hear.)

Leave was then given to bring in the Bill.

WEDNESDAY, Feb. 8.

NAVAL SURGEONS.—Mr. Brady presented a Petition from Donaghadee, praying that Navy Surgeons may be placed on the same footing as those of the Army.

LEGAL INTELLIGENCE.

YEARSLEY *v.* WAKLEY.

In the Vice-Chancellor's-Court (Sir W. P. Wood), on Wednesday, the Solicitor-General and Mr. De Gex moved for an injunction to restrain the defendants from publishing, selling, or disposing, of any copies of a publication called the *British Medical Directory*, containing matter copied from the *London and Provincial Medical Directory*, or from the *Medical Directory for Scotland*. It was alleged by the plaintiff, that both editions of the former *Directory* were clearly pirated from the works published by the plaintiff. This was argued from the fact that a number of errors which had crept into the plaintiff's publication also appeared in the *British Medical Directory*, and, in addition to this, there were a great many similarities between the works, which, it was contended, could not have been the result of accident, but could only have arisen from the alleged piracy.

Mr. Rolt, Q.C., and Mr. E. F. Smith, appeared for the defendants.

The case stands over to give defendant opportunity to file further affidavits.

MEDICAL NEWS.

MIDDLESEX HOSPITAL.—The authorities of this Hospital have directed that the *Lancet* should be no longer admitted to the library of the Institution. It has been discontinued accordingly.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 3rd instant:—

BROWN, ROBERT GIBSON, Whitby, Yorkshire.
CRISP, WALTER, Norwich.
FRIER, THOMAS WEBB, Bristol.
JENKINS, JOHN THEOPHILUS, Prince Edward's Island.
JONES, HUGH DAVIES, Hon. E. I. Company's Service, Bengal.
STOCKS, ALFRED WILLIAM, Salford.
TAYLOR, GEORGE STOPFORD, Sheffield.
THOMPSON, WILLIAM, Graaf Reinett, Cape of Good Hope.

At the same meeting of the Court, Mr. JOHN RUDALL HOLMAN passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date 2nd January, 1846.

LICENTIATES IN MIDWIFERY.—The following Members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery of the Royal College of Surgeons, at the meeting of the Board on the 8th inst.:—

AMESBURY, JOSEPH WALTER RALEIGH, Hon. E.I.C.S., Bengal. Diploma of Membership dated May 24, 1850.
DANDY, THOMAS, Rufford, Lancashire, April 1, 1853.
EKIN, JAMES, London, November 5, 1852.
JENKINS, WILLIAM GABB, Aberystwith, April 15, 1852.
PRATT, HENRY, Montreal, June 24, 1853.
STEDMAN, J. BUCK, Union-street, Borough, March 5, 1841.
TAYLOR, GEORGE STOPFORD, Sheffield, Feb. 3, 1854.
THOMAS, H. C., Gloucester-street, Pimlico, May 9, 1851.
WILLIAMS, JOHN I. P., Denbigh, November 4, 1853.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Feb. 2:—

COPLAND, JAMES CHARLESWORTH, Notting-hill.
HARDCASTLE, NICHOLAS, Newcastle-upon-Tyne.
HOOPER, LUCAS GEORGE, St. Helier's Jersey.
THORNE, GEORGE LEWORTHY, Bristol.
WILLY, AMBROSE, Teddington, Middlesex.

APPOINTMENTS.

BIRKENHEAD HOSPITAL AND DISPENSARY.—At the Annual Meeting of the Governors, held at the Town-hall, Birkenhead, on the 30th ult., W. T. Hamilton and M. Jennette, Esqrs., formerly Hon. Surgeons to the Institution, were unanimously elected Consulting Medical Officers *vice* Jerome Smith and William Stevenson, Esqrs., deceased.

CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY.—Mr. R. Ellis has been appointed Surgeon to this Institution.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Mr. George Wittingham has been elected Resident Medical Officer to this Institution.

NAVAL.—Surgeons: David Thomas (1843) to the Nile. Charles K. Nutt (1840), from the Excellent gunnery-ship, at Portsmouth, to the Edinburgh, 58, screw steam flagship of Rear-Admiral Henry D. Chads, C.B., at Devonport. Assistant-Surgeons Archibald R. Archer, M.D. (1849), recently serving in the Thetis, 38, when on the Pacific station, to the Nile. Joseph Coulter, M.D. (1845) from the Excellent gunnery-ship, at Portsmouth, to the Edinburgh, 58, screw-steamship, at Devonport.

MILITARY.—14th Regiment of Foot: Assistant-Surgeon Thomas Macdougall Bleckley, from the Staff, to be Assistant-Surgeon. 17th Foot: Walter Moses Gibaut, gent., to be Assistant-Surgeon. 39th Foot: Assistant-Surgeon John Halyburton Ross, M.B., from the Staff, to be Assistant-Surgeon. 89th Foot: Assistant-Surgeon Thomas Frederick Wall, from the Staff, to be Assistant-Surgeon.

MILITIA.—Oxfordshire: Assistant-Surgeon John James Ireland, to be Surgeon, vice Henry Thomas Titley Palmer resigned.

VACANCIES.

BOLTON INFIRMARY AND DISPENSARY.—The House-Surgeoncy is vacant. Election, March 24.

BRADFORD INFIRMARY.—The office of House-Surgeon is vacant. Election on March 10.

BUCKS GENERAL INFIRMARY.—The office of House-Surgeon is vacant. Election on March 8.

MACCLESFIELD DISPENSARY.—There is a vacancy for a House-Surgeon. Election, March 9.

MARYLEBONE FREE DISPENSARY FOR WOMEN.—The office of Surgeon is vacant. Applications not later than February 28.

DEATHS.

DOLMAN.—Jan. 31, at Norway-terrace, Commercial-road, Edwin Melville Dolman, Esq., aged 38; M.R.C.S.E. 1839; L.S.A. 1838.

HALLIDAY.—Feb. 8, John Halliday, Esq., Surgeon, Seacombe, Cheshire.

OASTLER.—Jan. 19, at Stockton-on-Tees, aged 76, William Oastler, Esq., Surgeon; M.R.C.S.E. 1800; Surg. R.N. (Nov. 6, 1800;) Surgeon to Stockton-on-Tees Dispensary.

PAGET.—Jan. 21, in Saville-row, Newcastle, John Steavenson Paget, Esq., Surgeon; M.R.C.S.E. 1815; Senior Surg. Lying-in Institution; Operat. Surg. Hepworth Colliery, Durham.

RAVEN.—Jan. 31, at 21, Hunter-street, Brunswick-square, aged 39, Peter Raven, Esq., of Litcham, Norfolk; M.R.C.S.E., and L.S.A., 1837; Medical Officer of the Mitford and Launditch Union.

TESTIMONIAL.

On Jan. 23, a meeting was held at Gateshead, when a testimonial was presented to Mr. R. H. Wilson, Medical Officer of the North district of Gateshead, as an acknowledgment of his services during the cholera epidemic of 1853. The presentation consisted of a silver salver, and 100*l*.

MEDICAL BENEVOLENT COLLEGE.—At the last meeting of the Council, held at the Office, 37, Soho-square, the Treasurer said, that he had much pleasure in announcing, that sermons in aid of the funds of the College would be preached by the Rev. Dr. Irons, in St. Mary's Church, West Brompton, on Sunday next, the 12th inst.; by the Lord Bishop of Oxford, in the Parish Church, Hampstead, on the 28th of May; and by the Lord Bishop of London, in St. Giles's Church, on the 25th of June, (being the second time these dignitaries will have generously advocated the cause of the institution.) After the business of the meeting had been disposed of, the Chairman presented an elegant silver inkstand to the late Honorary Secretary, Henry Tudor Davies, Esq., in the name of those members of the Council who had contributed towards this testimonial in acknowledgment of the services that gentleman had rendered the College.

ROYAL INSTITUTION.—At the General Monthly Meeting on Monday, February 6, 1854, W. Pole, Esq., M.A., F.R.S., Treasurer and Vice-President, in the chair, Archibald Boyd, Esq.; John Hall Gladstone, Esq., Ph. D., F.R.S.; William Scurfield Grey, Esq.; Thomas Haig, Esq.; Matthew Noble, Esq.; John Percy, M.D., F.R.S.; Samuel Petrie, Esq.; and Michael Wills, Esq., were duly elected members of the Institution.

THE MARQUESS OF ANGLESEY.—We are happy to learn, that this esteemed nobleman has almost completely recovered from his late attack. While taking his usual morning walk on Wednesday week, he suddenly found his arm, face, and stump deprived of their full power of sensation. He was brought home, his speech, tongue, etc., being quite unaffected. In less than an hour he began to improve, and his progress has since been most satisfactory to his Medical attendants.

CHOLERA IN LONDON.—Only one death from cholera was registered; it occurred on 28th January, on board the ship Emma, off Union-stairs, Wapping. The deceased was a carpenter, aged 65 years, and the cause of death is certified—"diarrhœa (3 days), cholera (24 hours)." This disease, which unhappily has kept its ground in various parts of the island, notwithstanding the sharp frosts of winter, has almost disappeared from London,—however brief the respite may be. In the last week of 1853, 10 deaths from cholera were registered; in 5 weeks of the current year the whole number has been only 6.

CHOLERA IN AN EMIGRANT SHIP.—The ship Conway left Liverpool on the 19th ult., with upwards of 450 passengers for Australia. She encountered dreadful weather, and beat about in the Irish Sea, often in very great danger, until the 26th, when she was fortunately enabled to take shelter in the Clyde. Before reaching the Clyde cholera had broken out, and two fatal cases had occurred. Four other deaths have taken place since; and, on Sunday, there were in addition, several cases of collapse and also of cholera in the first and second stages on board. Up to Monday night two children and the boatswain of the ship in addition had died. Two Medical gentlemen have gone from Glasgow to render assistance.

CHOLERA IN THE WEST INDIES.—By St. Lucia dates to the 11th ult. it appears that the Board of Health, etc., are adopting precautionary measures in the event of the cholera, which has been doing mischief at Nevis, Tortola, and St. Thomas's, and is working up to this island. British Guiana was healthy. The following notice of the cholera in Nevis appeared in the *Grenada Gazette*, of December 30:—"The appearance of this dreadful disease among the population of Nevis, nearly the centre of the group of the Leeward Caribbean Islands, has thrown the surrounding colonies into general consternation. It appears, by the accounts that have reached us, that the disease was brought to Nevis by the ship Glenmenna, Captain Rogers, bound from Liverpool to the United States with emigrants. A communication in the *St. Kitt's Gazette*, of the 2nd inst., notices the arrival of that vessel at Nevis, on the 23rd of November, in thirty-six days from Liverpool, bound to New Orleans, with 500 immigrants on board. Soon after leaving Liverpool she encountered severe gales of wind, and, on the fourteenth day at sea, diarrhœa and cholera morbus simultaneously made their appearance; 46 persons were attacked between that day and the date of her arrival at Nevis, 23 of whom had died at sea, and 1 since she anchored." The cholera was still raging at St. Thomas's among the black population. The number of deaths daily was from 40 to 50. As yet no cases had occurred among the whites. The epidemic had also made its appearance at Tortola. The total number of deaths up to the 14th of January at St. Thomas's was 1152.

CHOLERA IN PERSIA.—The mortality in the camp for military exercises at Sultanieh, amounted to 80 cases a-day.

Out of from 35,000 to 40,000 troops, about 2,000 have died, including a few generals, mustaphas, and the admiral of the fleet. In consequence, Nouriddin Shah had returned on the 1st of October to Teheran. Persia has been visited with severe calamities lately. Teheran has lost by the cholera 11,000 inhabitants; Ispahan, up to the 20th September, 9,700; Tabris, 10,000; and Kermen, 7,000. Whole villages have died off, or the inhabitants have fled to the mountains.

MORTALITY NOTABILIA.—The number of deaths registered in London, in the week that ended on Saturday, was 1204, and shows a small increase on those of the two previous weeks. In the ten corresponding weeks of the years 1844-53, the average number was 1091, which, with a correction for increase of population, becomes 1200. The actual result of last week agrees very closely with the calculated amount. While diseases of the respiratory organs have declined, those of the zymotic class have increased.

Births.—Last week the births of 857 boys and 798 girls, in all 1655 children, were registered in London: average, 1470.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending February 4 :—

	Males.	Females.	Total.
Workhouses...	69	75	144
Military and Naval Asylums ...	7	...	7
General Hospitals	25	10	35
Hospitals for Special Diseases ...	1	2	3
Lying-in Hospitals	...	...	...
Lunatic Asylums	6	1	7
Military and Naval Hospitals ...	7	...	7
Hospitals for Foreigners, etc. ...	...	2	2
Prisons	1	...	1
	116	90	206

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 4, 1853.

CAUSES OF DEATH.	FEB. 4. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	556	374	253	1204	10914
SPECIFIED CAUSES	553	372	253	1181	10829
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	213	32	18	263	2219
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	4	25	21	50	479
3. Tubercular Diseases	65	116	11	192	1864
4. Diseases of the Brain, Spiual Marrow, Nerves, and Senses ..	52	37	38	127	1227
5. Diseascs of the Heart and Blood-vessels	1	31	21	53	395
6. Diseases of the Lungs and of the other Organs of Respiration ..	90	65	59	214	2296
7. Diseascs of the Stomach, Liver, aud other Organs of Digestion	36	22	13	71	605
8. Diseases of the Kidneys, etc. ..	..	10	12	22	114
9. Childbirth, Diseases of the Uterus	..	11	..	12	97
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	7	3	13	72
11. Diseases of the Skiu, Cellular, Tissue, etc.	1	1	1	3	25
12. Malformations	3	..	..	3	35
13. Premature Birth and Debility ..	37	3	..	40	229
14. Atrophy	23	1	7	31	207
15. Age	..	..	46	46	635
16. Sudden	10	3	..	13	102
17. Violence, Privation, Cold, aud Intemperance	15	8	3	28	228
CAUSES NOT SPECIFIED	3	2	..	23	85

BOOKS RECEIVED.

The Modern Treatmeut of Syphilitic Diseases. By Langston Parker. Third Edition. London: Churchill. 1854.

The Diseases of the Rectum. By Richard Quain, F.R.S. London: Walton and Maberley. 1854.

A Treatise on the Diseases, Injuries, and Malformations of the Rectum and Anus. By T. J. Ashton, Surgeon to the Bleuheim Dispeusary, etc. London: Churchill. 1854.

A Manual of Pharmacy for the Student of Veterinary Medicine. By W. J. T. Morton, Professor of Chemistry in the Royal Veterinary College. London: Longman and Co. 1854.

On Indigestion and Certain Bilious Disorders often Conjoined with it. By G. C. Child, M.D. Second Edition. Londou. 1854.

Monthly Journal of Medical Science. February, 1854.

Pharmaceutical Journal. February, 1854.

Dublin Hospital Gazette. No. I.

Orr's Circle of the Sciences. Part I. ["This cheap work promises to be a very useful one. Men of great eminence are engaged in its preparation."]

TO CORRESPONDENTS.

We have to thank numerous Correspondents who, in remitting subscriptions, have expressed their approval of the manner in which this Journal is conducted, and their acknowledgment of our efforts to make it the medium of conveying sound scientific and practical information to our readers, with an entire omission of all personal matters which have not a direct connexion with the honour of the Profession and the public position of its members. Such are our aims, and it is with great pleasure that we find them so generally appreciated.

Mr. Chapman's paper on the Treatment of Ulcers shall appear shortly.

D. H.—We cannot admit replies to reviews in other periodicals.

A Subscriber.—The honours aud privileges conferred by the Universities named are esteemed as equal in England.

An ex-R.N.—Reforms are about to be made which might be prejudiced by a publication of the letter at present.

Dr. Neale.—The paper was accidentally put aside, but it shall appear soon.

Dr. Higgins.—If the paper have been received it has been mislaid, but search shall be made for it.

Dr. M.—The person named never has been considered a "respectabl practitioner."

[To the Editor of the Medical Times and Gazette.]

SIR,—The accompanying letter is the copy of one I last week forwarded to the *Lancet*. It was not of course honoured by an insertion, but elicited a note from the Editor, of which also I send a copy. If you can aid me in explaiuing how the latter applies as an answer to the former, I shall feel obliged, as for the life of me I caunot twist it into such.

I am, &c. EDWD. WILLM. LOWE.

Congleton, February 6, 1854.

[To the Editor of the Lancet.]

"SIR,—Permit me, through the aid of your columns, to express my extreme disgust at the conduct of your correspondent of the 28th ult., in having attacked honourable meu from behind the cowardly screeu of an assumed name. Honourable men, mark you, I know two of them to be—far too much so, indeed, to be guilty of so mean an act as the one Mr. 'Spectator' has perpetrated. He has not scrupled, as far as he legally dared, to do his best to make certain persons either vile, or failing to do that, ridiculous. Spiteful-lookiug italics proclaimed their names, calumny is throwu around them, and they are held up to view as either young and foolish, or older and worse. Yet the doer of this most doughty deed shirks the honour aud glory of the same, modestly signing himself 'Spectator.' Shame! Let his name appear with the charges, aud then, peradventure, the charges themselves will receive weight from the *position* and *dignity* of the writer. In conclusion, I beg to offer this advice to Mr. 'Spectator,'—when next he writes, to

"'———————— moderate,
The rancour of his tongue."

"Believe me, yours truly, EDWD. WM. LOWE,

"Congleton, February 1, 1854."

"Mr. E. W. Lowe, of Congleton, has not disproved any one of the allegations advanced by 'Spectator.' The feelings of our correspondent do him credit; but he may be assured that the *Lancet* and its advocates are at this time engaged in exposiug one of the foulest conspiracies that ever was formed or iustigated, and it is our fixed determiuation not to desist until that exposure be complete. It was uot enough to discover that such a conspiracy existed, but the authors of it must be known. The security of the honour and respectability of the profession demands, that this duty should be fearlessly discharged."—*Lancet.*

H. C.—We understand that the artist has just finished the Portrait of the late Dr. Pereira, and that the impressions will be ready for delivery to the subscribers iu the course of a few days, if they will send instructious to the Secretary, Mr. Christie, or to the Treasurer, Dr. Letheby, as to the mode of forwarding the proofs.

Mr. Cæsar Hawkins's first Clinical Lecture will appear next week.

Communications are iu type from Mr. HAYNES WALTON, Dr. MACLOUGHLIN, Dr. PARKES, Mr. HOLMES COOTE, and Mr. BALLARD. They have been unavoidably postponed.

Dr. W—— K——.—We have heard from *Dr. W.*, that he met Dr. S., not Dr. C.; and that though Dr. C. was present, Dr. W. did not know who he was. We shall probably be obliged to allude to this case, as we hear that the couduct of Dr. S. will be brought before the College of Physicians.

COMMUNICATIONS have been received from—

J. LUKE, Esq.; HOLMES COOTE, Esq.; Dr. HOLLAND; Dr. PARKES; B BRODHURST, Esq.; HARVEY LUDLOW, Esq.; J. B. BROWN, Esq.; A SEAMAN'S FRIEND; Dr. HERBERT BARKER; Dr. FRAZER; J. S. RAMSKILL, Esq.; Mr. WILLIAMS; J. DICKINSON, Esq.; Mr. H. SMITH; Dr. LETHEBY; Mr. CHAPMAN; D. H.; A SUBSCRIBER; AN EX-R.N.; Dr. NEALE; Dr. HIGGINS; Dr. M.; E. W. LOWE, Esq.; C. H. HAWKINS, Esq.; Dr. G. BUDD; Mr. ALLCARD; Mr. HUMPHRIES; Mr. PALMAR; Mr. LAWRENCE; Dr. W. K.; F. D. FLETCHER, Esq.; etc.

ORIGINAL LECTURES.

SUBSTANCE OF A CLINICAL LECTURE

GIVEN AT

St. George's Hospital.

By CÆSAR HAWKINS, Esq.,
Surgeon to the Hospital, late President of the Royal College of Surgeons.

PHAGEDÆNA, SLOUGHING PHAGEDÆNA, AND HOSPITAL GANGRENE.

REGISTRAR'S REPORT OF FIFTY-SIX CASES IN THE YEAR 1853.

EXPOSURE OF CRANIUM AND TIBIA, BY PHAGEDÆNA, AND BY BURNS.

CASES OF STRUMOUS AND SYPHILITIC CARIES, AND NECROSIS OF CRANIUM.

Charles Howe, 25 years of age, was admitted the day before yesterday, Jan. 22, having been a patient, in the first instance, on the 31st of Dec., for a contusion and laceration of the great toe, which was occasioned by a wagon crushing it; the nail was loosened, and the toe inflamed; but he left the house nearly well on the 7th of Jan. In the last few days he has had more walking than usual, and the toe became swelled and inflamed, with very great pain, and the skin was dark and livid around the wound at the root of the nail, which presented an appearance of threatened phagedæna, or sloughing phagedæna, and there was also a red spot the size of a half-crown over the metacarpal bones. He appeared to be of a good constitution; and had been lately living well on meat, but without porter, to which he was before accustomed. His tongue was very thickly coated. The House-Surgeon gave him a dose of calomel and Dover's powder, with ammoniated saline mixture, containing three grains of Dover's powder every six hours, and applied some Goulard and laudanum as a lotion. Yesterday, when I saw him, his pain was much lessened, and the toe, I am informed, looked much less swelled. I continued the saline with some sedative solution of opium, and I conclude he will escape the danger with which he was threatened of spreading ulceration or gangrene.

You have seen also in the Hospital a man, 44 years of age, William Quin, who was admitted on the 29th of December last. He was riding on a tram-carriage, when the starting of the horses threw him off upon his head, producing a small scalp-wound, for which he attended as an out-patient. The wound became phagedænic however, and on this account he was admitted on the third of this month; the wound being dark green from threatened sloughing, but not extending deeply. He had been living well,—if taking beer and gin sometimes to excess can be so called. A purgative of calomel, and colocynth, and opium was given to him; and on the 6th the wound was looking better, and plain water dressing alone was required. On the 9th, however, he had shiverings, and the wound was again unhealthy, and much more swelled than before, and had a sloughing surface, and he complained of rheumatism, probably the general pains of fever. His pills were repeated, and he had saline and opium, and chlorine wash with a poultice. On the 11th, the edges were phagedænic, and a Goulard and hemlock lotion was used, which is very useful in common phagedæna. On the 13th, the scalp was still œdematous around the wound, but the ulceration scarcely spreading. He was now free from fever, but weaker; and his saline was omitted, and wine and bark were given, with porter and meat. On the 20th all swelling was gone, and the sloughs had come away, leaving the bone exposed to the extent of about an inch and a-half; and yesterday the size of the sore was less, and the part quite healthy.

Such is the history of two cases of an affection of which so many instances have been seen in the last few months at the Hospital, and of which several, I believe, are now in the house. I had intended to have made a few remarks to you on the subject of phagedæna, sloughing phagedæna, and hospital gangrene, but, on looking at a published clinical lecture of mine, delivered when it prevailed on a former occasion, I find that it contains nearly all that you can require to know of this disease as civil surgeons, and I will therefore content myself with referring you to this lecture, with a request that you will read it in the *Medical Gazette*, June 11, 1847, Vol. IV. of the New Series, p. 1024, at which time, as well as at present, some other Hospitals had the same disease, though not to the same extent this year as ourselves.

[No. 751.—New Series, No. 190.]

I have made some inquiries, however, as to some points, on which our excellent Registrar, Mr. Holmes, has given me a Report, which appears to me to contain some matter of considerable interest, connected with the epidemic of the last year. In the lecture I have spoken of I expressed an opinion that the hospital gangrene of that period was epidemic and not proper to the Hospital, although circumstances might very possibly render it endemic; and in the present attack of the disease the same reasoning will hold good.

It appears, that the number of cases of phagedæna and hospital gangrene admitted into the Hospital was 23, and that the number of cases which originated in the Hospital was 33; and of these 56 cases 15 are marked as sloughing phagedæna, and of these 8 were admitted with that form of the disease. It is quite clear, therefore, that there was some general cause in operation, atmospheric, or whatever it may be, external to our wards as well as within them, in consequence of which many patients from different localities were affected with the disease; and, although it is not surprising that even a greater number should be seized while residing in the Hospital when we consider the number of operations and of wounds of various kinds liable to be invaded by such an epidemic, and the depressing effects of illness and hospital air on the constitutions of the patients, yet it is a remarkable fact that the proportion of the worst cases, *i.e.*, of the sloughing form of the disease, is reversed, 8 of such cases having been of that nature out of the 23 admitted, while only 7 cases occurred out of the 33 attacked among our in-patients.

But, in the next place, of the 23 cases admitted with phagedænic disease, 2 died, which is about 8⅔ per cent.; while of the 33 cases originating in the hospital, no less than 5 died, which is rather more than 15 per cent.; and of the 15 cases called sloughing phagedæna, 4 died, which is 26⅔ per cent.

So that this epidemic has carried off as many as 7 patients out of 56 cases under the care of all the surgeons; while, in the epidemic of 1847, I do not remember that any patient actually died, though a few had a very narrow escape.

The following were the causes of death, and the nature of the original wound, in the seven who died:—

1. Sloughing phagedæna of a sore near the elbow, communicating with caries of the humerus. He had recently undergone amputation of the leg, the stump not becoming phagedænic; and he had symptoms of pyæmia, but no very distinct *post-mortem* appearances.

2. Spike-wound of the foot—spreading phagedæna. Died apparently of pyæmia, with phlebitis of the veins of the leg.

3. Idiopathic abscess near the knee. Hospital gangrene. Hæmorrhage from a large branch of the popliteal artery, for which amputation of the thigh was performed. Died the same day of secondary hæmorrhage.

4. Lacerated wounds near the knee. Hospital gangrene. Died exhausted, with hectic fever, after the sloughs had separated and the wounds had become clean. No visceral disease nor contamination of the blood.

5. Syphilitic eruption, ulcerating. Phagedæna of the ulcers. Died of pyæmia. Secondary deposits in the lungs.

In these 5 cases, the phagedæna commenced in the Hospital; in the two others, it began before their admission.

6. Admitted with sloughing phagedæna, after a lacerated wound of the leg, from the kick of a horse. Tibia exposed largely by the sloughing, but the wound left healthy. Died of pyæmia; phlebitis of the veins of the leg. Secondary deposits in the lungs.

7. Admitted with phagedæna of a scalp-wound. Secondary suppuration in the diploe and subarachnoidean tissue, and secondary pneumonia.

Believing, as I have mentioned, that phagedæna, like typhus fever, may be rendered endemic by concentration, and by other favouring circumstances, I endeavoured to ascertain whether this appeared to have been the case in any part of the Hospital; but the cases attacked were too widely scattered in all parts to make it seem probable. The report says, indeed, that the wards which have been most severely attacked were Grosvenor and Fitzwilliam, in each of which 6 cases originated; but, in the former ward, 2 cases occurred early in the year, before the disease had become epidemic, and were not followed by any others; and most of the operation cases on the men's side are in these wards.

The widely-scattered position of the different cases appears also to negative the supposition of the disease having been conveyed by contagion by means of sponges, which were hardly used indeed; and cases having originated, as well as having been admitted, under each of the four Surgeons, is against the suppo-

sition of the disease having been conveyed by one of the dressers, or by other persons, from one patient to another.

At the same time, there is no doubt, in my opinion, that the disease might be so propagated. No one can think otherwise who has seen a case of hospital gangrene on the hand or foot, in which the fingers or toes are held together. Beginning on one of them, it will spread to the adjoining fingers or toes where the pus or sloughs touch them, instead of going round them; so that a single circular sloughing surface will be seen affecting the back of all the five fingers, while the sides and palmar surfaces are not even swollen or red. You may see exactly the same thing in the sloughing pudenda of children, in whom a fresh slough occurs, when any two portions of skin or mucous membrane touch each other. In fact, all diseased secretions of the human body are poisonous, as nurses and washerwomen constantly experience, as well as the members of our Profession. I remember one of our House-Surgeons who had three distinct attacks of erysipelas in his year of office from inoculation; and, as it happened, two of them were from opening the bodies of patients who died of erysipelas. Not because he caught erysipelas, as such, from the inoculation, but because he was a delicate, weakly person, in whom this disease was likely to occur from inoculation with any morbid secretions.

You might expect, *à priori*, that more men would be exposed to the causes of phagedæna; and, accordingly, it appears that, of our 56 cases, 45 were in males, including 3 children, aged 3, 4, and 7 respectively; while only 11 were in females, including 1 child, aged 7 years.

Of the 4 cases which originated in children, 1 was admitted with the disease, 2 originated after surgical operations, and 1 after a burn; none of them died.

The number of cases which originated after surgical operations in the house was 9; 3 after amputation (of the thigh, leg, and fingers respectively); 1 after operation for hernia; 1 after venesection; 1 after excision of a fatty tumour; 1 after removal of a sequestrum of bone; and 2 after simple incisions; and these 9 cases were distributed over seven different wards.

You might suppose that the temperature of the atmosphere would influence the production of the disease; and I distinctly remember the commencement of the epidemic immediately after some very hot weather. I have inquired into this matter, and the Report says:—"As to the time of commencement, 7 cases occurred sporadically during the first six months of the year; but the regular attack may be dated from the beginning of July, in which month phagedæna showed itself in five of the wards, at opposite ends of the house, and on different floors, during the three days—the 7th, 8th, and 9th of July. The temperature of these days in the Registrar-General's Report is marked as 7·2, 6·8, and 0·8 deg., above the average. The temperature of the wards also was high, ranging between 71 and 76 deg. at midday."

But then, on the other hand, besides the two cases now under our observation, others of the same kind have occurred lately, the temperature in the month having been observed at 6 deg. below zero! In the lecture I have recommended to your perusal, you will also see it mentioned, that an epidemic attack of this disease began in St. Bartholomew's Hospital in the cold season—in December and January; so that I must still think, as I said then, that either extreme of temperature may perhaps give origin to the disease, by depressing the general strength of our patients who have any wound or ulcer.

Let us now pass to another subject.

In the case of Quin, you will probably have an opportunity of witnessing the very interesting process of the healing of exposed bone without exfoliation; the granulations of the edges of the skin around daily spread over the circumference of the bone; you saw yesterday two or three holes through it, with granulations springing up; and several red spots were seen elsewhere, which were vessels shining through the thin outer layer, in each of which spots, perhaps, a granulation is arising to-day; and these will gradually increase, till they unite with each other and with those of the outer circle; and more bone is seen or felt, and the surface finally becomes covered with new skin. These granulations are formed by the enlarged blood-vessels in the osseous canals, by which, at the same time, the ossific materials are absorbed and melted down, which is quite an appropriate expression, according to Mr. Bransby Cooper's observation of the pus under these circumstances, as it contains some 2½ per cent. of phosphate of lime, while there is hardly a trace of it in ordinary pus.

The same process sometimes goes on in other bones, of which you can see an example in Jane Redman, aged 46, admitted December 28. She has had swellings on the legs for about five years, arising from inflammation of the tibiæ, as well as chronic disease of the cellular tissue, which arose from kicks given to her by her husband; and, from the number of cicatrices of ulcers, it is not improbable that she has been indebted to her affectionate partner for syphilitic disease also. The right leg began to ulcerate over the bone a few months ago, and the left leg subsequently. On the right leg there are several cachectic ulcers, and the tibia is exposed largely by them in two or three places. The state of her system is shown by the unhealthy, sloughy ulcers, which have been produced within these few days by her having slightly rubbed some parts of the skin against the cradle covering the legs. In consequence of these, I have put her on the use of sarsaparilla and iodide of potassium, which will be of service also to the inflamed tibiæ, the exposed surfaces of which you may see becoming gradually covered over by granulations, with apparently no exfoliations, though she is not so secure, as to this point, as Quin seems to be.

It is of more interest, however, to observe the process in the exposed cranial bones, on account of their relation to the important organ within them; because, as you are aware, the vessels of the dura mater are liable to separate from the same extent of the inner surface, whence matter forms, with fatal effects, upon the brain or circulation; and that, moreover, even at a greater depth, as in this preparation of a small abscess, situated immediately beneath the arachnoid membrane and pia mater, extending about an inch deep in the convolutions, though narrow in other directions, which formed in a woman who died in the Middlesex Hospital, after the bone had been denuded by a burn immediately over the abscess.

Very many, however, escape mischief, and recover without any exfoliation, or very trifling exfoliation, and sometimes under circumstances of a very unpromising character. Of this you have had an instance in Elizabeth Dobinson, 64 years old, as she calls herself, but 75 according to her daughter's statement, who was admitted on the 2nd of last month. She had been subject to fits for the last twenty years, and on that day, in one of these epileptic seizures, she fell into the fire, striking her head against the bars of the grate, and inflicting a small scalp-wound. The left side of her head and face were much burned, the eyes closed from œdema, and several parts of the skin of these parts, as well as on her hand, destroyed; yet notwithstanding her age and state of half imbecility of mind, and her epilepsy from the previous state of the brain, a portion of bone exposed by the separation of the last slough on the 23rd of December, has since become quite covered over, and is healing; and one or two fits she has had since her admission have not been more severe than before the accident.

I have placed on the table this calvarium, taken from a patient who was under the care of one of my colleagues some years ago, for a severe burn on the neck and shoulders, succeeded by erysipelas of the scalp and subjacent tissues, for which incisions were made; but on the separation of the sloughs, the skin also sloughed, and the bone was entirely exposed within the space marked on the surface, which includes a large portion of both parietal and of the frontal and occipital bones. She died exhausted; but, even with this enormous exposure, some days before her death, there were no head symptoms; the dura mater was supplied with blood, and was adherent to the inner surface of the bone, and the brain was healthy.

There is probably more danger of purulent collections forming below the bones of the skull in recent injuries, than there is in cases of disease; and if suppuration does take place, in some cases of disease, such as caries and necrosis, there is also less risk to the patient, because perforations through the bone accompany these affections, through which the pus can escape; and you can see it rising and falling in these apertures, according to the pulsations of the vessels of the brain, and according to the state of inspiration or expiration which fills or empties the veins of that organ; and, at the same time, when bone comes away, the thickening of the dura mater resulting from the chronic disease affords protection to the brain, and prevents the hernia cerebri, which follows exposure of the dura mater in many recent injuries. Thus many years may pass, during which the disease lasts, and yet there is no affection of the cerebral functions, and little deterioration of the health.

In some cases, however, notwithstanding these numerous perforations of the skull, the matter formed below the bone does not escape freely, and a fatal result follows. In this preparation, there appears to have been syphilitic caries of many parts of the cranium, both tables of the bones being affected, and in some places the whole thickness is affected, and you may see several apertures through the skull. It would appear, however, that the surgeon has tried to obviate the effects of confined pus by the

application of the trephine in two adjacent places. The history is, however, unknown.

In the patient from whom the next calvarium was taken, the caries was of a scrofulous character. She had been suffering for some time from pain in the head; and, the pericranium over one of the parietal bones being perceptibly thickened, an incision was made in this situation down to the bone. This relieved the pain in the head, from which, however, she was not quite free. Some time after the operation, she again complained of severe pain, extending over the whole of the head; but, as there was no perceptible tumefaction or tenderness, no operation was performed. On examination after death, extensive suppuration was found between the bone and dura mater. This membrane was very much thickened in the situation of the matter. Numerous vomicæ and tubercles were found in the lungs. The caries is seen to affect a very large part of both surfaces of the whole of the bones of the skull.

These two preparations show you the usual appearances produced by caries of the cranium, when occasioned by the two common causes of its occurrence—viz., syphilis and scrofula; and you may perceive how much alike the diseases are, though the origin is so different; in fact, you can hardly distinguish one from the other. Sometimes, however, as you might expect, necrosis of considerable portions of the bone is added to the unhealthy ulceration, of which combination this skull is an excellent example. The bones are seen to be extensively affected with caries. On the frontal bone the disease has been principally confined to the outer table, and, in one or two places, both tables have been destroyed. A large portion of the right parietal is diseased throughout its entire thickness; but the exfoliated portion is not quite separated from the surrounding bone. On the left parietal, the disease, although extensive, is confined to the external table. The hard palate is, for the greater part, destroyed, and a free communication is thus established between the mouth and nostrils. The body of the sphenoid presents, on its under surface, a deep excavation, large enough to lodge the end of the finger, the cavity being perfectly smooth. Both malar bones are also affected with caries.

Sometimes in strumous disease, instead of the superficial caries of the surfaces, distinct tubercles of strumous substance are formed, as you may see in this preparation, in which they are seen of different sizes, lodged in excavations in the bone, both on its inner and outer surface; and they were not only found towards the upper part and sides of the skull, but were also situated in the sphenoid bone, and elsewhere at the base. The lad from whom it was taken was under my care for scrofulous disease of the hip-joint, and was suddenly attacked with pain and other head symptoms, ending in coma a few days before his death. Had he lived, these large flat tubercles—one nearly an inch broad—might have formed abscesses, for some were beginning to suppurate, or might have ulcerated, so as to perforate the skull, as is now and then seen in strumous patients, the holes being then about half-an-inch in diameter, through both tables, and the edges subsequently rounded off.

The most extensive strumous caries, and the most rapid in its progress, which I ever saw, was in the person from whom this beautiful preparation was taken. The patient, 24 years of age, was admitted March 6, 1850, by Dr. Nairne, for consumption, having, three days before his admission, had pain on the right side of his head, followed by a swelling. Nine days after his admission, I opened an abscess; a week afterwards, another near it; and, on the 12th of April, a third, which exposed the bone in each place. After this, suppuration under the pericranium, of an unhealthy, scrofulous character, took place over much of the head, towards the occiput, and forehead, and top of the head, and even towards the other side, and one ear discharged by ulceration into the meatus; and he sank exhausted on the 17th of May. So that the immense destruction and absorption of the bone which is here seen, took place in scarcely more than ten weeks from the time it was first noticed by the patient. He had some abscesses in the neck when a twelvemonth old, but had never had discharge or pain in the ear.

The entire parietal bone, the right half of the occipital, the squamous and mastoid portions of the temporal, and a considerable part of the frontal, along with a part of the greater wing of the sphenoid, entering into the right zygomatic fossa, were affected, both as to their external and internal surfaces. Very delicate and thin layers of new bone may also be seen, of a whitish colour, deposited on the internal surface, in the neighbourhood of the carious parts, though only to a very slight extent. The interior of the mastoid cells and the cavity of the tympanum were filled with purulent fluid; and the lining membrane was thickened, but not indurated. The small bones in the internal ear were entire; but the membrana tympani was perforated, allowing the passage of purulent fluid into the external meatus. Corresponding to these affected parts of the cranial bones, both the pericranium and dura mater were found altered, and detached from the bone beneath, quantities of thinnish, flaky, purulent fluid intervening. The pericranium was thickened and indurated, as also the dura mater; but the serous, smooth surface of the latter was unaffected. The superior longitudinal and right lateral sinuses, as far as the petrosal, were obliterated by the presence of fibrinous deposit. The brain was unaffected.

It must be acknowledged, however, that strumous disease of the head affects the temporal bone more frequently than the flat bones, such as I have now described to you, beginning sometimes in the petrous bone, sometimes in the outer ear, and sometimes extending into the brain itself, the cerebral abscesses discharging through the ear. Scrofula may, in fact, take place not only in the cranium, as you see to-day, and in the cancelli of the bones of the joints and spine, of which I spoke in the last lecture, but it may attack every bone. And you may see, in a remarkable skeleton of a baboon in my collection, an ulceration of apparently analogous character in almost every bone of the body and limbs, produced probably by similar causes with scrofula, namely—confinement, with impure air and improper food.

I have made these observations on the subject of caries and necrosis of the cranium, because I wish you to observe the phenomena attending the disease, in a case well deserving of your attention, which is now in the Hospital. I mean that of John Carpenter, 34 years old, admitted on the 28th of December, whose history is thus related:—The absorbent glands in his neck began to swell about four months ago, and, subsequently, suppurated and burst. Soon afterwards his forehead began to swell, and continued to enlarge till a fortnight before his admission, when it ulcerated, but has continued to enlarge since the ulceration. The forehead presents a circular swelling, about four inches in diameter, having three ulcerations, having deep sloughs adherent to small sloughs of the skin, not yet separated; bridles of living skin dividing the openings from each other. The edges of the openings are inverted and undermined, and the skin around the swelling has a lurid, unhealthy appearance. There is also a swelling of similar appearance over the right clavicle, having also three ulcerated openings, through which a sloughy and strumous-looking substance protrudes. Several of the glands in the neck still discharge, and there are cicatrices of other openings. He has also lost his voice from recent cold, as he says, to which some former ulceration of the throat, and cicatrisation, may contribute in some measure. His pulse is 112, and his tongue clean. There is no venereal history, except that, fifteen years ago, he had a sore, but not since that time; and he is married, and has four healthy children, and has had no illness before the present attack, which he attributes to bad living, and exposure to wet and cold; for he has had meat only once or twice a-week, having been out of work, and having his family to support.

And this opinion I am inclined to believe is correct, for it is sufficient to account for his state, and there are no secondary symptoms of other parts; and the state of the glands in the neck, occurring nearly at the same time with the disease of the head, shows the decidedly scrofulous condition of his system. It makes no material difference, however, in the treatment of such a case, even if it had originated in syphilis, or from the action of mercury along with it. The notes tell us, that the discharge continued very profuse, and, on the 9th of January, that the sloughs were coming away slowly, and that they prevented the bone being felt by the probe. On the 20th, however, a considerable mass having come out, the surface of the frontal bone was extensively exposed, and, when the whole cavity is clean, you will probably see that the pericranium has died as far as the swelling extended under the skin, which is to the extent, as it is remarked, of about four inches.

There seemed, at first, some chance that a similar denudation of the right clavicle might ensue, from the resemblance of the sloughy swelling over it to that upon the head; but, having divided the skin between the openings a few days ago, the slough has come out, and the bone appears to be still covered by periosteum.

Having, of course, given him good diet, I prescribed for him some decoction and extract of sarsaparilla, to which I added three drachms of solution of bichloride of mercury, daily; not, of course, for its efficacy against syphilis, but because the yellow condition of the sclerotic and sallowness of complexion made its alterative influence desirable upon the general system. Under this treatment, you have seen that his health has very

much improved, and therefore I yesterday omitted the mercurial medicine, and have directed the sarsaparilla to be continued alone.

Had he presented himself earlier, such extensive sloughing of the pericranium, and consequent exposure of the bone, might probably have been prevented by an incision through the soft parts, which was no longer called for when two or three openings had already formed at the time of his admission. But, at the same time, you must not be hasty in opening collections of matter under the pericranium, in either strumous or syphilitic cases.

Such a mass of thickening and morbid deposit with low vitality, as Carpenter has had, is much more rare than what are comparatively more simple abscesses. And in them, in almost every case, you may hope to procure the absorption of fluid, and the pericranium becomes again adherent to the bone; or, if you fail in this, yet if you delay the puncture till time has been afforded for your remedies to produce a more healthy condition of the part, through the general system, you may succeed in preventing exfoliation, which an earlier opening would materially endanger.

If matter is forming rapidly, and raising the pericranium from the bone over a larger surface, you may sometimes with advantage make a small puncture, to let out the pus and take away tension, and let this heal, with the hope that, before it can fill again to the same extent, your remedies may have produced their influence upon the disease and stopped it altogether, especially in cases primarily owing to syphilis.

A young child was under my care with an enormous abscess, which had separated the pericranium over nearly the whole extent of the skull from ear to ear, and from the forehead to the transverse ridge of the occiput, which I opened by a small opening on one side, pressing the soft parts down to the bone. Being an acute formation without strumous substance in the pus, the pericranium again adhered to the bone over the whole extent, except just at the opening, where a small exfoliation took place. Had I been obliged to make several openings or an extensive incision, exfoliation might have taken place to as great an extent, as the bone was exposed to the air.

It is probable that all the bone in Carpenter which is exposed will die, whether through both tables or not cannot be predicted. If both tables, as in the preparation before you, become necrosed, the separation of so large a piece is very tedious, several years sometimes elapsing before it is loose. Nor can you safely use much force in order to effect its removal, as you cannot always be assured that no adhesions to the dura mater may not still remain in small detached parts. Where you can get a bone forceps beneath the edges long after the apparent death of the bone, you may do so gently, to cut off portions of the dead bone; but let there be no violence endangering mischief to the brain.

The case before you is one which is well deserving of your observation and remembrance.

[NOTE.—At a subsequent period it seemed probable that the vitality of almost every part of the bone remained, so that there would be scarcely any exfoliation whatever.]

ORIGINAL COMMUNICATIONS.

EAST INDIA MEDICAL REPORTS.

No. II.

ON GANGRENOUS STOMATITIS, AS A SEQUELA OF MALARIOUS FEVER, EITHER OF A REMITTENT OR INTERMITTENT TYPE.

BY JAMES HINDER,

Graduate of the Medical College of Bengal, Sub-Assistant Surgeon in Medical Charge of the Government Charitable Dispensary at Umritser.

BEFORE entering on the proper subject-matter of this paper, it will be useful to take a brief survey of the field in which my observations have been made.

Umritser, the Holy City of the Sikhs, and the commercial capital of the Punjaub, contains about 100,000 inhabitants. It is a walled town, surrounded by a ditch, about forty feet in breadth, and twenty in depth, which completely encircles the city. The principal streets are paved with brick, and well-drained and cleansed, but most other parts of the city are very filthy, more especially those portions of it inhabited by Cashmerecs. It is estimated that there are about 20,000 Cashmerees in Umritser, nearly all of whom are occupied as shawl-weavers.

Umritser is the great shawl mart of India; the shawls are brought hither from Cashmere, as well as manufactured here, to a large extent. Silks are also manufactured here, principally by the Hindoos.

The most prevalent disease here, as in most parts of India, is intermittent fever. Remittent fever, of a severe character, is also frequently met with, especially at the close of the rains, which terminate here generally in the latter end of August; hence, this month, September, and the first half of October, are generally very unhealthy.

The cold season extends here from the beginning of October to the middle of April; the climate during this time is cool, dry, and bracing, and the air remarkably clear.

The months of May and June are intensely hot, but they are generally considered healthy, a circumstance not difficult of explanation, when it is remembered that very little rain has fallen for seven or eight months previously.

The first time gangrenous stomatitis came under my notice was in the month of November, 1851. The disease occurred in a Cashmere child, 8 years of age, who had previously laboured under infantile remittent fever, for which she was brought to the dispensary to be treated. During the time (three or four days) the child was under treatment for the fever, she took nine grains of hydrarg. c. cretâ, in combination with other medicines. She was then lost sight of for two weeks, when her mother again brought her to the Dispensary, suffering from gangrene of the mouth. The most active means were adopted to check the disease, but without success.

I have mentioned, that a mercurial preparation was administered, because it is possible that it might have favoured the occurrence of the disease; in all the other cases witnessed by me, not a particle of mercury was taken.

All, or nearly all, of my experience of this disease is confined to a short period following the rainy season of 1852. This period extended from the middle of August to the end of October; it was unusually sickly; fevers were prevalent not only in the city, but also in the fort of Govendghur, in the cantonments of the 43rd Native Infantry, situated about a mile westward of the city, and in the district around Umritser. No proper record of the rate of mortality is kept; but I have learnt from an official paper, that more than 1000 persons died in the city during the month of October.

Where endemic causes of disease did not exist to any extent, as in the cantonments of the native regiment, the character of the fever was mild, and the mortality slight. In the city, however, where little attention was paid to drainage, and where the filth of the town, instead of being removed to a distance where it could not influence the inhabitants, was allowed to be discharged into the huge ditch surrounding the walls, and, mixing with the rain water, there to remain stagnant, the disease necessarily took on a severe character, and was very fatal.

This season was unusually sickly all over Upper India; fevers prevailed everywhere, and probably arose from unknown atmospheric influence; but there is no doubt that here, from the want of proper attention to cleanliness and drainage, they were very fatal.

To show how fully this sickness arose from atmospheric influences, assisted by removable endemic causes, I will mention the number of cases of intermittent fever treated as out-door patients at the Dispensary during the hot season of 1852 :—

April . . .	13	July . . .	89
May . . .	30	August . . .	148
June . . .	56	September . .	482

The month of May, generally hot, was remarkably pleasant in consequence of large falls of rain; in the district a good deal of hail fell.

The following Table gives the average range of the thermometer during the six hot months :—

Months.	Sunrise.	10 a.m.	4 P.M.		Sunset.	REMARKS.
			Shade	Sun's Rays.		
April ..	58	77	82	105	81	Rain fell on 5 days. 1 dust storm
May	75	84	85	114	86	Rain fell on 7 days. 3 dust storms
June ..	77	88	89	106	89	Rain fell on 6 days. Frequent storms.
July ..	78	86	91	108	92	Rain fell on 9 days.
August.	79	82	87	99	86	Rain fell on 18 days. An earthquake on 20th.
Sept. ..	79	87	90	108	88	Very little rain.

I have commenced this paper with this short sketch, because

all the cases of gangrene of the mouth which I met with were preceded by miasmatous fever.

In the interval between the beginning of September, 1852, and the end of March, 1853, 18 cases were treated at the Dispensary, chiefly as out-door patients, for the parents could not be induced to keep their children in hospital; the result has been thus stated in the different columns of an official return:—2 were cured, 3 relieved,(a) 1 no better, 1 incurable, 11 ceased to attend.

It is more than probable that 13 of these cases terminated fatally; yet, considering the nature of the affection, this result is not unsatisfactory. 20 out of 21 cases witnessed by MM. Rilliet and Barthez died; of 5 cases seen by Dr. West, 4 terminated fatally. Dr. Copeland states, that M. Taupin has seen 36 cases in the Hospital for Children in Paris, and all were fatal.

A description of the symptoms of the disease, as they came under my notice, would correspond in most respects with the excellent and truthful account given by Dr. West in his work on "Diseases of Children." Among the patients treated at the Dispensary, the disease occurred only in children between 2 and 8 years of age; they were all born of Cashmere parents.

It has been said, that, in every case, the affection had been preceded by miasmatous fever; in two the spleen was enlarged; but even in those in whom that organ was not congested, the blood was evidently in a highly impoverished state; there was feebleness of the whole circulation, manifest in the pale countenance and cold extremities; the bowels were either torpid or they were affected with diarrhœa, especially at an advanced stage of the disease. In some cases appetite was quite lost; in others, however, and in the greater number, it remained up to the near approach of death.

Only a single opportunity has been afforded me of seeing the disease in its early stage. The cheek was swollen, rounded, and hard, and had the peculiar glossy appearance so characteristic of the disease. Within the cheek a small ash-coloured slough was noticed on the mucous membrane; it was surrounded by a double circle, the inner one being white, and the other of a bright red colour.

In the greater number of cases the children were not seen till the skin had been attacked, when no hope could be afforded of recovery. When once any portion of the skin was destroyed, the disease advanced very rapidly; in three or four days the whole of one cheek was sometimes removed, producing hideous deformity. The gangrenous portions did not appear to come away in the form of a slough, but were liquefied and discharged, mixed with the profuse flow of saliva.

The putrid odour of the breath, even at an early period, and the peculiar appearance of the cheek, were unmistakable diagnostic marks.

In one case both cheeks were destroyed. This occurred in a little girl 5 years of age. A more pitiable object could hardly be imagined. In two cases which became chronic, and ultimately recovered, several of the teeth fell out, and portions of the jaw (in one case of the lower, in the other of the upper) came away, necrosed.

As the parents would not keep the children in Hospital, they could not be properly watched; and no opportunity was afforded for *post-mortem* examination.

The parents, it has been observed, were Cashmerees; they were shawl-weavers, living in low, damp apartments in the worst-drained parts of the city. As a class, they are extremely filthy in their personal habits; and their dwellings are generally surrounded by unlevel ground, containing offal and stagnant water. This is especially the case in the rainy season. It is probable that the cachectic condition of the system in the children who suffered from gangrene was not produced by fever alone. Very generally they had been completely neglected during their previous illness. Ill-clothed, ill-fed, and little cared for, it is certain that the vital exhaustion under which they laboured, was, to some extent, due to gross neglect. As the disease is chiefly met with among the children of the very poor, it may reasonably be deduced, that the circumstances just mentioned act as powerful concurrent causes in producing it.

During the month of October, 1852, I met with two cases of gangrene of the mouth in adults; they were prisoners in the district gaol. I have no notes of these cases, but, as far as I can recollect, both patients had suffered from intermittent fever. In one man the disease appeared to have been excited by the deposit in the mucous membrane of the mouth of the ova of the common house-fly. The larvæ produced a corroding ulcer, which ultimately terminated in gangrene. In the other case, no other cause could be discovered, except vital exhaustion consequent on fever and unwholesome diet. These adults suffered much more than children usually do from the disease.

When this form of stomatitis is met with in an advanced stage, the most energetic treatment seems to produce no effect. Those cases alone recovered which were seen early, and where the powers of life were not altogether prostrated.

At first the bowels were acted on by a warm aperient, usually castor-oil and turpentine, and afterwards quinine, combined with carbonate of ammonia and camphor, was administered five or six time a-day.

Locally, nitrate of silver was applied, or a strong solution of it, in dilute nitric acid. Lint dipped in turpentine was afterwards laid on the sloughing surface. Gargles containing chloride of lime were used, if possible, and the parts were washed with the solution.

Within the last few days, another case of this dreadful disease has been observed at the dispensary, in a Cashmere child, 7 years of age; she was seen only on two occasions. The case had already reached an advanced stage; it probably ended fatally a few days after.

Umritser, Punjaub, July 22, 1853.

(a) That is, the patients were recovering when last seen.

CRETACEOUS DEGENERATION

OF THE

CRYSTALLINE LENS AND ITS CAPSULE,

IN EYES THAT HAVE BEEN DISORGANISED,

PRODUCING PAIN AND IRRITATION, TOGETHER WITH SUCH SYMPATHETIC MORBID CHANGES IN THE SOUND EYE, AS TO IMPAIR VISION, AND THREATEN LOSS OF SIGHT.

By H. HAYNES WALTON, Esq., F.R.C.S.

Surgeon to the Central London Ophthalmic Hospital, and Assistant-Surgeon to St. Mary's Hospital, etc.

All Surgeons engaged in practice must have noticed, that the loss of one eye frequently produces impairment of its fellow; indeed, so commonly is this associated influence manifested, that the fact has become popularised. It is not my intention to enlarge on this subject, which is so full of physiological and pathological interest; but rather to confine myself to the cases adduced, and to make such remarks only as are directly pertinent to them, or tend to elucidate them. I ask for attention to the characteristic features in each of the three examples I shall relate, as, by the recognition of these, suitable treatment was adopted, whereby the primary cause of evil was removed, and the distressing sympathetic effect checked.

Case 1.—George Watson, aged 14, became a patient at the Central London Ophthalmic Hospital on the 15th of October, 1853, when the subjoined note was made.

The Right Eye.—This is slightly sunken. The posterior boundary of the anterior chamber is covered by a deposit of lymph, displaying in different parts shades of red and yellow. There is not any trace of iris or pupil. The cornea is quite clear. The sclerotica is not discoloured. The eye was lost in infancy, but he is unaware of the nature of the primary affection. From time to time during the last five years, he has had pain in the eye, and within the last few months, the paroxysms have increased in frequency and in severity.

The Left Eye.—The pupil is irregular, in consequence of three points of adhesion to the capsule of the crystalline lens. The iris slightly dull. The eyeball is inflamed. There is intolerance of light and lachrymation, with pain of much severity, by which rest is much broken. Vision is very imperfect, and rather worse in the morning. He cannot read print of any size. The order of symptoms is, pain, impaired vision, inflammation; and the earliest dates within twelve months—

Nov. 7, 1853.—I removed the greater part of the cornea from the right eye, together with a part of the lymph and of the iris to which it adhered, and brought into view the chalky capsule of the crystalline lens; this, and the lens, were readily removed with a pair of forceps. The greater part of each of these was converted into chalky material; yet there was just enough of soft substance (I presume original structure) to preserve a degree of toughness.

Dec. 19.—The wound has cicatrised over very perfectly, and the volume of the eyeball is but slightly reduced. The vascularity that I alluded to is much lessened. He has not had any pain since the first week after the operation. The left eye is

devoid of pain, the intolerance of light, and the lachrymation, are gone; the iris is not brighter. He can read "minion" type with ease, and "nonparcil" with a little pains. His health is much better. He has taken a place as an errand-boy.

Case 2.—This occurred at the Hospital, under the care of Dr. Taylor, to whom I am indebted for the notes:—

A girl, 13 years old, wounded her right eye with a pair of scissors, the cornea being penetrated and the capsule of the lens torn. When she came to the Hospital, nearly three months after the accident, the eyeball was soft and flaccid; the cornea, reduced in size, was marked with a linear, whitish cicatrix, to which the discoloured iris adhered; and the pupil was filled up by a plug of yellowish coloured substance. Vision was, of course, extinct. There was no pain, but great intolerance of light. General treatment was adopted. For several months the intolerance of light was occasionally relieved for a time, but invariably recurred. The left eye gradually became sympathetically affected, and ultimately, though it showed no signs of inflammation, got so weak, that she could not use it for more than a few minutes at a time, and that only in a dull light. On October 13 Dr. Taylor removed the whole of the shrunken cornea. A whitish mass lay upon the surface of the vitreous tumour; this was withdrawn, and found to consist of the capsule, thickened, loaded with gritty deposit, and containing the *débris* of the lens, in the form of broken fibres, molecular matter, and amorphous cretaceous particles. The day after the operation, the left eye was stronger than it had been for many months; and, in four days, she was dismissed perfectly well, so far as the sympathetic effect was concerned. Soon after, the right eye was quite healed, and no pain was felt. The relief was as complete, and almost as rapid, as follows the removal of a particle of dust from the surface of the eye.

The gritty matter was analysed by Dr. Garrod; it consisted of phosphate and carbonate of lime.

Case 3.—Rebecca Wilson, aged 7, became a patient at the Central London Ophthalmic Hospital, Nov. 1, 1853. Her mother attended.

The Right Eye.—This was lost in infancy, probably from purulent ophthalmia. The cornea is replaced by a small conical staphyloma; the eye-ball and the palpebral conjunctiva are inflamed; there is occasional pain, sometimes in the day, sometimes at night.

The Left Eye.—No objective symptom of disease. Not a day passed without paroxysms of pain; vision much impaired; small bodies not distinctly seen, and any object to be discerned requires to be looked at sideways; "a mist frequently passes before the eye." This eye was not affected till after the right was painful; but, beyond this order of precedence, together with what has been said, neither the child nor her mother could give further information.

I operated on the 15th of November on the right eye, removed the staphyloma, and afterwards a cretaceous capsule enclosing a partially cretaceous lens.

Jan. 17, 1854.—The left eye has quite recovered, and the vision is perfectly restored. The surface of the right eyeball has healed nicely over, and all pain has ceased.

The parallel symptoms in the above instances, the cause of these, by the change the crystalline lens and its capsule had undergone, whereby they acted as a foreign body in the eye, and the adoption of appropriate treatment, are remarkable and striking. It should not, however, be supposed, that the course to be adopted was as obvious as it appears, when the cases are viewed collectively, and all the circumstances connected with them, including the attendant success, are detailed.

I mention this, to develope an important particular that tended to obscure the diagnosis. It was the fact, that the eyes originally injured could not, from the pathological changes they had undergone, afford demonstrative evidence that a portion of their interior had undergone cretaceous change. In the first, the pupil was covered by lymph. In the second, the iris was prolapsed, and adherent to the cornea, and the pupil closed. In the third a staphyloma existed. It was by inductive reasoning that the fact was elicited. I had witnessed like symptoms where the lens and its capsule, converted into ossific matter, were not concealed from view; a marked example of which I have recorded in my work on "Operative Ophthalmic Surgery," page 116; and arguing that there was a parity in all external characteristics, and that cretaceous deposit was not uncommon in eyes lost from, or invaded by, chronic inflammation, after traumatic injury, I concluded, that the capsule of the crystalline lens, or the lens itself, or both, had degenerated into earthy material; and whether displaced or not, were the origin of the affection. I acted on this, and fortunately acted correctly.

I wish it to be clearly understood, that I do not lay down a rule, nor do I even infer, that in all cases manifesting like symptoms we are to conclude that causes similar to those before us actually exist. I demand further observation before I venture to make any classification of this form of ocular disease. At the same time, I claim for the cases the force and value that they possess, as some criteria for practice, and as matter for the reflection of surgeons engaged in this department of our Profession.

In the first case, the structures of the eye sympathetically affected had been too far damaged to recover their orginal state; but the adhesions of the iris were not sufficiently extensive materially to impair vision, as the pupil was of adequate size. From the duration of the adhesions, as also the conditions of slow action under which they were formed, it would have been useless, not to say cruel, to have attempted their release by the use of mercury.

In the performance of the operation for the removal of the cretaceous matter, precautions were observed to prevent total collapse of the eye-ball, by conducting the steps of it in a manner to prevent loss of the vitreous humour. Under certain conditions loss of some of it must occur; for no care or delicacy exercised in the third case, in which there was a staphyloma, could have prevented the escape of a portion. As long as this humour is healthy, the reduction of its volume by the escape of a small quantity matters little, for the surface seems to cicatrise over nearly as quickly as when it has remained intact. Besides this precaution in operating, there was the necessary adjunct of keeping the eye-lids closed with plaster for many days.

69, Brook-street, Hanover-square, Jan. 24.

HYDATID CYST IMBEDDED IN THE ANTERIOR WALL OF THE LEFT VENTRICLE OF THE HEART.

By HOLMES COOTE, F.R.C.S.,
Demonstrator of Anatomy at St. Bartholomew's Hospital, etc.

I was struck, during the examination of the thorax in a subject brought for anatomical purposes into the dissecting-room attached to St. Bartholomew's Hospital, to find that the heart was of enormous size, namely, nine inches in its long axis, from the base to the apex, and about four inches across the widest part. The base was opposite the third costal cartilage of the right side, at its junction with the bony rib; the apex was opposed to the eighth rib of the left side, the organ occupying the greater part of the front of the chest. The right lung was squeezed to the posterior part of the thorax, a very small portion of its thin anterior edge being visible upon the removal of the sternum with the costal cartilages in the usual manner. The left lung was also compressed, but to a less degree. Both were adherent to the front surface of the pericardium.

The pericardial cavity was entirely obliterated by old adhesions. The muscular substance of the head was of its normal dark colour; the cavities were large, but in proper proportion, and the valves were healthy. The examination of the organ internally did not account for its great size. The front of the left ventricle bulged forwards, being occupied by a thick-walled cyst, about three or four inches in diameter, extending to the very apex of the heart. It contained a quantity of dead acephalocyst hydatids, floating in sero-purulent fluid; the interior of the cyst was rough, probably from the deposit of lymph. I fancied that I discovered dead echinococci in the interior of these bags, but the whole body was rather advanced in decomposition. There is one specimen in the Hospital Museum of an hydatid cyst in the right ventricle of the heart; but the occurrence is so rare, that I have ventured to hope that this account may bring forth further remarks from some of the readers of the *Medical Times and Gazette*.

It was stated, that the man had died of emphysema. Both lungs were adherent to the walls of the chest.

New Instrument for the Administration of Chloroform.—The *Gazette des Hôpitaux* states, that on Thursday last Professor Nélaton employed in his clinical lecture a new instrument intended for the local application of an anæsthetic agent. After directing a current of the vapour of chloroform on an abscess in the sole of the foot of a patient, he was able to make an incision in it without his evincing by the slightest movement that he was sensible of any pain.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE MONTH OF JANUARY.

The following Hospitals are included in the subjoined report :—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free.

Lithotomy.—Four cases : 2 recovered, 1 under treatment, and 1 dead. *Case* 1.—A boy, aged 3, under the care of Mr. Erichsen, in University College Hospital; small stone; lithic acid, coated with phosphates ; good recovery. *Case* 2.—A man, aged 58, in very bad health, the subject of a perinæal fistula, for which he had long worn a flexible catheter in the bladder. Mr. Cock, under whose care he was, in Guy's Hospital, made the incision so as to lay open the fistulous track ; the stone was very soft, and broke into many fragments during extraction; a large quantity of detritus was removed, of a highly ammoniacal smell. The bladder has since been frequently washed out, and the patient thus far is doing fairly. *Case* 3.—A boy, aged 4, operated on by Mr. Birkett, in Guy's Hospital; recovered without a bad symptom. *Case* 4.—A man, aged about 50, operated on in St. Mary's Hospital, by Mr. Coulson. A large, very heavy stone was removed, together with a fragment which had evidently been chipped off from its side some time previously. The patient sank gradually, and died about forty hours after the operation. At the *post-mortem*, a malignant growth, the size of an egg, was found projecting into the bladder.

Herniotomy.—The case (*Case* 6) left under care by last report and in which gangrene of the bowel had taken place, has since done well, and the wound is now all but closed.

Number of cases, 11 ; recovered, 3 ; under treatment, 4 ; died 4. *Case* 1.—A woman, aged 64, under the care of Mr. Tatum, in St. George's; hernia, femoral, of forty years' standing, but never before strangulated; strangulation six days ; sac opened ; a small piece of gut, with a mass of much-altered omentum, found ; the gut was returned, the omentum tied and cut away ; diarrhœa and also some sloughing of the wound afterwards occurred ; recovery. *Case* 2.—A woman, aged 62, admitted in an almost dying state into St. Bartholomew's, under the care of Mr. Paget ; hernia femoral, symptoms of strangulation three weeks. The sac was opened, and only omentum found within it, which was adherent, but not constricted. Mr. Paget passed up his finger through the neck of the sac, suspecting some strangulation beyond, when a gush of fluid fæces immediately took place. It was evident that the gut was sloughy and softened, and Mr. Paget thought it very probable that an intra-abdominal stricture had existed. Death occurred a few hours afterwards. The most strenuous efforts were unavailing to procure a *post-mortem*. *Case* 3.—A woman, aged 66, in St. Bartholomew's under Mr. Stanley's care ; left femoral hernia of very large size ; strangulation nine hours ; sac not opened. Constipation for six days followed, and the patient also had bronchitis ; she has since done well, and is now out of danger. *Case* 4.—A woman, aged 42, also under Mr. Stanley's care; left femoral hernia; strangulation forty-eight hours ; sac not opened ; had bronchitis afterwards, but is now doing well. *Case* 5.—A man, aged about 40, under Mr. Simon's care in St. Thomas', right femoral hernia ; strangulation forty-eight hours ; recovered. *Case* 6.—Femoral hernia in a woman under the care of Mr. Adams in the London Hospital. Strangulation nine hours ; sac not opened ; recovered. *Case* 7.—A woman, aged 69, under Mr. Critchett's care in the London Hospital ; strangulation eight hours ; sac not opened ; is doing well. *Case* 8.—An umbilical hernia of enormous size, and containing, as the operation proved, more than half the extent of the small intestine. The patient, a middle aged man, was under the care of Mr. Hilton in Guy's ; strangulation had existed for forty-eight hours ; sac opened ; intestine returned ; death from collapse five hours afterwards. The *post-mortem* showed extensive organic disease, but very slight peritonitis. The lungs were emphysematous, the kidneys granular, the heart and liver fatty. *Case* 9.—Oblique inguinal hernia in a man, aged 54, of very intemperate habits, in Guy's Hospital, under the care of Mr. Hilton. Stangulation five days ; sac opened ; omentum found extremely congested, and adherent to the sac, hiding the bowel. The patient did well, with the exception of diarrhœa, until the fourth day, when the symptoms of peritonitis came on ; death ensued on the eighth day. No *post-mortem* was permitted. *Case* 10.—Large scrotal hernia in a man aged 45, under the care of Mr. Cock in Guy's. Stangulation four days ; sac opened, after the division of the stricture and return of the bowel, in order to reduce also the omentum, of which a large mass was down ; part of the latter was returned, and a portion being firmly adherent was allowed to remain. Suppuration in the cellular tissue of the scrotum followed, but the patient is now doing well. *Case* 11.—A lad, aged 19, under the care of Mr. Lane in St. Mary's ; symptoms of strangulated bowel had existed for thirty-six hours, but on admission no intestine could be felt in the sac ; the operation was performed two hours later, and a small knuckle of intensely congested gut was found in the neck of the sac; in the latter there was also pus ; sac opened ; death occurred on the fourth day. *Post-mortem* revealed extensive peritonitis.

Operation for Imperforate Anus.—In a case at King's College Hospital of imperforate anus, in which no evidence that the bowel came near to the perinæum existed, Mr. Fergusson performed Amusat's operation of opening the descending colon in the left loin. The infant was nine days' old, and suffering much from the obstruction ; the belly being swollen and tympanitic. The gut was easily reached, and a copious discharge of fæces followed. In spite of much neglect on the part of the parents, the little patient has thus far done well.

Ligature of Arteries.—In St. Bartholomew's Hospital, by Mr. Skey, ligature of the external iliac, an inch and a-half above Poupart's ligament. The patient was a healthy man, of middle age, and his disease was an aneurism of the first part of the femoral, the size of an orange, which had followed a blow four years previously. The case is thus far doing remarkably well. In two cases the radial, and in two the ulnar, artery has been tied on account of wound. In all a ligature was placed above and below the injured spot. All are doing well.

Aneurism.—Mr. Hilton's case of popliteal aneurism is still under treatment by compression. The tumour, which at first was the size of an orange, is now not so large as an egg, is almost solid, and pulsates but feebly. The man has not suffered in the least in his general health, which has been throughout excellent. But little alteration in the tumour has taken place during the last three months. In St. Mary's Hospital, two cases of popliteal aneurism have been under treatment by compression during the month, under the care of Messrs. Coulson and Haynes Walton. In Mr. Walton's case it has been found necessary to resort to ligature of the femoral, and we believe that the same measure is intended in the other also.

Amputations.—All the cases previously reported are doing well. There have been performed during the month 12, the subjects of which are all of them, excepting one, under treatment. Of the *thigh* 3 cases ; 1 primary, in a child aged ten, under the care of Mr. South, in St. Thomas's, for very severe compound fracture ; 1 secondary, on account of profuse hæmorrhage from the femoral artery, on the 14th day, after a compound fracture of the femur,—patient aged 14, under the care of Mr. Moore, in the Middlesex Hospital ; 1 on account of a conical and painful stump, by Mr. Holt, in the Westminster Hospital. Of the *leg*, 1, on account of diseased ancle, under the care of Mr. Tatum, in St. George's ; 1 on account of severe compound fracture, by Mr. Lane, in St. Mary's; this was a double amputation ; the injury had been inflicted by a railway-engine. The feet were both of them cut off by the accident, and the operations consisted in making stumps. The man did not rally, but died of shock a few hours afterwards. At the *ankle-joint*, 1, by Mr. Partridge, in King's College, on account of injury to the foot ; 1 also by Mr. Partridge, on account of diseased ankle-joint, about an inch of the tibia and fibula being sawn off; 1 at the joint, by Mr. Paget, in St. Bartholomew's, on account of diseased os calcis, in which a gouging operation had previously been performed. Of the *arm*, 2, both by Mr. Adams, in the London Hospital ; in 1 the necessitating cause was a compound fracture ; in the other, a severe burn. Of the *fore-arm*, 2 ; 1 primary, by Mr. Stanley, in St. Bartholomew's, on account of injuries inflicted by a circular saw; 1 secondary, by Mr. Moore, in the Middlesex, on account of repeated bleedings from the radial artery, in a case in which, after a bite from a horse, phlegmonous erysipelas had disorganised the extremity, and involved also the wrist-joint.

Excision of Bones, Joints, Etc.—The two cases of excision of the wrist-joint have been discharged from their respective Hospitals. In each the wound is almost healed, but some time must yet elapse before any opinion as to the probable usefulness of the member can be formed. The other cases reported last month remain under care. During the month there have been performed the following:—In University College Hospital, by

Mr. Statham, excision of almost the whole os calcis in a necrosed condition. In the London Hospital, by Mr. Adams, of a small portion of the os calcis. In Guy's, by Mr. Cock, the scooping out of the lower extremity of the tibia from its inner aspect on account of caries. In St. Thomas's, the removal of the whole of a diseased metatarsal bone of one toe by M. Le Gros Clarke. In St. Mary's, by Mr. Lane, resection of the metatarso-phalangeal joint of the great toe. All these cases are thus far doing fairly. In a case of disorganised elbow-joint under care in St. Bartholomew's, Mr. Lloyd laid open the joint from behind, and cut away the whole olecranon, which was found to be carious. The patient, a man of 45, is doing very well.

Removal of Necrosed Bone.—Several of the cases previously reported have been discharged almost well, and during the month nine operations of this class have been performed. None of them call for special notice.

Excision of Malignant Growths.—The cases left on the list last month are all now recovered. During the month there have been done by Mr. Erichsen, in University College Hospital, excision of a melanotic tumour within the orbit, the patient being a man aged 61. In Guy's, by Mr. Birkett, excision of returned cancerous tumour from the breast of a woman aged only 30, who had been operated on three months previously. There is an interesting circumstance connected with this case, in relation to the so early development of cancer mammæ, viz., that it is hereditary, the mother of the patient having died of the same disease. In St. Thomas's, Mr. Solly has removed the breast of a woman, aged 41, for what is believed to be a malignant tumour. In St. Bartholomew's Hospital, Mr. Lawrence removed a large fungous and somewhat overhanging mass from the back of a woman aged 50. There was at the time of the operation a second tumour, supposed to be of like malignant nature, situated in the axilla; this took on inflammation and sloughing a few days afterwards, and death ensued. Mr. Lawrence has also removed, in another case, an ulcerated scirrhous breast, which was of some months duration, but, growing rapidly; the patient is doing very well. From a patient, under the care of Mr. Stanley, a growth of epithelial cancer, on the side of the tongue, was removed by the knife. The wound healed well, and the patient has returned home. In the Middlesex Hospital, Mr. Henry has excised a returned cancer of the cicatrix, after removal of the breast. It was of the firm medullary kind, and had not affected the axillary glands. The first operation is one which we reported in September last. In Guy's Hospital, Mr. Hilton removed a mass of epithelial cancer from the scrotum of a man, aged 64, who was not a chimney-sweep, but had been much exposed in his occupation as a stoker to the influence of soot. Considerable bleeding occurred at the time, but the wound healed quickly afterwards. In all the above, excepting those in which it is stated otherwise, the patients are doing well.

Excision of Non-Malignant Growths.—In the Middlesex Hospital, Mr. De Morgan has removed, by excision, a vascular tumour, from the substance of the latissimus dorsi muscle of a girl, aged 10 years. In St. George's, a girl, aged 17, under the care of Mr. Tatum, has had a large ulcerated tumour excised from the upper part of the thigh, which the microscope proved to be of fibro-plastic character. It closely resembled medullary cancer to the unaided eye, and had been taken for such before the operation. In King's College, Mr. Fergusson removed from the calf of a man a very singular tumour, which weighed three pounds. It had the appearance of colloid cancer, but consisted chiefly of fat and oil. Dr. Beale, who made a careful microscopic examination, did not believe it to be malignant. It has been exhibited at the Pathological Society. Four fatty tumours, and one of painful subcutaneous tubercle, have been successfully operated on. Several of the above, and three of those previously reported, are still under treatment.

Puncture of the Bladder.—Mr. Cock's case, mentioned last month, has been discharged well. The puncture was per anum, and performed for impassable stricture. Eighteen days after the operation, Mr. Cock succeeded in introducing a No. 1 flexible catheter, which was left in a few days, and then replaced by a size larger; successive changes were continued, until No. 7 could be easily passed. At the time of his discharge, the man could make water in a full stream. In the Middlesex Hospital, puncture of the bladder for impassable stricture has been performed by Mr. De Morgan. The patient, a man, aged 30, did well for the first week, at the end of which, rigors and the other symptoms of pyæmia set in, and death followed on the fourteenth day.

Operations for Urethral Stricture.—The three cases on our list are all still under treatment. Mr. Fergusson's case of perinæal section is progressing favourably. In Mr. Cock's, of the same operation, the patient has suffered from pyæmia, but is now recovering, and the wound is closing. In Mr. Coulson's case, the perinæal wound is healed, but the one anterior to the scrotum remains open.

Paracentesis Thoracis.—Dr. Page's case, in St. George's, has been discharged, much relieved, and able to return to work. The operation has been practised during the month on six cases, in five of which the patients remain under care, and as we shall have shortly to allude to them more in detail, they may be left for the present. The sixth was in the London Hospital, under the care of Dr. Davies. The operation was performed by Mr. Adams, and afforded much temporary relief. The chest, however, refilled, and death took place two weeks afterwards. The disease was empyema.

Paracentesis Abdominis.—In five cases for *ascites*, and in two for *ovarian dropsy*. All of them recovered.

Tracheotomy.—A child, aged 16 months, was admitted into the London Hospital, after having attempted to swallow some boiling oil. Intense dyspnœa rapidly supervened, and Mr. Debenham, the House-Surgeon, at once opened the trachea. Great relief was at first afforded, but the difficulty of breathing soon afterwards returned, and death took place twenty-four hours after the operation. At the *post-mortem*, the epiglottis was found charred and shrivelled, and there was great œdema of the parts about the glottis.

Ligature, Etc., of Nævus.—Most of the cases reported are well. Operations by ligature have been performed in four cases, all yet under treatment. In one in the London Hospital, Mr. Adams operated by passing two large skeins of silk through the vascular structure. The child returned into the country, but Mr. Adams has since heard from the Surgeon in attendance that the cure is perfect.

Operations for Variocele.—Mr. Erichsen, in a case in University College, resorted to Vidal's method, and a complete cure without bad consequence has resulted. In a second yet under care in King's College, and which promises to be quite successful, Mr. Partridge employed a modification of that plan. He passed around the enlarged veins a strong silk ligature, and then gradually tightened the two ends over a small wooden bridge, in principle like that of a tourniquet. The veins appear to have been obliterated, and the wound is nearly healed.

Operations for Varicose Veins.—In a case in University College Hospital, Mr. Erichsen has operated on both legs by the needles and twisted suture. The veins are obliterated, and the ulcers which had previously existed have healed.

Fistula in Ano.—Four cases have been operated on, and, together with three of those previously reported, remain under treatment.

Operations for the Cure of Ununited Fracture.—The two cases in St. Bartholomew's remain under care.

Plastic Operations.—For *hare-lip*, six cases, all doing well. A case in St. Bartholomew's Hospital, under Mr. Paget's care, has been operated on for *ruptured perinæum*, and, as far as can be yet known, will be quite successful. The rupture involved all excepting the sphincter ani, and had occurred, during labour, eighteen months before. A similar case, on which Mr. Baker Brown operated last month in St. Mary's, may be pronounced cured. A case of *vesico-vaginal fistula*, reported three months ago as having been operated on by Mr. Pollock, in St. George's, is so far improved that the patient can retain her urine and get about her family duties with comfort; the aperture is not, however, quite closed. The operation had consisted in paring the edges and bringing them together with hare-lip pins. Two cases of similar nature are in St. Mary's, under the care of Mr. Baker Brown, and have been very much benefited. In Charing-Cross Hospital, Mr. Avery has operated for *cleft palate*, and the cases promise well.

Tenotomy.—In St. George's, Mr. Hawkins, in a case of contracted knee, after strumous inflammation of the joint, divided the hamstring tendons, and also that of the vastus externus. The extension of the limb has since been retarded by the occurrence of suppuration in the wound. The tendo-Achillis has been divided, in a case in St. George's, by Mr. Hewett, for the cure of talipes equinus; and in a case in Guy's Hospital, by Mr. Birkett, to secure the better coaptation and rest of a compound fracture of the leg.

Neurotomy.—In the case of Mr. Bowman's, mentioned last month, a second operation has been performed, the pain having returned as the nerve healed. Again great relief has been afforded.

Operations for Cataract.—In University College Hospital, Mr. Wharton Jones has operated on two cases, one congenital, and one traumatic, both by absorption, and both progressing well.

KING'S COLLEGE HOSPITAL.

SMALL ABSCESS IN THE TIBIA OF EIGHT YEARS' DURATION.—OPERATION.—RECOVERY.

[Under the care of Mr. FERGUSSON.]

A VERY important advance in practical surgery was made when, some years since, Sir B. Brodie pointed out the means by which abscess in bone might be diagnosed. It is a disease, the knowledge of which once gained, may be remedied by a very simple measure; and since then, not a few patients have been successfully and completely relieved of an affection which had involved many years of severe suffering, and was gradually undermining the health. Circumscribed abscess within bone is, however, an infrequent disease, and one with which those only of large Hospital opportunities can become familiar. It is additionally desirable, therefore, that its usual history, course, and symptoms should become matter of common knowledge, and be constantly borne in mind by all; and we cannot probably devote to a better purpose a small portion of our this week's space, than to the narration of several most instructive examples of it which have recently been under treatment.

In October, 1852, a man of about 30, and apparently in fair health, was admitted into King's College Hospital, under the care of Mr. Fergusson, with the history, that he had received, eight years before, in a fall off horseback, a blow over the lower part of his right shin, and that the bone had been more or less swollen and painful ever since. The pain had at times been very severe, and at others much less so, but never absent. The skin overlying it had not been diseased. The swelling might easily have been mistaken for an ill-defined osseous node, and was situate over the lower third of the subcutaneous aspect of the tibia. Mr. Fergusson remarked, that its long stationary character, its history, and the entire absence of any other syphilitic symptoms, rendered it improbable that it was of venereal origin, and were, on the other hand, strongly suggestive of the existence of a small abscess within the shaft. Even if no matter were present, the bone was no doubt the seat of chronic inflammation, and would be benefited by being cut into. The operation was accordingly performed, the skin having been reflected from over the swollen part of the bone, and the much-thickened wall of the latter chiselled through with a gouge. On reaching the circumference of the medullary cavity, a small yellow spot was seen, and from this a few drops of thick pus escaped. The cavity of the abscess was extremely small, almost the whole of the enlargement having been caused by actual thickening of the bone itself.

The wound was dressed from the bottom, and allowed to heal gradually. The man was quite relieved of all his symptoms, and left the Hospital well in a short time.

Mr. Fergusson stated, in some clinical observations on this case, that he much preferred to open into diseased spots of bone where abscess was suspected, by means of the gouge, than by the trephine. The latter instrument was the one recommended by Sir B. Brodie, and generally employed; but Mr. Fergusson believed, that with the gouge the operation was much easier of satisfactory performance, since the Surgeon could, at each step, see what he was doing, and take any indications which might present themselves, as the layers were removed, as to the exact position of the abscess. With the trephine, it was very possible that the abscess, often very small, might be missed altogether.

Other cases of abscess in bone are excluded for want of space, and shall appear next week.

THE MIDDLESEX HOSPITAL.

CASE OF PLEURISY WITH EFFUSION, ETC.

Case 48.—*Acute Pleurisy.—Empyema.—Expectoration of Pus.—Threatened External Opening.—Thoracentesis in the Ninth Week of the Disease.—Subsequent Pneumothorax.- Death from Hectic, etc., with Gangrene of the Surface of the Lung.—Autopsy.*—Francis Elder, aged 38, a ship's baker, admitted under the care of Dr. Seth Thompson, on July 2. He is a robust, well-made man, but of a somewhat pale complexion. His respiration is rather oppressed; and, on examining the chest, there are found on the right side all the usual signs of distension of the pleural sac with fluid. The affected side appears bulged, and its intercostal spaces are filled up level with the ribs. The measurements are,—right side, 19½ inches; left side, 19. Complete dulness on percussion extends over the whole right chest, to an inch and a-half below the free margin of the ribs. The history given of the illness is as follows:—On April 24, when in good health, he was attacked by shivering and pain in the right side, on account of which, two days later, he put himself under medical care. His mouth was made sore, and blisters and leeches were applied; but, although partially relieved, the pain continued more or less severe for the next three weeks. At the end of this time, the chest had become visibly distended, and the mercury was accordingly again pushed to salivation, without, however, any apparent beneficial result. Subsequently, swelling of the legs occurred; and, about ten days ago, there was a relapse of acute pain in the chest. His general health has been good; but, about seven years ago, he was affected, while in Singapore, with an "attack of inflammation of the liver."

At present, he suffers much from pain in the side, and shortness of breath, with a slight, dry cough. To have a large blister applied to the chest, and to take three times daily a mercurial powder, and, at alternate periods, a saline draught, containing the iodide of potassium.

July 22.—There has not been any material alteration since his admission. He sleeps tolerably well, and his general health continues fair. He still complains, however, of a fixed pain beneath the borders of the ribs. The measurements are, after a deep expiration—right side, 19½; left side, 18½. After a full inspiration, right side, 19¾; left side, 19½. With some alterations in prescription, the same class of remedies have been and are still to be continued.

August 10.—The fixed pain in the side disappeared a few days ago. During the night he was seized by a violent cough, which has continued ever since. The sputa have amounted to several ounces, and are tinged with blood, and of a very offensive smell. Cupping to ℥viij. is to be practised beneath the right scapula, and a saline expectorant draught given every six hours.

21st.—Since the attack alluded to in the last note, the patient has decidedly lost ground. He has slept badly on account of pain in the chest, and had profuse night perspirations. The expectoration has continued to the daily amount of six, eight, or ten ounces; it is of muco-purulent character, and retains a fetid odour, although not so marked as at first. The cough is very troublesome; tongue clean; appetite poor; pulse quicker than it was, but still under 100. For the last few days, tonics have been given, together with a linctus for the cough.

26th.—For the last two days, there has been increased pain in the side, and to-day it is very severe. There is great difficulty of breathing. From the increased emaciation of the patient, the bulging of the affected chest is more apparent than it was at the time of admission—eight weeks ago. There is decided bulging between the fifth and sixth ribs, a little anterior to their angles; and the tumour so formed is elastic, and without distinct fluctuation, but giving to the finger the sensation produced by fluid tensely bound down.

The disease having thus resisted an efficient trial of the remedies best adapted for procuring absorption, the patient's condition having become urgent, and there being indications of impending spontaneous opening externally, Dr. Thompson was of opinion that puncture of the chest should be no longer deferred. Dr. Hawkins having been consulted, and concurring in this opinion, the operation was accordingly performed by Mr. Moore. The trocar was introduced into the part where the tumour had formed, and several pints of thick, sanious, sero-purulent fluid were drawn off. The fluid had a very offensive smell, and remarkably resembled in appearances the matters which had been expectorated. From the depth which the trocar required to be thrust before the fluid was reached, it was judged that the costal pleura must have been much thickened by deposit of lymph. The patient bore the operation well, and was much relieved by it.

An anodyne draught was ordered to be taken at bed-time.

30th.—With the exception of much cough, the patient has been in a more comfortable condition since the operation. The wound is left open, and the discharge of pus during the last two days has been profuse, free gushes taking place during cough.

September 6.—The discharge having ceased to escape, a trocar was re-introduced on the 4th, and the wound opened. The patient is very feeble, and perspires profusely during the nights; he, however, takes his food well, and has no fever. The discharge is very fetid. Since the 4th, he has been taking three times daily a quinine pill (gr. iiss.) and a draught containing the dilute sulphuric acid.

16th.—On the 10th, an attack of diarrhœa occurred, which weakened him very much. The wound, which had again closed, was re-opened yesterday, by detaching some portions of sloughy tissue. The discharge now flows freely out during every cough-

ing effort, and, on inspiration, the air passes into the chest. The degree of hectic debility has very much increased. The medicines, with the addition of some opium and ether to the draught, are being continued; and it is endeavoured to support his strength by the use of a nutritious and stimulating diet.

21st.—After the last note, the patient continued to decline, and death took place this morning. For a day or two he has been in a dozing, stupid condition, and could scarcely be induced to take nourishment.

Autopsy.—The wound was a large oval opening, and the neighbouring intercostal muscles were extensively destroyed, there being a second fistulous opening between the seventh and eighth ribs, communicating with the larger one above it. The right pleural sac contained a large quantity of very viscid fluid, of an oak-brown colour, of a fetid smell, and suspending numerous flakes of lymph. The lower lobe of the lung was closely adherent to the diaphragm; but, in those parts where the lung formed the inner wall of the cavity, its surface was softened and sloughy, and many of the bronchial tubes had free communication by their truncated extremities with the pleural sac. The lung tissue was in all parts collapsed and solid. The left lung was large and emphysematous; its posterior lobes were affected with œdema, and there were some evidences of recent bronchitis.

The heart was flabby, and the liver was pale and fatty; no other important lesion was detected in any of the viscera.

We are indebted for the above particulars to the notes taken by Mr. Sibley, the Medical Registrar of the Hospital.

SCIENTIFIC LECTURES.

SWINEY LECTURES ON GEOLOGY, IN CONNEXION WITH THE BRITISH MUSEUM.

ON PALÆOZOOLOGY, OR THE NATURAL HISTORY OF EXTINCT ANIMALS.

By ROBERT E. GRANT, M.D.

Russell Institution.—Eight o'Clock P.M.

Tuesday, February 21.—Lecture VII.—Fossil Remains of Fishes and Amphibians—Richness of the Waters of the Globe in Animal Life in Ancient and Modern Geological Epochs—Commencement of Cainozoic Period, apparently now lost with that of Fishes—External Tegumentary Epidermic Scales of Fishes in relation to Internal Structure and Economy, and to the Classification of Species—Characters and Distribution of Fossil Fishes in Primary, Transition, Secondary, Tertiary, and Quaternary Epochs of Cainozoic Period—Late Appearance and Short Duration of the Species and Genera of this Class compared with the Invertebrate Forms—Complicated Organization of the Sauroid Fishes of the Oldest Silurian Epoch and their Crocodilian Magnitude in the Era of the Lias—Adaptations of Amphibia for a Limited Range in the Economy of Nature, and their Late Appearance in the Cainozoic Period—Foot-marks, Teeth, Bones, and Skeletons referred to Supposed Amphibians in Old Formations in Europe, India, and America—Characters and Distribution of Amphibian Remains in Tertiary Formations.

LIST OF SCIENTIFIC MEETINGS.

This Evening, Feb. 18.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. *Subject:*—"On Some Diseases of the Rectum resulting from Certain Conditions of the Uterus." By T. B. Brown, Esq. Eight o'Clock.

Monday, February 20.—Chemical Society. Eight o'Clock.

——— ——— Statistical Society. Eight o'Clock.

Tuesday, February 21.—Royal Institution. *Subject:*—"On Heat." By Professor Tyndall. Three o'Clock.

——— ——— Pathological Society. Eight o'Clock.

——— ——— Linnæan Society. Eight o'Clock.

Wednesday, February 22.—Medico-Botanical Society. Eight o'Clock.

——— ——— Geological Society. Half-past Eight o'Clock.

Thursday, February 23.—Royal Institution. *Subject:*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.

——— ——— Royal Society. Half-past Eight o'Clock.

——— ——— Medical Society of King's College. Half-past Seven o'Clock.

——— ——— Abernethian Society. Eight o'Clock.

Friday, February 24.—Royal Institution. *Subject:*—"On the Acidity, Sweetness, and Strength of Different Wines." By H. Bence Jones, M.D. Half-past Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Saturday, February 25.—Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, FEBRUARY 18.

MR. BRADY'S REGISTRATION BILL.

We have printed this Bill entire in another part of this Number, and recommend its clauses to the earnest attention of our readers.

We have so frequently enlarged upon the evils attendant upon the practice of unqualified persons,—evils inflicted both on the Public and the Profession, to an extent which we ourselves scarcely believed possible until we had collected the statistical data, which we published in an article on the 6th of August in our last Volume,—and we have so repeatedly shown the necessity existing for some simple legislative enactment to protect the Public and the Profession from these evils, that we are disposed to regard Mr. Brady's Bill, which simply aims at the attainment of these desirable objects, with especial favour.

It will be seen that he proposes to have made yearly a Government registration of every legally-qualified Medical Practitioner, and that any one who practises as a Physician, Surgeon, or Apothecary for gain or reward, directly or indirectly, is liable to summary conviction before any magistrate. We presume that the Registrar would be the prosecutor in most cases,—a very unpleasant duty being thus removed from our corporate bodies and from individual Practitioners.

Up to the 15th Clause we see nothing to which any member of any class of our Profession could offer opposition. The principle of the Bill must be heartily approved, and we trust it will be as generally and heartily supported by Petition. The 15th, 16th, and 17th Clauses must be considered as open to modifications in Committee. Mr. Brady has expressly stated that this is the case, and that he is willing to receive suggestions as to how these modifications should be made in such a manner as to prevent injustice to any section of the Profession. It is to be hoped, therefore, that those who offer any opposition to the Bill will not do so on account of any objection they may have to these Clauses, but will petition in favour of the Bill, on condition that the modifications they think requisite should be made in Committee.

It would be obviously very hard upon a large class of Physicians if the 17th Clause were not very liberally framed, in order to prevent any unfair retrospective action of the measure, and we trust that a liberal construction would not excite the opposition of the College of Physicians. We must all exercise a little mutual forbearance, or we shall fail now, as we so frequently have failed before, from dissension among ourselves. It must be remembered that no course can be taken which could lead to any useful result which would not interfere with some "vested interest." Yet, if we adopt the only alternative and do not interfere at all, the interests of the whole of the Profession and of the Public will be sacrificed, and the illegal Practitioner triumphs in the impunity he gains solely by our own want of concord.

We have already stated our objections to the Bill of the Provincial Association. It has the great fault of attempting to do what must meet with opposition, while all may agree to Mr. Brady's simple measure. We trust, therefore, that the latter will be warmly supported by Petitions, and have no doubt that if so supported it will pass. The re-organisation of the Profession proposed by the Association Bill may very well be deferred to another and less agitated Parliamentary Session.

COMPULSORY VACCINATION EXTENSION ACT.

The Compulsory Vaccination Extension Act, while it must be regarded on the whole as fraught with great advantages, is, like many other public measures, in need of some important modifications, in order to make it effective, and remove several objections which the experience of various parties has produced. There is, in every quarter (let us hope without any exception) a desire that the Act may prove as perfect as it can become, by the cordial co-operation of all parties, with a view to its efficiency; and we hope the present Session will not close without those amendments which will satisfy all just requirements.

We have, on a former occasion, referred to the extensive machinery set in operation by the Registrar-General, the thirty-seven tons of papers, amounting to above five millions of documents, supplied to the local Registrars throughout England and Wales. As might have been expected, this extensive machinery has not been set in operation without producing important results. The stimulus given to the operations of the vaccinator is shown by the books of the local Registrars, and by the fact, that at present considerable difficulty is experienced in obtaining the supply of lymph required to meet the demand. The dread of the penalty of 20s. is operating effectually in all directions, and among all classes; and giving good promise, that the generation now commencing its history will be saved from the miseries resulting from neglect.

We believe there is now very little occasion on the part of the Profession for reminding parents of the necessity for the vaccination of their children, and that, with very few exceptions, the notice of the Registrar is duly respected.

Among the collateral benefits of the Act, we may notice the advantage it will confer on the properly qualified members of the Medical Profession, by leading to the detection of all who are sailing under false colours, as it is the practice of many registrars to ascertain and register the pretensions of all Medical Practitioners in their respective districts. This practice will become universal, and by this means the public will see who are and who are not the duly qualified members of the Profession; which will, we trust, be much more completely insured by Mr. Brady's Bill.

A measure of such importance, which must be regarded as a great public boon, ought not to be damaged by any objectionable features, or impeded in its operation by any defects which remain to be supplied; it will, therefore, be our object to call the attention of Government to the points which must receive their attention if the benefits contemplated by the recent enactment are to be secured.

We think it will be found, on inquiry, that there is a great oversight in the 4th Clause of the Act, which requires that the duplicate certificate of successful vaccination shall be transmitted by the Medical Officer to the Registrar of the *district in which the operation was performed*, such certificate to be evidence of successful vaccination. The objection to this Clause is, that it makes no effectual provision for tracing the act of vaccination; and after the death of the parents, and the loss of their certificate in many, perhaps in the majority of cases, the registration will be found, for all practical purposes, useless. Suppose the case, of very frequent occurrence, that, immediately after the birth of a child, the parents remove, it may be, into an adjoining district, or to a distant part of the country, for change of air: in this case, the infant may be vaccinated successfully, but not in the place of its birth. The certificate is handed, not to the Registrar of the birth, but to the "Registrar of the district in which the operation was performed." If, at a future time, it should be important to ascertain whether or not the Act had been complied with, the certificate given to the parents not being forthcoming, application would naturally be made to the Registrar of the birth, who would have no means whatever of supplying the required information. An immediate change in this arrangement is indispensable, and is required for the parents, who, as the matter now stands, have a temptation to leave the case incomplete; also, in behalf of the child, who is endangered by neglect; and by the country at large, which may, by this oversight, be deprived of the natural benefit which will be gained if the intentions of the Legislature be realised.

We fear it will be found, on examination, that a very large majority of the cases in the "Register of Successful Vaccination" are incomplete. In some cases, out of twenty-five entries, the numbers completed are not more than five. It is necessary that the Registrars should be furnished with some means of completing these cases beyond those which they at present possess. The Registrar learns from his "Instructional Circular," that the remuneration to which he will become entitled consists of threepence for each child successfully vaccinated in respect of which he shall have performed the duties required of him. In many instances, to secure the completion of a case, it would be necessary, first, that the Registrar should call on the parent, or write to him; and, if he have a refractory subject to deal with, that he should, secondly, summon him to the police-court, and pay two shillings for the summons. The party may refuse to attend, and require a second summons—two shillings more; and when he appears, he may produce his certificate of successful vaccination, performed, unknown and unreported to this officer, in another district. In this case, the Registrar would have no power to recover the expenses to which he had been put. Of these defects the District Registrar has reason to complain, and to each of them a remedy could be easily applied. In reference to the former case, it would be enough simply to require, that the Medical certificate of complete vaccination or of insusceptibility should be directed to the Registrar of the district in which the birth took place; and to meet the second case, it is obvious that the Registrar should be armed with some new powers.

We shall return to this subject next week, not neglecting the question of inadequate remuneration to the Vaccinators.

SURGERY *v.* BONE-SETTING.

In our last Number, we directed the attention of our readers to a case in which we considered that a member of our Profession had been, to say the least, very harshly used; and we also took occasion to contrast the results in those instances where a quack is brought to the bar of justice, and in those where a legitimate Practitioner unfortunately falls in with an unsuccessful case. We were not aware that, while our last Article was in type, a case was being tried at Liverpool which completely bore out the justice of our remarks. A bone-setter, named Thomas, had undertaken to treat an accident which occurred to the leg of a person named Crowley, and, according to the evidence given at the trial, he bandaged the limb so tightly that mortification ensued, and amputation became necessary. The man who thus lost his leg brought an action against the bone-setter for unskilful treatment: but the defendant, among other pleas, urged that *"he did not hold himself out as a person of skill and knowledge;* that he was not a Surgeon, Apothecary, or Medical Practitioner; nor did he undertake to treat the leg as such;" and the result may be guessed with great facility: he, the bone-setter, being neither Surgeon, nor Apothecary, nor Medical Practitioner, and boldly declaring *that he did not wish to be considered as such*, had, of course, a verdict in his favour!!

The whole of this proceeding is so monstrous, the law laid down upon the occasion so repulsive to common sense and the

remarks of the defendant's counsel so shameful, that we intend to make some further remarks upon the whole case, which we regret we are unable to do in the present Number from the pressure of other matters. In the meantime, we may again say, "Look upon this picture, and on this." An educated Surgeon is made to pay 250*l.*, with costs, because, in spite of the greatest care and attention, the leg of a sickly infant mortifies, while an ignorant bone-setter brings about the very same result by tight bandaging,—but the latter person being neither Physician, Surgeon, nor Apothecary, and disdaining to be considered as such, has a verdict in his favour, the Jury taking hardly any time to consider their opinion, and the Judge openly expressing his approbation of their sagacity!

SAVE ME FROM MY FRIENDS!

THE following correspondence appeared in the *Lancet* last week:—

[To the Editor of the Lancet.]

"SIR,—When I read in the *Medical Times and Gazette* of the 21st ult., that 'the principle' on which that Journal '*invariably*' acted, was to give to every member of the Profession a *free* and *open* opportunity of making a statement; and again, when I observe in the Number of the 28th ult., letters from twelve or thirteen gentlemen assuming *one* view of a delicate question, I certainly had a right to expect that a short letter, addressed to the Editor for insertion, taking different ground, would in common fairness have been allowed a place. But, alas! despite its *professions*, '*Audi alteram partem*' is evidently not the motto of the *Medical Times and Gazette*; and I shall from this hour, as will many of my brethren, look upon that Journal as the mere organ of a party, and consider that neither its reports nor editorial remarks can be depended upon for impartiality. I take the liberty of enclosing a copy of the letter alluded to, and if you deem it worthy of a place in the *Lancet*, perhaps its perusal by double the number of readers who might have seen it in the *Medical Times*, will attain my object, which is that of truth and justice, with more certainty than had it appeared in the last-named periodical.

"I remain, Sir, your most obedient servant,

"GEORGE BEAMAN.

"King-street, Covent-garden, Feb. 7, 1853."

[To the Editor of the Medical Times and Gazette.]

"SIR,—As an old member of the Royal College of Surgeons, (1822,) I take the liberty of addressing you. The temporary schism in our order, caused by the removal of Mr. Gay from the Royal Free Hospital, must be known throughout the Medical Profession; but the proceedings and motives of the Committee and Governors of that Institution have nothing to do with the purport of this communication.

"It appears to me, that in the late speeches and correspondence, a main object with certain parties has been to injure the reputation of a rising Surgeon, against whom, personally, there is no just ground of complaint. I allude to Mr. Thomas Wakley (whose new and very successful mode of operating for the cure of strictures of the urethra deserves the commendation of every Practitioner), and when I assure you that prior to the December meeting of the Committee, that gentleman told me he should be the first to shake hands with Mr. Gay, if re-instated, I think you will allow it is acting vindictively and cruelly to a man who, I believe, has never breathed an unkind expression towards any member of his own Profession,—who has never written one line derogatory to the character of a *confrère*, to treat him with abuse and contumely. I must ask, too, Is it just? Is it candid? Is it honest? Is it becoming, I would inquire, for any jealous journalist to place a gentleman in the breach, and wound a just professional reputation, solely because the party happens to be the son of a rival Editor? Such is my feeling, and the feeling of a vast majority of my brethren. I leave the *Lancet* to fight its own battle—I leave the Committee and Governors of the Royal Free Hospital to fight theirs; but pray, as an impartial Journalist, do not condemn the conduct of an able and aspiring member of our community without real ground of complaint!

"I remain, Sir, your obedient servant,

"GEORGE BEAMAN.

"King-street, Covent-garden, Jan., 1854."

We should not have alluded further to the part Mr. T. Wakley, jun., has taken in the late transactions which led to his filling the vacancy caused by the dismissal of his senior colleague, had it not become necessary to rebut Mr. Beaman's charges of unfairness and partiality, and to show that they are entirely without foundation.

Mr. Beaman states, that in our "Number of the 28th ult.," there are letters, "from twelve or thirteen gentlemen, assuming *one* view,"—and so on. Now, it happens, that the nineteen gentlemen—extracts from whose letters were given to complete the report of the meeting—expressed no opinion whatever as to the conduct of Mr. T. Wakley, jun., in the portions of the letters we published. The only letter relating to this gentleman is one from Mr. Gay himself, which we were, of course, bound to publish, as it related to a matter of *fact*, not of opinion.

In the very next Number we published a long letter from Mr. T. Wakley, jun., in reply to that of Mr. Gay, containing copies of five other letters in his defence; and we did this without a word calculated to shake the confidence of our readers in any of his witnesses, whether billiard-marker or *ci-devant* magistrate. Had we published Mr. Beaman's letter, it would have appeared in the same number with Mr. Wakley's own statement. Our reasons for not publishing it were various, and, we trust, were neither biased by unfairness nor partiality. We deemed we had allowed a sufficient portion of our space to the personal concerns of Mr. T. Wakley, and had rejected several letters on the ground that we were "anxious to divest the movement of all party considerations." This was the reply given in our Notices to Correspondents, to the letter we here append.

"Sir,—Though I admire the cautious manner in which, under the circumstances, you have taken up the case of Wakley *v.* Gay, I confess that I think the Profession will much lower itself if the Resolution proposed by Dr. Bernard Rice be not practically carried out.

"Some men seem to have little sense of shame, and the only way to touch them is through the pocket.

"I think that Town or Association will do itself honour which shall be the first to announce that the *Lancet* is utterly thrown aside, and I hope soon to hear reports from every county in England to that effect.

"I hope, further, that no Medical man or student will either advertise or answer an advertisement in its columns.

"I am, &c. HONOR QUAM NUMMUS."

This letter was received from an eminent and impartial Physician in the City; yet we did not insert it. We excluded it, and many others taking a similar line. We also excluded Mr. Beaman's, and for the following additional reasons. The letter was a mere statement of the *opinion* of Mr. Beaman. It did not touch the *facts* of the case. Now, though Mr. Beaman is a highly respectable man, yet he is known to be intimately connected with Mr. Wakley, sen., in a commercial speculation, being the Deputy-Chairman of an Assurance Company from which different members of the Wakley family receive a large share of the funds. He could not, therefore, be regarded as one whose opinion was unprejudiced or unbiased by personal feeling or interested motive. Again, without giving much weight to what can only be considered as a puff upon Mr. Thomas Wakley, jun., suggesting the reflection that a "rising Surgeon" should not rise upon the ruin of his senior colleague, we may state, that our last objection to Mr. Beaman's letter was, that it contained a most unfounded charge of dishonourable conduct against ourselves. This gentleman insinuates that we had exposed the conduct of Mr. T. Wakley, jun., simply because he happened "to be the son of a rival Editor." We can truly say, that, so far from this being the case, we have never freely expressed our real opinion as to the share he has taken in Mr. Gay's dismissal, not in order to avoid any such

gross imputation as that which Mr. Beaman threw out—an imputation which no man of gentlemanly feeling would easily believe any one to be guilty of who had not long breathed the moral atmosphere of the *Lancet* Office,—but because we were most anxious to divest the real question at issue between the Medical Officers of Hospitals and the Lay Governing Bodies of those Institutions, of all extraneous disputes, more especially of the wrangling of journalists. It is not a little singular, that Mr. Beaman's is the only letter from a Professional man, except that of Mr. Gant, which we have received defending the conduct of the Messrs. Wakley and of the Committee of the Royal Free Hospital; while the Meetings in London, Liverpool, and Nottingham—the Resolutions unanimously passed at those meetings, and at the meeting of the Metropolitan Branch of the Association published to-day—the numerously-signed letters from the Medical Officers of the North Staffordshire and Halifax Infirmaries —from the united Medical Practitioners at Hastings, Weymouth, and Reading, and from individual members of the Profession in all parts of the country, show a greater concord in Professional opinion than has ever been elicited on any other question; and this after the Committee of the Hospital had made their defence, which was circulated before the London Meeting. It is curious, also, that though tho *Lancet* has contained many approving letters from "Spectators," "Students," and so on, it cannot produce one signed by the writer, excepting those of Messrs. Beaman and Gant.

We trust that we have given reasons enough to satisfy even Mr. Beaman, that it was from no spirit of unfairness that we omitted his statement of individual opinion,—that even he must confess, that his inference from this simple omission, that our reports and remarks cannot be depended upon for impartiality, has no foundation whatever. He may look upon this Journal as the "organ of a party." We would ask, of what party? If the party who condemned the conduct of Mr. Wakley and the Committee of the Royal Free Hospital, we acknowledge it; for that party is the whole Profession, with the sole exception of Mr. Wakley and his immediate followers. We do not retaliate that the *Lancet* is the organ of a *party*. It has no party. It is the organ of a *family*; and it is the manner in which it has uniformly sacrificed the interests of the Profession to those of this family which added irritation and personality to a movement which would have been otherwise one of principle alone, and which has led to its ignominious expulsion from the libraries of our Hospitals, and to a downfal as rapid as unregretted.

We must beg to be excused for treating a matter personal to ourselves at such length, but the character of a Journal is too bright a prize to be tarnished by charges which our old readers must know to be unfounded, but which might have a certain effect upon some of the very numerous body of new readers who have only taken our Journal from the commencement of the present year. To them we say,—to our old readers we need not say it,—whatever fault you may find with us, you never shall have good reason to charge us with a want of fairness or impartiality. Our reports of meetings, societies, or hospital practice, are true reports, as far as our space will permit. The sayings and doings of Mr. T. Wakley, Mr. De Méric, Dr. Hassall, Dr. Tyler Smith, Dr. Brinton, Mr. Clarke, or any one known to be intimately connected with the conductors of the *Lancet* as they are, are as fairly made known in our columns as those of others. Though by a chance which would appear miraculous, a fatality which would seem inexplicable, were it not for the letter of a correspondent accounting for the appearance of Mr. Adams's lecture last week, the name of some man of really high Professional position and character occasionally appears as the "literary companion and helpmate" of the fiery Coroner, and the respectable names of Adams, Dixon, Hilton, or Solly, astonish the Medical public by adorning the pages of our Contemporary, like

> "The last rose of summer, left blooming alone,
> Its lovely companions all faded and gone;"

yet a glance over the reports of the London Practice of Medicine and Surgery in our last volume will show that the labours of these gentlemen have been as prominently noticed as those of any other Hospital Surgeons. We will invariably endeavour, to the best of our ability, to master the true facts of every case we make known, and to state those facts as fairly as we possibly can, in order that, if we have been led to form a mistaken opinion, our readers may be able to correct it by a more just reasoning upon the facts by which we and they must alike be guided. If we had no higher motive for acting thus, we should do it from mere policy, convinced, by a recent example, that ruin and disgrace must follow those who conduct a Medical Journal upon other and less honourable principles.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

Weymouth, Jan., 1854.

The undersigned Medical Practioners in Weymouth and the neighbourhood, express their extreme regret at the proceedings of the Committee of the Free Hospital, Gray's-inn-lane, London; and are of opinion, that the causeless dismissal of Mr. John Gay from the office of Surgeon to the Institution, is a measure of injustice, insulting to the whole body of the Profession, and calculated to be injurious to the interests of a valuable charity.

Sprott Boyd, M.D.	John Fox, M.R.C.S.L.
James Lithgow, M.R.C.S.L.	W. Sweeting, M.R.C.S.L.
William Fowler, M.R.C.S.L.	Tom Hewitt, M.D., M.R.C.S.

[To the Editor of the Medical Times and Gazette.]

Reading, Feb. 15, 1854.

Sir,—I beg to forward you the subjoined Resolutions, unanimously passed at a Meeting of the Reading Pathological Society, held last evening. I am, &c.

J. Harrinson, Secretary.

"That it is the opinion of this Society, that the Commitee of Management to the Royal Free Hospital have acted very unjustly towards Mr. Gay, in dismissing him, upon the alleged grounds, from his post of Surgeon to that Institution.

"That this Society unanimously expresses its disapproval of the system of Medical Biographies which has lately been extensively adopted."

(Signed on behalf the Meeting)

George May, Chairman.

MR. BRADY'S BILL FOR THE PREVENTION OF UNQUALIFIED PRACTICE.

BILL FOR THE REGISTRATION OF QUALIFIED PRACTITIONERS, AND FOR AMENDING THE LAW RELATING TO THE PRACTICE OF MEDICINE, IN GREAT BRITAIN AND IRELAND.

(Note.—The words and clauses printed in italics are proposed to be inserted in Committee.)

Whereas it is expedient to amend the Laws relating to the Practice of Medicine and Surgery in Great Britain and Ireland, and to provide Means whereby the duly qualified Practitioners in the various Branches of the Medical Profession in Great Britain and Ireland may be readily known and distinguished: Be it therefore enacted by the Queen's most Excellent Majesty, by and with the Advice and Consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the Authority of the same as follows:—

I. One of Her Majesty's Principal Secretaries of State shall, within after the passing of this Act, nominate Three fit and proper Persons, being at the Time of such Appointment Members of the Medical Profession, and duly qualified to be registered under the Provisions of this Act, to be Registrars for carrying this Act into execution, One such Registrar to be called "The Medical Registrar for England," another "The Medical Registrar for Ireland," and One "The Medical Registrar for Scotland;" and the said Secretary of State

shall also from Time to Time appoint such clerks and other Officers as he shall deem necessary for the Assistance of the said Registrars in carrying into execution the Provisions of this Act; and that the said Secretary of State may, at his discretion, remove any Registrar or other Person so appointed as aforesaid; and that upon the Death or Resignation of any such Registrar, Clerks, or other Officer as aforesaid, or other Vacancy in either of the Offices so filled, the said Secretary of State shall appoint other proper Persons to be such Registrars, Clerks, and Officers respectively; and there shall be paid to the said Registrars, Clerks, and Officers respectively, out of any money to be received by the said Registrars by virtue of this Act, such Salaries as shall be from Time to Time fixed and allowed by the Lord High Treasurer or the Commissioners of Her Majesty's Treasury, who may also allow such reasonable travelling Exxenses as may be incurred by any Registrar, Clerk, or other Officer in the Performance of his Duties under this Act, and such other reasonable Expenses for putting and carrying this Act into execution as the said Lord High Treasurer or the Commissioners for the Time being of Her Majesty's Treasury shall think fit.

II. The Duties of the several Registrars shall be to register, within after their Appointment, and from Time to Time afterwards, in Books to be kept for that Purpose, the Christian and Surname and Place of Residence, together with a Description of the professional and legal Qualifications or Qualification, with the Date or Dates thereof, of every Physician, Surgeon, or Apothecary who shall apply to be registered, and of every Person who shall apply to be registered who was actually practising as an Apothecary in England and Wales prior to the *First Day of August One thousand eight hundred and fifteen*, and who shall sign a Declaration according to the Form of Schedule (A.) to this Act annexed, and also of every Surgeon and Assistant-Surgeon in the Army and Navy and in the Service of the Honourable East India Company, who shall apply to be registered as aforesaid.

III. Every Person legally qualified to practise Medicine or Surgery, either as a Physician, Surgeon, or Apothecary, shall between and of the same Month inclusive in the Year One thousand eight hundred and fifty-five, and in every succeeding Year, deliver or cause to be delivered at the Office of the Medical Registrar of that Part of the United Kingdom where the said Person is legally entitled to practise, his Degree, Diploma, or Licence, or an attested Declaration made before One of Her Majesty's Justices of the Peace, in which his Qualifications or Qualification, with the Date or Dates thereof, shall be duly set forth, or such other Proof as shall be satisfactory to the said Registrar of his having obtained a Degree, Diploma, or Licence to practise as a Physician, Surgeon, or Apothecary, with the Date or Dates thereof.

IV. Every Person applying to have his Name registered shall pay to the Registrar the Sum of *Five Shillings*, and on his being registered such Registration shall bear Date on the Day on which the same shall be made, and if made in the Year One thousand eight hundred and fifty-four shall continue in force from the Date of such Registration until the *Thirty-first of December One thousand eight hundred and fifty-five*, and no longer; and the said Registrars shall, at any Time in the Year last mentioned, or at any Time in every subsequent Year, upon the Application of any Person who shall be then registered, issue a Certificate according to Schedule (B) to this Act annexed to such Person, subject to the Payment of a Sum not exceeding Two Shillings and Sixpence, which said Certificate shall be duly sealed or stamped with the Seal of the Registrar's Office, to be provided as hereinafter mentioned, and shall be Evidence in all Courts and before all Justices of the Peace and others that the Person therein specified has been duly registered according to the Provisions of this Act.

V. Each of the said Registrars shall cause to be made a Seal for their respective Offices, and the said Registrars shall cause to be sealed or stamped therewith all Certificates or other Documents issued by them under the Provisions of this Act; and all such Certificates or other Documents purporting to be sealed or stamped with the Seal of the said Registrars Offices, or either of them, shall be received as Evidence of the Registration of the Person named in such Certificate, without any further Proof; and no Certificate purporting to be issued from the offices of the said Registrars, or either of them, shall be of any Force or Effect which is not sealed or stamped as aforesaid.

VI. On or before the *Thirty-first Day of January* in every Year each of the said Registrars shall cause to be printed and published a correct Registrar according to the Form in Schedule (C.) to this Act annexed of the Names and Places of Residence, arranged alphabetically, of all Persons duly registered during the Year then last past, according to the Provisions of this Act, together with a Description of their legal Qualification or Qualifications, with the Date and Dates thereof, and such Registers shall be respectively called "The Medical Register for England, the Medical Register for Ireland, and the Medical Register for Scotland."

VII. All Persons whose Names, Qualifications, and Addresses are in any One or all of the said printed Registers for the Time being so published as aforesaid shall be taken and deemed in all Courts and before all Justices of the Peace and others to be duly registered according to the Provisions of this Act, and Copies of such Medical Registers shall be finished by the respective Registrars to every Person who shall apply for the same upon Payment of a Sum not exceeding *One Shilling* for each Copy.

VIII. Any person who shall wilfully cause or procure, or attempt to procure, by false Declaration or Representation, the Insertion of his Name in any or all of the aforesaid Registers as a legally qualified Practitioner, if the Offence be committed in England or Ireland, shall, on Conviction be adjudged guilty of a Misdemeanor, and if in Scotland of a Crime and Offence, and thereupon it shall be lawful for the Court before whom such Offender or Offenders shall be tried and convicted, to sentence such Offender or Offenders to be imprisoned, with or without Hard Labour, for any Period of Time not exceeding *Twelve* Calendar Months.

IX. Any Person who shall wilfully destroy or injure or cause, or procure to be destroyed or injured any such Register, Certificate, or other Document to be made under the Provisions of this Act, or shall make or counterfeit any such Register, Certificate, or other Document as aforesaid, or shall forge or counterfeit the Seal or Seals of any of the said Registrars' Offices, shall be deemed and taken to be guilty of Felony.

X. Any Registrar to be appointed under this Act who shall wilfully make, or cause to be made, any false Entry in any Register, Certificate, or Record, as aforesaid, shall, if the Offence be committed in England or Ireland, be deemed guilty of a Misdemeanor, and if in Scotland, of a Crime and Offence, and shall on Conviction thereof be senteneed to be imprisoned for any Term not exceeding *Six* Calendar Months.

XI. Any Person who shall after the *passing of this Act* practise or act as a Physician, Surgeon, or Apothecary, for Gain or Reward, or who shall contract or agree to act as aforesaid for Gain or Reward, or use the Title of Physician, Surgeon, or Apothecary, without being duly registered under the Provisions or this Act, shall, on Conviction before any Magistrate having Jurisdiction in the County, City, or Place, where the Offence was committed, be liable to be fined for every such Offence in a sum not exceeding [*Twenty*] *Pounds*, nor less than [*Five*] *Pounds*, or in default of Payment to be imprisoned in any of Her Majesty's Gaols for a Period of not more than [*Six*] *Months*, nor less than [*One*] *Month*.

XII. If any Person legally entitled to be registered according to the Provisions of this Act, and whose Name and Place of Residence, and a correct Description of whose Qualification or Qualifications, with the Date or Dates thereof, do not appear in such Register as aforesaid, shall at any Time apply to any of the Registrars as aforesaid to be registered according to the Provisions of this Act, and shall prove to the Satisfaction of such Registrar, either that he is a Person whose Name, through his own Neglect or Mistake, has been omitted from the Medical Register then current, or that he intends commencing or resuming Practice, every such Applicant shall be entitled to be registered by the Registrar appointed for that Part of the United Kingdom in which he resides upon Payment of [*Twenty*] *Shillings* and sending his Name and then Place of Residence, together with a Description of his Qualification or Qualifications, with the Date or Dates thereof, which Registration shall continue in force until

XIII. After the Completion of the Registers to be provided under this Act, no Person shall be entitled to recover in any Court of Law or Equity any Charge for any Medical or Surgical Advice, Attendance, or for the Performance of any Operation, or for any Medicine presented, administered, or supplied by him, unless he shall prove upon the Trial that he is duly registered as aforesaid, or that he was legally practising in the Capacity in which he claims such Charge at the Time when the debt was contracted.

XIV. Nothing in this Act contained shall extend, or be construed to extend, to the Profession or Business of any Dentist or Cupper who was engaged in such Profession or Business on or before the *First Day of March One thousand eight hundred and fifty-four*, but every such Dentist or Cupper shall conduct

such Profession or Business in as free and ample a Manner as though this Act had not been passed.

XV. The Words "legally qualified Medical and Surgical Practitioner" shall be taken to mean all Members of the Medical Profession who have or hereafter shall have received Degree, Diploma, or Licence from any One or all of the Medical Corporate Bodies at present legally entitled to grant a Licence to practise Medicine or Surgery, or any Medical Corporate Body that may hereafter be so authorised by Law to grant such Degree, Diploma, or Licence as aforesaid.

XVI. And whereas there are many Physicians, Graduates of British and Irish Universities, now practising in England, who have not a legal Qualification to practise in England and Wales: Be it enacted, That they shall be allowed to continue to practise as Physicians for *One Year* from the Date of the passing of this Act, in order to afford them an Opportunity to obtain a legal Qualification, and until such Qualification be obtained they are hereby authorised to be provisionally registered according to the Provisions of this Act for the said Period of *One Year*, and no longer.

XVII. Provided always, That nothing herein contained shall apply to Physicians, Graduates as aforesaid, who have been in Practice as Physicians for a Period of years.

SCHEDULE (A.)

Declaration required of a Person who claims to be registered as a Medical Practitioner, upon the Ground that he was in Practice as a Medical Practitioner before the First Day of August One thousand eight hundred and fifteen:—

To the Registrar for *England*.

I, [John Thomas], residing at [6, Duke-street, Exeter], in the County of [Devon], hereby declare, That I was practising as a Medical Practitioner, at [16, George Street, Hastings], in the County of [Sussex], before the First Day of August One thousand eight hundred and fifteen.

(Signed) [John Thomas.]

Dated this [6th] Day of [January], 185 .

SCHEDULE (B.)

The Medical Register for *England*.

MEDICAL REGISTRATION CERTIFICATE.

By virtue of the Powers invested in me by an Act of Parliament passed in the Year of the Reign of Her Majesty Queen Victoria, intituled "An Act for the Registration of qualified Medical Practitioners, and for amending the Law relating to the Practice of Medicine and Surgery, in Great Britain and Ireland," I hereby certify, that John Thomas, residing at [No. 5, Temple Place, Liverpool], in the County of [Lancashire,] has been duly registered according to the Provisions of the said Act as a Person who is legally qualified to practise as a [Physician, Surgeon, *or* Apothecary] in any Part of [England and Wales], and that he is entitled to exercise all the Powers and Privileges conferred by the said Act.

This Certificate to remain in force until the Thirty-first Day of December, One thousand eight hundred and fifty-five.

Dated, London, [10th June, 1854.] (Signed) HENRY ARMSTRONG, Medical Registrar for [England.]

SCHEDULE (C.)

The Medical Register for [England], consisting of the Names and places of Residence, [arranged] alphabetically, with descriptions of the Qualifications, and the Dates thereof, of all persons legally qualified to practise Medicine and Surgery in [England] in the Year 185 .

The Names of registered Medical Practitioners arranged alphabetically.

Names.	Qualifications.	Places of Residence.
Abbot, John .	Fellow of the Royal College of Physicians of London, obtained 10th Aug., 1826.	
Abbey, James .	Fellow of the Royal College of Surgeons, England, obtained June, 1840.	
Akenside, Thos.	Licentiate of the Society of Apothecaries, London, obtained June, 1830.	

Places.	——
Bath . .	Adams, John; 6, Henrietta-street.
Chester . .	Clarke, Andrew; 24, Charles-street.
London . .	Brady, Chas.; 194, Blackfriars-road.

REVIEWS.

The Surgeon's Vade Mecum, a Manual of Modern Surgery. By ROBERT DRUITT, L.R.C.P., F.R.C.S., etc. Sixth Edition. Small 8vo., pp. 691. London, 1854.

THERE are few, if any Medical works—certainly none of the present day—which have made their way so rapidly, and maintained their ground so steadily in the estimation of the Profession, as "Druitt's Surgeon's Vade Mecum." Published as a sort of schoolboy effort, ere yet the author had attained Surgeon's estate, the first edition was found at once to supply an hiatus in medical literature, felt alike by the practitioner and the student; and the absorption of five large editions in fifteen years, is sufficient proof that the demand still continues unabated, and that the work is still equally accepted and appreciated by the Profession.

Such success could not have been attained by any mere compilation. Nothing can be more dreary, nothing more bewildering and unprofitable to the plodding few who labour through it, than a dry enumeration of the conflicting opinions of a host of authors, without an attempt to reconcile their discrepancies, or to weigh their several claims to belief. In a work of this nature, the skill of the author is shown, not merely in the judicious selection of his materials, but, to a much greater extent, in their careful elaboration and philosophical arrangement, and in placing them before his readers highly condensed, yet still in a clear, logical, and readable style. It is to a careful attention to these essential points, that we are disposed to attribute the popularity which Dr. Druitt's work has attained. It shows, in every page, that it is the production of a man who has been well indoctrinated in a good practical school; who possesses the somewhat rare qualification of understanding thoroughly the subject which he undertakes to teach, and who bases his opinions, not upon the authority of a name, however eminent, but upon clinical observation and extended practical experience. Dr. Druitt's researches into the literature of his subject have been not only extensive, but well directed; the most discordant authors are fairly and impartially quoted, and, while due credit is given to each, their respective merits are weighed with an unprejudiced hand; the grain of wheat is preserved, and the chaff is unmercifully stripped off. The arrangement is simple and philosophical, and the style, though clear and interesting, is so precise, that the book contains more information condensed into a few words than any other surgical work with which we are acquainted.

But it would be injustice to the Author to represent his work as a mere *rechauffé* of the opinions of others; he himself has been an active and not unsuccessful labourer in the wide field of pathology; and, while placing before his readers in a condensed form, the researches of such men as Walshe, Paget, Bennett, Lebert, Hannover, etc. etc., he has added many original observations of his own, many of them of great interest and practical importance. Many of the drawings, particularly those illustrative of microscopical appearances, are from the Author's pencil, and we are bound to say that they represent more exactly what we ourselves have observed, than the great majority of illustrations copied from book to book, without those alterations which improved instruments so frequently render necessary.

As our limits will not admit of any lengthened analysis, which, indeed, in the case of a work already so well known to the Professional public, would be superfluous, we shall merely allude to one or two subjects which have of late years excited considerable attention, and to our knowledge of which considerable additions have been made by the assiduity of pathologists and practical men. In the chapter on Tumours, the author ably criticises the various modes of classification; he objects to that founded on the vital history and consequences of growths, and considers that their structure, as determined both by the naked eye and by the microscope, is the true basis of classification. "On the whole," he says, "the progress of pathology seems to require that such terms as *innocent* and *malignant*, relating, as they do, to the consequences of morbid growths, should be abandoned for the more precise terms founded on their structure."

The term *cancroid*, though adopted by such authorities as Lebert and Bennett, he utterly repudiates, as tending to confound together the most heterogeneous growths. The whole subject of Cancer is treated with great minuteness and discrimination, and, in his remarks upon its diagnosis from other growths, the author is especially lucid. Notwithstanding the opinion of several eminent pathologists, he does not consider epithelioma as a cancerous disease, on the grounds "that it is more capable of being produced by external causes; that it is

not connected with any antecedent cachexia; that it is more curable by excision; that it is homologous in its elements, and not liable, except in the rarest possible instances, to be diffused over distant organs."

For the disease, in its ulcerated form, he proposes the term *phagedænic epithelioma*, as more in accordance with its true pathology than *epithelial cancer*, the term by which it is usually known. The section on the treatment of cancerous diseases contains many valuable suggestions, and should be consulted by all who have such distressiag cases under their care.

The chapter on diseases of the bladder contains several very interesting observations; attention is particularly directed to the profuse discharge of epithelium, which sometimes attends slight irritation of the bladder, and which, by careless observers, is frequently confounded with pus. One occasional source of this irritation is, we believe, pointed out, for the first time, by the author, at p. 536, in the following words: "*The epithelium, from the pelvis, ureters*, and especially from the *bladder*, is often found in great abundance, when these parts are irritated by the urine, or by any other cause. The writer has found immense quantities in the urine after difficult labours; it presents itself as a purulent looking deposit, seen under the microscope to consist of columnar or oval cells, of various shapes and sizes, with single nuclei, the larger and older cells often full of granular matter, and easily disintegrated. The urine is not albuminous of necessity." This section is illustrated by several very accurate, and evidently original drawings of the microscopic objects found in morbid urine; we would point especially to those of the various kinds of epithelium lining the urinary passages, and to the representation of the dumb-bell crystals of the oxalate, or, as Dr. Druitt, rather considers it, the oxalurate of lime. At pages 542-3, will be found an original and commonsense view of the treatment of the various stone diatheses, drawn from the author's own experience, and compressed into wonderfully small space.

Another good specimen of condensation will be found in the chapter on diseases of the ear, where the discoveries of Wilde, Toynbee, Pilcher, Harvey, and others, are rendered wonderfully available in the space of fourteen pages.

The chapter on diseases of the eye ought not to pass unnoticed. The author has quoted largely from Mr. Walton's excellent work on "Operative Ophthalmic Surgery;" and has done justice to the varied information contained in that work, not only upon mere operative proceedings, but upon the treatment of the surgical diseases of the eye.

We are glad to find, from a foot-note, that Dr. Druitt intends, at no distant period, to bring a work before the Profession on some points connected with the specialty he has adopted, namely, midwifery and the diseases of females.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

ON ULCERATIONS AND PERFORATION OF THE LARGE INTESTINE CONSEQUENT UPON TYPHOID FEVER.

By Dr. LEUDET.

In typhoid fevers it is not uncommon to notice that patients either continue in a state of prolonged debility after the acute symptoms have subsided, or suffer a relapse even after convalescence has commenced. Sometimes with these symptoms of adynamia, there is combined a diarrhœa, at first moderate, but progressively increasing. In other cases, again, diarrhœa is absent. These phenomena, according to the author, have not sufficiently attracted the attention of observers, although they are not deficient in practical interest; for, in truth, all the dangers of typhoid fever are not by any means confined to lesions of the small intestine, to their incomplete cicatrisation, to perforations of this part of the digestive tube, or to some intercurrent maladies. The lesion may diminish, nay, cease in the small intestine; and the large intestine become the principal seat of disease, and the cause of the morbid phenomena. These lesions offer every degree, from simple inflammation of the walls of the large intestine,—follicular enteritis, superficial ulceration of the follicular elements, softening of the mucous membrane,—to the production of ulcerations more or less large and deep, occupying sometimes the whole extent of the digestive tube, and leading, in severe cases, to perforation.

As regards the pathological anatomy of these different lesions, M. Louis, in his "Traité de la Fièvre Typhoide," remarks, that he has witnessed ulceration of the large intestines in fourteen subjects only; and Andral (Cinique Medicale) affirms, that such ulcers are extremely rare. Chomel, however, has published some cases, in which the disease of the large intestine has made more progress. The form of the ulcerations is that of the follicles of the cœcum; they appear as little losses of substance, with sharp, defined borders, of the diameter of a pin's head, and confined to the mucous membrane. The follicle is distinguished from the surrounding mucous membrane by its slightly paler colour; generally it does not undergo augmentation in size, but it occasionally becomes as large as a pea. In other cases the ulceration, instead of resembling a simple loss of substance, presents irregular edges, thickened and surrounded by a yellow matter, similar to that observed in Peyer's patches, at one period of the morbid evolution of their ulcers.

From this latter stage to one more advanced there is but a single step. The ulceration increases; it acquires the size of a frank-piece or a crown, and ultimately becomes confounded with the neighbouring losses of substance, giving rise to ulcers, interrupted by irregular folds and bands, the remains of the normal intervening mucous membrane. At this stage there is a change in the aspect of the ulcerations. A black colour pervades them, dependent upon a deposit of pigment, often found in the surrounding mucous membrane beyond the immediate seat of disease. The author has seen more cases that M. Louis, in which perforation has extended into the peritoneal cavity.

Moreover, in the mucous membrane adjoining the ulcerations two opposite conditions, as yet unexplained by pathological anatomists, have been remarked; the one a morbid softening and thinning; the other hypertrophy.

The ulceration may assume that form described by M.M. Monneret and Fleury as villous enteritis. The surface is rugous, unequal, and covered with a number of small granulations, partial hypertrophies, mixed with ulcerations. With this lesion there is usually hypertrophy of the walls, and of the submucous and muscular layer. The author relates an interesting and illustrative case of disease of the large intestine. Joseph R., aged 35, was admitted into La Charité, with symptoms of typhoid fever, having been ailing a fortnight. He suffered from severe headache, deafness, moderately abundant diarrhœa, an eruption of rose spots over the abdomen, and some large crepitation at the base of the lungs. In two weeks he was so far recovered as to take a little nourishment. For fifteen days convalescence went on uninterruptedly, when suddenly symptoms of pleuro-pneumonia showed themselves at the base of the right lung, and the diarrhœa re-appeared. The former yielded to treatment, but the latter continued for several weeks, at the end of which the patient died. Upon examination, there was found about a pint of clear, straw-coloured fluid in the peritonæum. Towards the extremity of the small intestine Peyer's patches were seen ulcerated, but cicatrised by means of fibro-cellular tissue extending between the edges of the ulcers. In the cœcum isolated follicles were largely ulcerated. In the colon and rectum the mucous membrane was most extensively ulcerated, and divided by large transverse bands. The ulceration did not extend beyond the sub-mucous tissue. Both the submucous and muscular tissue were considerably hypertrophied. In the posterior wall of the gall-bladder there was a purulent collection, circumscribed, and about the diameter of a franc-piece.

As regards the abscess in the walls of the gall-bladder, the author thinks that it is not accidental, but is connected with the lesions in the large intestine. He has remarked adhesion between the gall-bladder and the transverse colon, and signs of intense chronic congestion of this part of the alimentary canal. Louis, Henoch, and Budd have recorded cases of pus contained in the gall-bladder; but in the case here related the pus was not mixed with bile, but in a circumscribed abscess. Hence it could not be referred, as Budd, and especially Henoch have imagined, to modification in the composition of the bile. M. Archambault has related a case to the Anatomical Society of Paris, in which the gall-bladder was perforated, and pus escaped into the cavity of the abdomen.

Perforation of the large intestine after typhoid fever has been noticed, though rarely. The author relates a case of perforation of the descending colon, published from the "Clinique Médicale" of Récamier, by M. Chomel. Perforation of the cœcum by the author (two cases), combined with extensive ulceration of Peyer's glands in the ileum.

One patient lived more than a month after the perforation had been announced by local peritonitis. The absence of general peritonitis caused by the escape of fæcal matter was explained

by the adhesion of the rectum and the omentum to the ulcerated part.

All authors agree in saying that the most frequent seat of the disease is the cœcum. The ulceration was limited to this part of the large intestine, in nine cases by Louis; in eight by Andral; and in seven observed by the author. But other parts of the large intestine may be affected alone. M. Louis saw a case in which the ulcerations were confined to the descending colon.

It will be seen at once that these lesions are very nearly such as characterise chronic dysentery.

Monneret and Fleury believe that obstinate diarrhœa excites these ulcerations, but diarrhœa may continue without serious morbid change; and its intensity does not stand in fixed relation to the intensity of the lesion. The worst cases were those in which death ensued on the 50th—69th day of the disease.

The author concludes, that the development of ulcerations in the large intestines during the course of typhoid fever is possible; that such ulcerations prefer the cœcum as their seat, and may exhibit every degree, from superficial ulceration of the mucous membrane to deep and extensive ulceration, to destruction of the entire wall, and to perforation; that perforation of the large intestine is susceptible of cure; these ulcerations are especially likely to be met with in cases of slow convalescence, accompanied by prolonged diarrhœa and prostration of strength; but that no diagnosis can point with certainty to the existence of the lesion, its seat, or intensity.

The treatment is that of chronic enteritis of the large intestine. M. Gendrin employs external frictions, with stimulating fluids, such as spir. ammon. aromaticus.—*Gaz. Hebdom. de Méd. et Chir., Jan.* 13, 1854.

THE RECTO-URETHRAL OPERATION FOR EXTRACTING URINARY CALCULI.

Schmidt's Jahrbuch for 1853 (No. 12) contains a full account of the recto-urethral operation as performed lately by Mr. Lloyd, and detailed in the pages of our Journal (Aug., 1853); it is followed by a savage attack upon the operation by H. Streubel. "This operation has no claim to novelty. The method with the apparatus major consisted in incision of the urethra and dilatation of the neck of the bladder. For the sake of avoiding hæmorrhage, Dupuytren performed on several occasions the median section, but he left it again; Vacca gave up the recto-vesical for the median operation. But by the median section the bulb of the urethra, which may pour fourth a dangerous amount of blood, is almost constantly wounded; also the superior branches of the pudic artery are easily cut. The incision of the urethra under the pubic arch is rarely long enough to permit the extraction of a large stone. As regards dilatation of the neck of the bladder, Ledran showed by section and experiment that moderate and careful enlargement produced considerable lacerations; that those patients who sank after the operation by the apparatus major died from infiltration of urine and gangrene at the neck of the bladder, that the neck of the bladder might be torn away from the organ.

The new point in Mr. Lloyd's operation consists, says H. Streubel, in the incision into the rectum for the purpose of avoiding extravasation of urine; but more danger from this cause is to be apprehended from the dilatation and laceration of the neck of the bladder. After condemning the incision into the rectum as unnecessary, the Reviewer proceeds to observe, that the operation is suited only to young subjects suffering from small calculi, and not to cases where the concretion has attained a considerable size.

[We do not deny that there are objections to the recto-vesical, as to most other modes of operating; but it is equally true, that both in this and in foreign capitals the performance of the lateral operation is attended by many untoward accidents and followed by a most serious mortality.—Ed.]

BAYONET WOUND.—DIVISION OF THE OPTIC NERVE.—BLEPHAROPTOSIS.—BLINDNESS.

By Dr. HUBSCH, of Constantinople.

September 29, 1853.—Hussein, a soldier of the Imperial Guard, entered the Hospital Gulhaue, in consequence of the following accident. By a clumsy manœuvre in the act of loading his musket at drill, he managed to thrust the point of the bayonet two lines below the right lower eyelid, upwards and backwards, towards the roof of the orbit. There ensued immediate swelling of the eyelids, considerable hæmorrhage, severe pains, and protrusion of the globe. A probe passed behind the eye to the orbital roof; *V.S. to fifteen ounces; twenty-five leeches to the temples; cold applications; low diet.* On the following day the leeches were repeated.

On the third day the lids were separated; the eye was found hard, immovable, and prominent; pupil dilated; vision lost; conjunctiva strongly injected and œdematous. Calomel was then ordered in small doses internally; mercurial frictions to the forehead; blisters to the neck.

October 10.—The patient was pronounced well; there was no pain; the swelling of the lids had nearly entirely subsided; but there was complete paralysis of the muscles both of the lids and of the eyeball. For a month the *pomade de Gondret*, a strong irritant, was employed, with the effect of restoring movement to the lids; but the globe of the eye remained immovable in the axis of its longitudinal diameter; the pupil was dilated, and the retina insensible to light.

The bayonet must have divided the optic and the third or motor-oculi nerve, and have injured the lenticular ganglion.—*Gazette des Hôpitaux, Jan.* 10, 1854.

GENERAL CORRESPONDENCE.

ALBUMEN COAGULATED BY ACETIC ACID.

[To the Editor of the Medical Times and Gazette.]

Sir,—I observe in a review of Dr. Black's work, which appears in your Journal of to-day, the following paragraph:—

"Dr. Black finds that acetic acid coagulates albumen, and supposes, apparently, that he is the first who has observed the fact. Lieberkühn, in 1850, and Parkes in 1852, made the same observation."

There is a trifling inaccuracy here, which it may be worth while to correct. Lieberkühn's elaborate paper was published in Müller's "Archiv." in 1848, and may be said to have almost exhausted the subject. In 1849 and 1850, I had performed a number of similar experiments, without being acquainted with Lieberkühn's labour; and it was not till I commenced to go carefully over the literature of the subject, prior to publication, that I found how completely I had been anticipated by Lieberkühn's varied and extensive observations.

One experiment, however, was still novel; and this formed the subject of the paper to which your Reviewer refers, and which was published in your Journal in July, 1850. This experiment referred, not to the action of acetic acid alone, but to the combined effect of acetic acid and chloride of sodium (or, in other words, of acids and neutral salts,) on albumen. This remarkable re-action was afterwards noticed (in 1851) by Panum and Melsens. Even yet, it does not seem to be generally known, and no notice is taken of it, either in the second edition of Lehmann's work, or in Robin and Verdeil's Anatomical Chemistry.

It would not have been worth while to make this trifling correction of dates, if it were not that an opportunity is thus given me of alluding to another remarkable variation of the experiments detailed in my paper in your Journal of July, 1850. I then stated, that a certain proportion of acetic (or of some other acid) and of chloride of sodium (or of some analogous neutral salt) was necessary, in order that the albumen should be precipitated. I have since found that temperature exerts a singular influence over the proportion required. The higher the temperature, the less is the necessary proportion of acid and salt. Thus, an amount of acid and salt which is so small as to cause no effect at 60° Fahr., will cause a considerable precipitation of albumen at 100°. Therefore, at 98°, the ordinary temperature of the body, albumen very readily assumes in this way the insoluble form. Perhaps this fact lends some support to the opinion formerly expressed, that, considering the universal existence of chloride of sodium or of potassium in the bodies of animals, and considering also the ready formation of acid which seems to occur in the parenchyma of organs, the re-action of chloride of sodium on an acid solution of albumen may, perhaps, be connected with that fundamental process of nutrition, the temporary assumption by albumen of the insoluble form.

I should mention, that I was led to try the effect of temperature from becoming acquainted with Dr. Marcet's experiment recorded by Robin and Verdeil, viz., that after boiling a solution of albumen and water, acetic acid, which previously produced no effect, precipitated the albumen.

This subject is so curious, and, as it appears to me, so important as connected possibly with nutritive conditions, that I have been led into a little more detail than I intended when I commenced this note. I am, &c. E. A. Parkes.

Feb. 4.

MR. GAY AND THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have been told that the *Lancet* attributes some consequence to the fact, that Mr. Gay's supporters were not so numerous at the Annual as at the previous meeting of the Governors of the Royal Free Hospital. This is easily explained. The majority of Mr. Gay's friends, like myself, have been so disgusted with the Committee, that we would have nothing to do with the Institution further, and withdrew our subscriptions, and consequently lost the right of voting. I still think, however, that if Mr. Gay had sent a report of the circumstances of the case to every Governor, and had canvassed for their votes, as the opposite party did, he would have gained the day. He trusted to the justice of his cause, and lost his cause through the spirit of apathy which is so prevalent among Governors, and which alone allows the devices of a man of activity and no scruple to become successful. I am, &c.

A LATE GOVERNOR.

[To the Editor of the Medical Times and Gazette.]

SIR,—Some of your readers, like myself, may have been astonished by seeing Mr. Adams appearing last week as a "literary companion and helpmate" of the *Lancet*. I happen to know that his Lecture was sent to that Journal eighteen months ago, and has appeared now very much to his surprise and annoyance.

I am, &c. A CITY SURGEON.

SEWARD *v.* HOUSLEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—No one can read your admirable Editorial Article in the *Medical Times and Gazette* of last week, on this case, without feeling some degree of sympathy for the defendant; and no one, I trust, will fail to appreciate your calm, dispassionate, and manly defence of an injured and persecuted gentleman.

I will not take away, by any remarks of mine, from the force of your excellent statement of the case, except to say, that, having been in Court during the whole of the trial, I can bear testimony to the accuracy and fairness of your report in every particular. Had my relative, Mr. Housley, consented to compromise this case, the public would never have heard of it; but, feeling that he was in no way to blame for the unhappy result —relying with confidence on the justice of his cause, he declined to enter into any negotiations, with this view, with the plaintiff —and we see with what success.

Mr. Housley has been advised to move for a new trial; but what hope can he have of defeating his adversary? And then the frightful costs may well make him shrink from an appeal to such a tribunal.

Could we, indeed, see such an *esprit de corps* among us, such a union of Medical men as would induce the many to come to the front to protect, to assist, one of its members in such a case as this, we might then hope to defend ourselves with some show of confidence,—some chance of success. As it is, a victory is almost sufficient to ruin us.

I beg to thank you most cordially for the notice which a sense of justice and the honour of our Profession has induced you to take of this distressing case, and am, &c.

Colchester, Feb. 14, 1854. CHARLES EDWARD BLAIR.

DENTISTRY.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have anxiously perused your valuable Medical Journal during my few months' residence in London, in the hope of finding something of interest to the practical dentist. There is not, to my knowledge, an English periodical devoted exclusively to dental subjects; I am therefore the more surprised that the Medical journals of the day are not more frequently used as a medium for communicating to the Dental Profession at large the many inventions and improvements in practice which have occurred in this country, and more particularly in the United States, within the last few years. If you will allow me a small space in the *Medical Times and Gazette* now and again, I will present a series of short articles upon purely practical subjects, which may be interesting to some members of my Profession, and perhaps also to a few of your general readers, and, I hope, act as a stimulant to some practical dentist more accustomed than myself to expressing his views on paper, to give a few moments of his leisure time towards the instruction of those less fortunate than himself, thereby alleviating a few of the minor pangs of suffering humanity remote from his own personal sphere of practice and usefulness.

The subject to which I wish to draw attention on the present occasion, is the preservation of carious teeth, by what is generally called filling or stopping. The only material which can be used for this purpose, with any hope of success, is pure gold, and, during a practice of nearly fifteen years, I have not seen a tooth capable of being permanently preserved, where this metal could not be used. I have been deterred from using the many varieties of substances for filling teeth which have appeared before the public, on account of their deleterious action or inefficacy; and I feel convinced that every respectable member of the Profession will agree with me in this respect, and that a substance equal to pure gold for this purpose, but more easy in the application, still remains a desideratum.

To enable the dentist to fill a tooth with gold in the proper manner, a great variety of instruments are absolutely necessary. To overcome the difficulties in every case which may be presented to his notice, he must be well supplied with small, highly-tempered, delicately-formed instruments, called "excavators," with the points so curved that the operator may reach every part of the cavity to be filled; also strong but sharp-edged cutting instruments, with which the cavity may be opened, and the rough edges of the enamel removed; and, lastly, an assortment of filling instruments and burnishers, for putting in the gold, making a solid mass of the metal, and polishing the surface of the filling.

When called upon to fill a decayed tooth, I examine the cavity carefully with an excavator, in order to ascertain if the decay has penetrated to the pulp, to avoid giving the patient a violently painful and unnecessary shock, by too suddenly bringing an instrument in contact with that exquisitely sensitive membrane; if, however, the pulp is sufficiently protected by sound dentine, (a) the operation may be commenced immediately; and the following manner of performing it I have found the most successful in my own practice, and supported, in many respects, by all the best dental authorities.

In the first place, the edges of enamel surrounding the cavity must be cut away, in order to enable the operator to remove every particle of foreign matter and decomposed bone, to give the cavity the necessary form for retaining the filling, and to obtain a firm margin, that will bear the pressure that may be required to consolidate the gold; the soft bone can then be excavated by forcing the point of the excavator between it and the sound dentine, and removing with each effort as much as possible; if the bony substance is too sensitive to allow of this being done effectually at one sitting, the cavity must be wiped out, and a soft filling (not amalgam) put in, that will allay the inflammation, and thus, in a few days, the cavity may be perfectly cleaned, and prepared for receiving the gold, and without much inconvenience either to the patient or operator. Leaves of perfectly pure gold, called by the Profession "gold foil," must now be cut, with a pair of long-bladed shears, into strips of from half-an-inch to an inch wide, and in sufficient quantity to fill the cavity; these strips must then be folded with an instrument (I use one something like a small paper-cutter for this purpose), until each strip has been brought to the same width as the cavity to be filled. The object of folding the gold in this manner, is to avoid as much as possible handling it, as it absorbs the grease and moisture from the fingers, which destroys its adhesive qualities. Having chosen all the instruments that may be required for inserting the gold, and making it compact, I place them, together with all the gold prepared, and a few small cloths about four inches square, upon a table within easy reach of the right hand. The patient should be seated in an easy, comfortable, and convenient position, and, at the same time, informed that the mouth must be kept open until the end of the operation; the cloths may then be folded and placed over the mouths of the salivary ducts, to prevent the flow of the saliva. All the parts near the tooth to be filled must be wiped perfectly dry, that, in introducing the gold, it may not be moistened. With small pieces of lint or cotton, upon the point of an excavator, the cavity must now be freed from all moisture (the fine chips of bone having been previously forced out with a fine stream of water, from a small syringe, before putting the cloths in the mouth); after this has been effectually accomplished, the gold may be inserted by carrying one end of a strip upon the point of a filling instrument to the side of the cavity, then, folding the strip upon itself in the

(a) The treatment of teeth, when the decay has extended to the pulp, will be the subject of a future article.

cavity, press it well into its place, being careful to leave the end of each fold projecting out of the cavity, about one line, and so continue to fill in the metal, making every part perfectly solid at each step, until the whole circumference of the cavity is filled, leaving but a small hole in the middle; the gold must then be carried to the bottom, and wedge upon wedge forced in until the cavity is completely filled. With a sharp-pointed filler the surface of the filling must now be condensed, and where the instrument penetrates below the edge of the cavity, more wedges of gold must be forced in, and so on till the surface is perfectly hard. With a suitable file the superabundant gold must now be removed, and the filling, if it project, filed down to a level with the surrounding enamel. The marks of the file must be rubbed down with finely-pulverized pumice, and the tooth and filling highly polished with a burnisher. The operation will then be complete.

If a carious tooth is treated in this manner, or in any other way producing the same results,—namely, a solid gold filling, fitting every part of a perfectly clean and dry cavity,—the operation will be successful, and the tooth saved. A failure in any one part will, however, destroy the utility of the whole, and caries will again commence. To fill a simple cavity in the manner above stated will occupy the operator about an hour; but, if the cavity is large, or its position such as to cause difficulties in the manipulation, two, or even as many as seven hours may be necessary to perform the operation, and to obtain its beneficial results.

Should the above outline of the most important parts of this useful operation become, in the slightest degree, beneficial to even one individual, or induce any other member of the Profession to expose his *modus operandi* upon a practical subject, my object will have been accomplished. I am, &c.

Wm. R. Ballard (of New York.)

45, Park-street, Grosvenor-square.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

February 11, 1854.

Dr. Tyler Smith and S. Stedman, Esq., in the Chair.

Mr. J. B. Brown referred to a

CASE OF RUPTURED PERINÆUM

which he had formerly laid before the Society. This lady had not been able to retain her fæces for fifteen years until the operation had been performed, but afterwards became perfectly well. Mr. Brown had very recently attended her in a protracted labour, and now reported the result. The head rested upon the perinæum for three hours; and, although the latter extended itself from 1½ inches to 3 inches, the cicatrix gave way and broke as the head descended. A consultation was then held with Dr. Locock, when, contrary to Mr. Brown's judgment, it was agreed that the opening should not be enlarged by an operation. The issue was, that, after delivery, a rent of some extent was observed in two directions. This was immediately remedied by two stitches. The parts healed within three days; and now, at the end of three weeks, the patient is as well as ladies ordinarily are at that period. The sphincter acts so perfectly, that a pint of water, thrown into the rectum, is retained. The child was of the ordinary size. Mr. Brown reported that he has now records of twenty successful cases.

Dr. B. Ryan inquired if Mr. Brown would not leave a larger outlet in women who might have children than in an aged patient, and whether he would not in all cases seek to heal by the first intention.

In reply, Mr. Brown stated, that he makes the perinæum in all cases as nearly as possible as it was before, and that he always brings the whole of the parts into apposition at once.

Mr. Henry Lee than read a paper

ON AN IMPROVED PLAN OF REMOVING HÆMORRHOIDAL TUMOURS.

Since the mode of treating these affections by the application of the strong nitric acid had been first introduced, it had been adopted by the Profession generally, and there appeared now to be some danger lest an indiscriminate use of this very useful remedy might not bring it into discredit. The object of Mr. Lee's paper was, therefore, to distinguish the classes of cases in which it might be relied upon from those in which it could not. The cases in which the application of the strong nitric acid, without any other means of treatment, could be practically relied upon, Mr. Lee had found to be instances in which hæmorrhage constituted the prominent symptom, and cases in which the mucous membrane, although prolapsed, had not become thickened, or undergone any great change of structure. The cases, on the other hand, where the application of the nitric acid had been found insufficient were those in which the mucous membrane had undergone an inflammatory thickening, or where from long exposure it had lost its villous character. The plan advocated in the latter class of cases, where medical means had proved insufficient, consisted in seizing a portion of the mucous membrane with a novel kind of instrument called a clamp, and removing the part of it which projected beyond the blades of the instrument with a sharp knife. The cut surface is then washed with the strong nitric acid, or with the actual cautery, and the parts returned to their natural position. The operation is thus at once accomplished, and the irritation and delay caused by the slow process of ulceration after the application of the ligature superseded. As the hæmorrhoid is removed on the distal side of the clamp, the blades of this instrument still retain their hold of the base of the tumour after the removal of its other portions. Hæmorrhage is thus effectually controlled at the time, and the parts are prevented from receding, until the operation is completed, by the application of the caustic or cautery. The actual cautery is recommended as preferable to the application of the strong nitric acid; for, although the author had sometimes found bleeding to occur to a slight extent after the application of the acid, he had never found that to be the case after the use of the actual cautery. The advantages of this plan of operating were said to be—1. That, where the application of the strong nitric acid alone was not sufficient, it was less painful than any other surgical means equally efficacious. 2. That it was safer. 3. That it required less confinement, and that the patient was sooner convalescent. 1. The pain caused by the application of the ligature to piles was universally acknowledged to be great. This pain was caused by the operation itself, and by the irritation caused by the ligature afterwards. In tightening the ligature, the hands of the operator could rarely be brought upon a level with the tumour, and therefore the tumour had to be drawn down to a level with the hands of the operator. This cause of pain was entirely obviated by the plan of operating proposed; for, by a modification of the instrument, the piles might be removed within the speculum, without ever being protruded through the sphincter. By the proposed plan, the pain and irritation produced by the ligature after the operation were also entirely done away with. 2. Although the ordinary operation for hæmorrhoidal tumours was considered safe, yet instances every now and then occurred in the practice of every surgeon who had seen much of these cases in which severe or even fatal symptoms followed. Such symptoms were always liable to occur in any operation in which a vein was liable to be wounded, and its cavity not at the same time obliterated. This must evidently sometimes happen in the common operation for hæmorrhoids. When a needle was passed through the base of one of these tumours, it necessarily wounded any vessel that it came in contact with; and if the two halves of the tumour were then separately tied, the sides of such a vessel would be pulled different ways, and, during the process of suppuration which followed, such a condition would be favourable to the absorption of vitiated fluids into the general system. These dangers were entirely obviated by the operation now described, and the vessels were by it at once and permanently closed. 3. After the application of a ligature to a portion of mucous membrane, a process of ulceration is commenced, and is continued until the ligature separates. During this period no process of repair could be commenced. At the time the ligature fell off, the wound, instead of being smaller, was much larger than the original piece of mucous membrane included in the operation. After the excision of the tumour, and the application of the cautery, on the other hand, the process of repair commenced at once. A clear and definite line was at once drawn between the parts destroyed or removed, and those which it was intended to leave. This no doubt was the reason why, in the cases related, the patients were so soon convalescent after this operation. The object of the application of the actual cautery was not to destroy any depth of surface, but only to secure the divided vessels. By doing this, it removed the great and only objection to the excision of internal hæmorrhoidal tumours.

Mr. J. B. Brown joined issue with the author as to the principle adopted, stating, that the latter had sought to break through the golden rules of surgery. He objected to the treat-

ment by acids, on the ground that, when the part is placed high up in the rectum, much difficulty and delay would occur in its application. He, however, admitted that bleeding tumours so situated are those most fitted for the application of acids, or of perchloride of iron, or of any other caustic. He, however, as an old pupil of Mr. Copland, preferred the use of the ligature to the exclusion of every other mode of treatment; but, instead of encircling the base with one noose, he preferred to transfix the tumour, and to tie it in two or three directions. He further advised, that twine should be used for the ligature, and that the tumour, after having been ligatured, should be punctured to relieve the distension. By these several modes, as he was assured, the pain accompanying such an operation would be greatly lessened, and the destruction of the part be more speedily effected. He would also relieve the looseness of the mucous membrane by a ligature of twine, rather than by the use of the knife, or the application of the acid. He also urged the exhibition of solid opium so frequently and largely as to keep the patient for some time under its influence.

Mr. Hancock was of opinion, that the author should have given greater attention to the causes of piles, for then it would probably have appeared that the operation performed was unnecessary. He advocated the employment of the ligature, but, at the same time, objected to the encircling of the base of a large tumour by one noose. He had been accustomed to transfix the tumour, and to tie it in various directions; then to cut it off, and induce healing by the first intention.

Mr. Coulson remarked, that the author had probably assumed that his cases were fit ones for operation; and, upon the whole, he unhesitatingly preferred the use of the ligature, asserting that it was a simple, safe, and effectual remedy, and, so far as he knew, had never induced death, except in a case which was in the hands of an irregular practitioner. He admitted, that it is a painful operation, and one which requires a fortnight's rest. He objected to the employment of the acid on three grounds:—1st. That, with the exception of the bleeding, strawberry, or nævus-like form of tumour, it was inapplicable, and especially so in those piles which are covered by a layer of greatly-thickened mucous membrane. 2nd. When the tumour is placed above the internal sphincter, and much force is required to bring it down, it must be very difficult to apply the acid; and 3rd. When the disease has complications, as those of fistula or fissure of the rectum, it would clearly be inapplicable. He thought it unnecessary to treat the hypertrophied integument, since, as it is an effect of the piles, it would pass away after the removal of these tumours.

Mr. H. Smith, in opposition to the views of Mr. Coulson, stated, that he had used the acid on various tumours with the most complete success, and believed that the use of the ligature could not be by any means an invariably safe procedure, since the tumour was composed of veins. A friend of his had recently lost a case by tetanus following the operation, performed in the usual mode, viz., by transfixion; and he had no doubt that fatal cases had often occurred. He also referred to the retention of urine, and other severe symptoms, which all admit to have followed the application of the ligature.

Mr. Bowling had known serious consequences to follow the application of the ligature when it had not been drawn tightly enough to strangle the tumour.

Mr. Harrison preferred the use of the ligature to that of the acid, but believed that both might be dispensed with if constant pressure be made on the pile by a silver gilt pessary. His commendation of Mr. Lee's patients, as likely to make good soldiers, was the only political reflection of the evening.

Dr. Ryan approved the employment of the ligature, and gave the particulars of a case in which he had tied three large honeycomb piles with such success, that although the woman had been perfectly blanched by the loss of blood, she recovered perfectly in a week. He believed that when such tumours are tied with a crucial ligature, the tying of the lower ones causes greater pain than that of the upper ones.

Dr. Rowe, also, as an old pupil of Mr. Copland, and an old Army Surgeon, commended the use of the ligature, and had recently, under Mr. Copland's direction, been successful in an operation for piles. He, however, would rather seek to prevent the formation of such tumours by regulating the digestive functions.

Mr. Lee, in reply, stated that Sir B. Brodie had mentioned three fatal cases from the use of the ligature, and he also had dissected the parts of three others; in two of these death had followed from secondary deposits, and in the third from the open vein. He wondered that serious results did not follow more frequently, for if the vein be transfixed, and its sides tied in two opposite directions, it must leave the canal partially open. Moreover, should the tumour be imperfectly strangulated, the circulation of blood within it would take up poisoned material, and induce secondary mischief. By the adoption of his plan of cure the patient saved much pain and time; for while in the cure by ligature the first week is occupied in the destruction of parts, by his mode of operation reparation begins at once.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 7, 1854.

Dr. BABINGTON, President, in the Chair.

MR. HUTCHINSON reported on Mr. Pilcher's case of

DISEASE OF THE EAR EXTENDING TO THE BRAIN.

The structure of the tumour was so much affected by decomposition, as to render a microscopic examination almost useless. It was apparently fibrous in structure, with many nuclei intermingled; but no cells, warranting the supposition of its malignant character, could be discovered.

Mr. Pilcher, on a more leisurely examination of the growth than he had before been able to bestow upon it, had found, in addition to what he previously mentioned, complete destruction of the tympanum and disappearance of the ossicula, also obliteration of the lateral sinus by the pressure of the tumour.

Mr. Toynbee, from a superficial examination, would conclude that the growth of the tumour had been from the ear inwards to the brain, and not in the contrary direction.

Mr. James Salter presented some drawings and sections of

ERRATIC VASCULAR CANALS IN THE TEETH,

passing from the pulp cavity to the alveolar periosteum, associated with the presence of bone in the pulp-cavity. The first specimen was a wisdom-tooth of the lower jaw. The fangs were much soldered together by crusta petrosa; and, passing vertically up between them, was a vascular canal; this having reached the upper third of the fangs, turned at right angles, and piercing one of them horizontally, entered the pulp cavity. The canal is about $\frac{1}{80}$th of an inch in diameter. It is lined with crusta petrosa; and, in the pulp-cavity, opposite where the canal enters, there is also a mass of crusta petrosa. Another specimen, far more remarkable, was a molar tooth, which had three short horizontal canals piercing it at the neck, immediately below the enamel. The cut surface of this tooth showed that the tooth-substance around the entrance of these canals, and in the crown of the tooth above them, was clearer and yellower than normal dentine, and, moreover, that it was cancellated. This peculiar tissue, when submitted to microscopical scrutiny, was found to be a mass of cancellated bone, and, both in general arrangement and intimate structure, more resembles ordinary osseous tissue than crusta petrosa. The lacunæ are smaller than those of crusta petrosa, more uniform in size and arrangement, and the canaliculi are fewer and smaller; moreover, the laminæ are even and regular, and are parallel with all the inequalities of the cancelli. This specimen is believed to be absolutely unique.

Dr. Peacock presented a report on Dr. Fuller's case of

CASTS OF THE BRONCHIAL TUBES.

He stated, that they were evidently fibrinous exudations from the bronchial mucous membrane, and consisted of a trunk with numerous subdivisions, composed of concentric laminæ, and without any canal in their centre. Dr. Bristowe found, on examining portions under the microscope, that they were composed of delicate, transparent, nearly structureless laminæ, between which corpuscles existed in great numbers; and in the smaller ramifications there were numerous granular cells and oil globules. Dr. Peacock remarked, that, on an analysis of a considerable number of cases in which bodies of this description were expectorated, it appeared:—1. That they were most frequently observed in males, and, though they occurred in persons at all periods of life, were most common in those of middle age. 2. That they were generally preceded by symptoms of slight bronchitis; but that, in some instances, the previous disturbance was more severe, and that they occasionally occurred during the progress of phthisis. Their expulsion was usually accompanied by severe cough and difficulty of breathing, and occasionally, but not generally, by severe hæmoptysis. 3. The masses expectorated have, usually, the branched form of the bronchial ramifications, and they may either consist of laminated membranes, white and solid, or tubular, or they may more closely resemble a partially decolorised coagulum. In the

one case, the membranes being separated with little or no hæmorrhage; in the other, their expulsion being accompanied by the escape of more or less blood. 4. The bodies may be expectorated only for a few days, and in small masses, or they may continue to be expelled in great numbers, at longer or shorter intervals, for several weeks, months, or years. In the majority of cases, the persons who are the subjects of this affection do not suffer very seriously at the time, and soon recover their health; but, when attended with hæmorrhage, or occurring as a complication of serious disease, the expectoration may be followed by a fatal result.

Dr. Crisp mentioned two cases which had come under his notice, in both of which the patients were females, and asked if these were in the list examined by Dr. Peacock.

Dr. Peacock said that they were, but that, nevertheless, the majority were males; this was most likely owing to the greater exposure of men to causes inducing bronchitis.

Mr. Spencer Wells exhibited a

URINARY CALCULUS DISCHARGED THROUGH THE RECTUM.

A naval officer came to town to consult Mr. Wells, for "obstinate piles," from which he had suffered for four months. Mr. Wells found no piles, but a large swelling in the rectum, which he first supposed to be an enlarged prostate; but, as the urine passed freely, and a catheter met with no obstruction, he concluded that there must be a collection of fluid around the prostate. He accordingly made a puncture at the most projecting point, and evacuated about eight ounces of pus. The patient returned to the country ten days afterwards, a very slight discharge still continuing. No urine had passed with the pus. Three days after his return he was at the water-closet, and found the calculus Mr. Wells exhibited in the paper he used in the ordinary manner. It was examined by Dr. Bence Jones, who found that it consisted chiefly of phosphate of lime with some oxalate, with a very small quantity of uric acid in the interior, but no trace of it externally.

The President inquired how Mr. Wells explained the absence of urine in the pus.

Mr. Spencer Wells replied, that his first supposition was, that the calculus had formed in the prostate, but its composition disproved this. He therefore thought it probable, as the symptoms had lasted for four months, that the calculus had passed through the prostatic portion of the urethra, and that the opening thus made had closed before he had evacuated the pus through the rectum. Or, perhaps, as there had been no difficulty in passing water, the calculus never had been in the bladder, but had passed from the ureter downwards behind the bladder.

The President inquired of Dr. Bence Jones what conclusion he drew from the composition of the calculus.

Dr. Bence Jones said that his chief object was to determine, from the presence of uric acid, whether it was a prostatic calculus, which he concluded was not the case; for though the quantity of uric acid it contained was small, its presence was indubitable.

Dr. Babington asked Mr. Wells how he accounted for the evacuation of the calculus by the intestine?

Mr. Wells thought that it had probably been lodged in the prostatic portion of the urethra, and that it had thence made its way into the bowel. Its composition rendered it improbable that it had originated in the prostate itself.

Dr. Septimus Gibbon showed a

MEDULLARY CANCER FILLING THE CAVITY OF THE PELVIS.

It had apparently originated in the mucous membrane of the bladder, on which were several wart-like growths apparently of carcinoma in an early stage. The principal growth was from the upper part of the bladder, and filled the whole cavity of the pelvis. There were similar growths on the dura mater, and under the skin of different parts of the body, and secondary deposits in the mesenteric glands. These growths had all the microscopic characters of medullary cancer. The patient had been a shoemaker by trade, and it was said that sedentary occupations favoured this form of disease. The growth of the tumour had been rapid, for the symptoms were only of nine months' duration. There had been no hæmaturia.

Mr. Trotter exhibited an example of

MELANOSIS OF THE EYE, LIVER, AND MESENTERY.

The patient had been in the Leicester Infirmary, under the care of Dr. Shaw. Four months ago, he found the sight of his right eye affected; it gradually became prominent, and the conjunctiva vascular. Abdominal pains were experienced, and tumours felt in the abdomen. Œdema of the lower extremities, and then of the whole body, supervened, and the patient finally died comatose. Melanotic deposits were found in the whole of the abdominal and pelvic viscera, but none in the brain or optic nerve. Cancer-cells were seen in abundance.

Mr. Ashton exhibited an example of

IMPERFORATE ANUS AND RECTUM.

The child when first seen was in such a weak state as to render it extremely improbable that any operation would be successful, and, consequently, the attempt was not made. At first, he had thought that the rectum was absent; but this was not the case. He had not examined the condition of the sphincter ani.

Dr. Crisp thought, that in many cases an operation was advisable, and considered an opening into the left iliac fossa preferable to pushing a trocar into the rectum from the perineum.

Mr. Adams was inclined to agree with Dr. Crisp. In a case on which he had operated per rectum some time ago, the child died.

Dr. Ramsbotham had seen several cases in which an operation had been performed; but in no one of them did the child live more than six months.

Mr. Partridge mentioned a case in which the patient had lived for many years.

Dr. Ramsbotham only wished to show the usual unsuccessful result of these cases. If there was only a thin fold of skin occluding the lower end of the rectum, no doubt it might succeed perfectly; but where the sphincter was wanting, the chances must be very small.

Mr. Ashton said, that the state of the child was such as to shut out all chance of the success of any operation.

Mr. Overbury mentioned a case operated on by means of the trocar, which had succeeded perfectly, and the patient was now a healthy young man. The opening should not be made too soon, but the intestine should be allowed to become distended with fæcal matter.

Mr. Shaw related the case of a boy now living, in good health. The artificial anus had been made from below. At first there was a constant and involuntary discharge of fæces, but the orifice soon contracted, and the patient had frequently suffered from constipation, which was, however, easily relieved by enemata. He is now well, and a stout, healthy-looking boy.

Mr. Adams exhibited a case of

ULCERATION OF THE ARTICULAR CARTILAGE OF THE SYMPHYSIS PUBIS.

The patient, a woman about 30 years of age, had come into St. Thomas's Hospital, under the care of Mr. Mackmurdo, on account of a swelling in the groin, which was supposed to be a psoas abscess, and to be connected with spinal disease, but there was no pain along the course of the vertebral column, and no tenderness on percussion. In a few days the abscess burst spontaneously, and a large quantity of matter escaped, and continued to flow, with symptoms of hectic fever, until her death, which happened soon after. She had been ill for three months, but had not complained much until the last three weeks. On examining the body after death, a large abscess was found, containing three or four quarts of pus, and apparently occupying fully one-half of the abdominal cavity; but, as the intestines did not protrude, it was evident that the peritoneal cavity had not been opened, and, on closer investigation, the abscess was found to be situated within the sheath of the rectus muscle, the cartilage of the symphysis was entirely destroyed, and the cavity communicated with the abscess in the groin by a long sinuous channel. The femoral and iliac veins were plugged with fibrin, and there were purulent deposits in the lungs. There had been very little peritonitis, two or three folds only of intestine being glued to the back of the sac. The pubic bones were carious, and it might be a question whether the disease had commenced in them or in the cartilage; most probably in the latter, for the disintegration was much more extensive in it than in the bones. It appeared very similar in its general features to those cases of diseased spine, which he (Mr. Adams) had laid before the Society a few meetings previously. She had not had any children.

Mr. Mitchell Henry did not think that the view sought to be established by Mr. Adams,—viz., that in these cases the disease commenced in the inter-articular cartilage,—was a correct one; and having carefully examined the specimens which, on a former occasion, he brought forward to show the same thing, could not

find in them any evidence to show that the disease had commenced elsewhere than in the usual situation, the bodies of the vertebræ. From what happens in cases of aneurism advancing backwards, we know that the bodies of the vertebræ alone suffer, and that the intervertebral cartilages remain entire, showing no traces of inflammatory action excited by the pressure to which they have been subjected, while the osseous textures suffer severely. It is also difficult to understand how structures destitute both of blood-vessels and nerves can inflame, or exhibit changes produced in them by inflammation, as, for instance, ulceration. In the cases of articular cartilages of the joints, also, Mr. Redfern's researches had made it quite clear, that molecular changes in the cartilage itself, produced by failure in its nutrition from disease of the blood, or from the supply of blood to it, by means of the layer of bone immediately underneath, gave rise to all those appearances in the cartilage which are commonly described as ulcerations; but in these cases there were no symptoms produced during life; and it was only on opening the joint after death that he became aware of the changes that had been going on in the cartilage.

Mr. Adams said, that in some of the former cases there was no caries, but rather a tendency to ossific deposit, while the cartilages were completely destroyed.

Mr. Partridge observed, that in no one instance was there disease of the intervertebral substance not communicating with the general abscess, and coinciding with separation of the periosteum from the bone.

Mr. Adams thought this an error; in at least one case there was distinctly no such communication. Certainly, as the disease advanced, a communication became established, and, therefore, these cases should be judged of by their earliest appearances.

Professor Spooner said that diseases of the articular cartilage were common among the lower animals; most of them began apparently in the bone, but sometimes the cartilages were found to be worn through, and the bone thus exposed to be granulating, which would not happen if the bones were carious. This wearing through of the cartilage occurred not at all uncommonly without coincident disease of the bone.

Mr. Charles Hawkins had often seen the articular cartilages absorbed without pain or symptoms of suppuration in old persons, and in those whose joints had been thrown out of use for some time. In the former cases the bone beneath was usually harder and firmer.

Mr. Partridge asked if Mr. Adams did not refer to fibro-cartilages alone.

Mr. Adams said that his observations had been chiefly confined to the fibro-cartilages.

Dr. Ramsbotham inquired whether there had been any symptoms of phlegmasia dolens in this case from the plugging of the veins.

Mr. Adams believed not. There were no very active symptoms throughout the case. The situation of the abscess rendered the plugging of the veins a likely occurrence.

Mr. Barwell exhibited some specimens from a case of

SENILE GANGRENE.

The patient, an old woman, under the care of Mr. Simon, had died ten days after admission into the Hospital. The heart was found normal in size; the aortic valves slightly ossified; the mitral extensively so. The left femoral artery was thickened, and much contracted, so as to be almost impervious; the posterior tibial was completely obliterated, and the anterior nearly so. Calculi were found in each of the kidneys, the one in the right being the larger. It was examined by Dr. Dundas Thompson, and found to be composed entirely of the triple phosphate; one portion of it which had been lodged in a small abscess was of lighter colour and semi-transparent; the composition of this was the same, and the lighter colour was probably owing to a more crystalline structure from quicker deposition.

Dr. Bristowe and Dr. Lionel Beale reported on Dr. Handfield Jones's

SUPPOSED PERITONEAL ULCER OF THE STOMACH.

The depression was perfectly circular, and its circumference formed by the serous and muscular coats of the stomach; no traces of inflammatory deposit could be found in its margins, and the appearance was in all probability a *post-mortem* one. They had not succeeded in producing one like it, but it had most likely been caused by a prick with the knife in opening the body, the stomach being distended with flatus at the time.

NORTH LONDON MEDICAL SOCIETY.

FEBRUARY 8, 1854.

Mr. QUAIN in the Chair.

AFTER the election of officers for the ensuing year, Dr. Greenhalgh delivered the annual oration, adverting to the rapid extension of practical Medical science during the past year. His address was loudly applauded, but our space does not permit us to give more than the following passage:—

"I cannot allow this opportunity to pass without noticing the system of biographical advertising which has recently excited so much attention; and, I am happy to add, has been so generally condemned. Through the example set by several eminent members of the Profession, this practice has led to the worst results; and I feel confident, that, could these gentlemen have anticipated but a fraction of the evils which have arisen out of it, they never would have lent their names and countenance to such a system. Even the erudite Göthe, the greatest and most versatile of German poets, when urged by his friends to write his life, deemed apology necessary when penning it, although with the laudable object in view, 'to spare the young those circuitous paths on which he himself had lost his way.' How widely different the tone, and, I fear, the objects, of recent Medical biographies. Gentlemen, life is chequered; and, as in every picture lights and shadows are to be found, so, depend upon it, in every man's life, impartially told, many dark as well as bright spots exist. It needs no laboured argument to prove that

> 'One man's word is no man's word;
> Justice needs that both be heard.'

Coleridge has quaintly and truthfully observed, that, 'as there is much beast and some devil in man, so is there some God in him. The beast and the devil may be conquered; but, in this life, never destroyed.' Yet, in spite of this honest declaration, which do we find in these biographies? Pictures—I ought rather to say daubs—without shadows; the angel without the devil; fictions, not realities; truth is sacrificed at the shrine of vanity; and the erudition and skill of one gentleman, and the advantages of one Institution, have been heralded at the expense of others no less worthy professional and public support. As examples, the highest object and aim of all biographies, they are none. One is led by these effusions to imagine that many of these gentlemen must have been painfully conscious of the ephemeral nature of their works, and must have felt with the poet, that—

> 'Things of this nature scarce survive that night
> That gives them birth; they perish in the light;
> Cast by so far from after life, that there
> Can scarcely aught be said, but that they were.'"

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

METROPOLITAN COUNTIES BRANCH.

A General Meeting of this Branch was held at 37, Soho-square, on Tuesday last, the President, Sir John Forbes, M.D., in the Chair.

Present: Dr. Webster, Mr. Ancell, Mr. Charles, Dr. Cotton, Dr. Semple, Dr. Henry, Dr. Powell, Mr. Richardson, Mr. Toynbee, Mr. Clifton, Mr. Propert, Mr. Kesteven, Dr. Howard, Mr. Horton, Dr. Ridge, Dr. O'Connor, Dr. Shorthouse, Mr. Dunn, Mr. Carter, Dr. Murphy, Dr. Smith, Mr. Fennell, Mr. Evans, Dr. Traquair, Dr. Wm. Ogle, Dr. Stewart, Dr. Gibb, Dr. Cormack, Mr. R. H. Whiteman, Dr. Burrows, Mr. John Gay, Dr. Druitt, Mr. Robert Elliot, Mr. Edw. Cousins, Mr. J. Toynbee, Mr. George Bermingham, Mr. W. H. Michael, Mr. Benjamin Davies, Mr. Ed. Hart Vinen, Mr. J. Hinton, Dr. Golding Bird, Mr. Henry Lee, Mr. Campbell De Morgan, Mr. John Bowling, Mr. Patrick Fraser, Dr. Saml. Griffith, Dr. Sibson, Dr. Jas. R. Bennett, Dr. Haley, Mr. E. Baker, Mr. Wm. Adams, Dr. Douglas, Mr. Charles F. J. Lord, Mr. H. Spencer Smith, etc.

The Minutes of the last meeting having been read and confirmed,

THE REPORT OF THE VACCINATION COMMITTEE

was read by Dr. Cormack.

The Report stated, that the Committee had reason to believe that the Vaccination Act of last Session was likely to be amended, if proper means were taken for eliciting the general opinion of the Medical Profession upon the subject, and bringing it forward in due form. A letter, in reference to an amended

Bill, had been received from Lord Lyttelton, with whom Dr. Cormack had corresponded and held two interviews. He had communicated to His Lordship five principal objections to the Act as it at present stood. 1st. The working of the Act being placed with the guardians of the poor. 2nd. The want of professional supervision over vaccinators. 3rd. The want of any measures for the maintenance and distribution of lymph, which it was often very difficult to secure. 4th. The obligation to vaccinate a child before the age of three months; while many Medical men made it a rule to delay the vaccination till eight or nine months. 5th. The paltry fee bestowed on the public vaccinator, and the absence of any fee to the Medical Practitioner for supplying the certificate. Dr. Cormack also proposed the formation of a Committee to deliberate upon the subject. Lord Lyttelton replied, that he would postpone bringing in a Bill to amend the Act of last Session for three months, if considered desirable, but thought that the delay had better not exceed that period. His Lordship further stated, that he had found great difficulty in obtaining the opinion of the Medical Profession upon the Act; he thought a Committee very valuable, and would bring in the new measure upon learning the preponderating opinion of the Profession upon the question. The Vaccination Committee begged to recommend, that the cordial thanks of the Branch be conveyed to His Lordship for his courteous compliance with their request, and that a Committee be formed for the object specified, and empowered to call the first meeting within twenty-one days from the present date.

Mr. Ancell proposed that the Report be received and adopted.

Dr. Druitt seconded the Motion, which was carried *nem. con.*

The Report of the Medical Reform Bill Committee was then called for, and read by Dr. Semple.

The Report was very short, "no commuuication having been received from head-quarters."

Mr. Propert proposed that the Report be received and adopted.

Dr. Edward Smith seconded the Motion.

After some discussion, in which Dr. Webster, Mr. Ancell, and Dr. Burrows took part, as to the right interpretation of the Clause,

Dr. Burrows said, he did not know whether, after what had passed, the Committee would press the meeting to adopt the Report as it stood. It would be very desirable to have the matter before them again. He should be very glad, individually, to see support given to the Bill, which would be likely to be attended with great benefit to the Profession.

Dr. Cormack quite agreed that the Association was not ripe for discussion of the Bill. Since it had been published, a new discussion had been opened with the Colleges in Edinburgh. He had heard that, on Thursday week, Lord Palmerston would decide whether he would bring in the Bill himself, or allow it to be brought in by some private Member.

Dr. Semple concurred with Dr. Cormack in thinking that no opinion should be formed of the Bill at present.

The Chairman said he had been just called out of the room by Mr. Brady, who had given him a copy of his Bill, and requested him to take an opportunity for calling attention to the two last clauses. He thought that, at the eleventh hour, Mr. Brady had found it expedient to alter the Bill in some way. The 16th Clause stated, that whereas there were many Surgeons and Physicians, Graduates of English and Irish Universities, now practising in England, who had not a legal qualification to practise in England and Wales, they should be allowed to continue to practise and be provisionally registered for one year, to afford them an opportunity for obtaining a legal qualification; and the 17th Clause provided, that nothing herein contained should apply to those who had been in practice for a certain number of years.

Mr. Propert having omitted the word "adopted" in the Motion, the Report was received.

THE CASE OF MR. GAY.

In reply to a question from Mr. Gay, as to whether it would be convenient for him to remain in the room during the discussion,

The Chairman said, that would be a mere matter of feeling. Mr. Gay had a perfect right to remain, if he thought proper; but perhaps it would be as well to put it to the meeting.

Dr. Murphy said, that in order to insure a free and unrestrained expression of opinion, and to be in no respect complimentary, Mr. Gay's absence was desirable.

Mr. Gay accordingly withdrew.

Dr. Risdon Bennett then moved—

"That the dismissal of Mr. Gay by the Committee of the Royal Free Hospital, proceeding as it did on a pretext altogether frivolous and hollow, and having no direct connexion with his conduct or character as an officer in the Institution, was not only most oppressive and unjust to that gentleman, and insulting to the Profession of which he is a worthy member, but must, if adopted as a precedent, prove highly injurious to the interests of all our Medical Charities."

He said he was anxious not to express an opinion upon any other part of the question besides that relating to Mr. Gay's dismissal from the Hospital. Whatever his conduct might have been, in reference to the Committee, he (Dr. Bennett) had nothing to do with it. All he could say was, that according to the Committee's own showing, Mr. Gay appeared to have conducted himself in a manner highly creditable to him as an officer of the Institution for a great number of years. In this capacity no complaint had been made against him; but on other grounds, which appeared to have no relation to him as an officer of the Hospital, he had been summarily expelled; and he (Dr. Bennett) could not but think, that if such proceedings were allowed to pass *sub silentio* by the Profession, they would be doing a great injury to those who should come after them. He considered that the matter should be looked upon as quite distinct from any relation in which an officer might stand to members of a Committee, and that, unless there was something very bad in his conduct, something very public that all would feel called upon to take notice of, it was not the part of the Committee to interfere. (Applause.)

Dr. Golding Bird had much pleasure in seconding the Resolution, which he could do with great sincerity and singleness of feeling, inasmuch as he had not the privilege of being Mr. Gay's personal friend. Such a matter should be taken up on public grounds. So long as the Profession were honest to one another, they need not fear the public being honest to them. "Do as you would be done by," was a precept too much forgotten. (Hear, hear.) They had nothing to do with the disputes of rival journals, or the bad taste of complimentary biographists. The matter should, as he had said, be taken up entirely on public grounds. Here was a man, who for a number of years had been the officer of an Institution, holding at the time he joined it, and even at the present time, no public status—a man who had attained the character of a good and accomplished Surgeon, and performed the duties of his office in an exemplary manner—summarily dismissed. Those who had gained a standing in life were not so much affected by such proceedings; but, if they were to be tolerated, a young man, rising in his Profession, and holding office in a public Institution of a similar kind, from being expelled through the animosity of any member of the Committee, might be regarded by the public as necessarily guilty, and have the whole of his prospects blasted. (Hear.)

Dr. Stewart supported the Resolution. He said his name had been mentioned in one of the Journals, as not having been present at the Hanover-square Rooms. In common with a great number of others who took a very warm interest in the matter, his name appeared in the list of absentees. What he wished to do at the present time was to express his cordial concurrence with the object of that meeting, and with the Resolution now proposed. He quite agreed with Dr. Bennett and Dr. Bird, that it was a subject that ought to be taken up on public grounds, and that onno account should personal feeling be allowed to have anything to do with the matter.

Dr. O'Connor wished to ask Dr. Cormack if there was any truth in the statement he had heard from some Medical men in the provinces, that the general Council of the Association, or some members of it at Worcester, had endeavoured to control the Editor of the *Association Journal*, in consequence of the articles that appeared in it condemnatory of the Committee of the Hospital.

Dr. Cormack: A simple "No" is an answer to Dr. O'Connor's question.

The Resolution having been further supported by Mr. Ancell it was carried by acclamation.

PUBLICATION OF BIOGRAPHIES.

Mr. Ancell, in the absence of Dr. Burrows, who was compelled to leave the meeting, moved—

"That the practice, which has of late become prevalent, of publishing the biographies of its living members, is highly derogatory to the dignity of a learned and liberal Profession, and should, by every legitimate means, be discountenanced by the members."

He said he was glad of having the opportunity of vindicating himself by stating, that he did not furnish a single item for his Biography, and that every circular that was sent to him he immediately tore up and put behind the fire. (Hear, hear.) He did

this with the full assurance that every respectable member of the Profession would have done the same thing. (Hear.) He rather imagined that it was from thoughtlessness that some members had not acted in a similar manner. He could appreciate as well as any one the value of truthful biographies, and in some instances autobiographiés were very useful; but it was when a man had gone through the turmoil of life, and retired from its active duties, and had no interest or passion to influence him, that his autobiography was likely to be of any advantage. But in this case it was impossible to expect anything like the truth. The Editor of the biographies was a medical man, striving for professional reputation and fame, and must of course have his enemies and his rivals; and it could not be expected that a man should go wholly and totally against his own interests. (Hear, hear.) And then, what was the use made of these biographies? It was stated, that one gentleman had something like 1500—[Mr. Richardson: 15,000!]—copies of his biography distributor over the country. He (Mr. Ancell) had been told, that another gentleman allowed his butler to hold these books in his hands; and when the patients went out he used to say to them, "Have you seen my master's biography?" (Laughter.) It often happened that individuals had obtained large practices and considerable reputation, with very little of that which ought to be the groundwork of reputation,—by those arts designated "tact." Would those gentlemen, in writing their biographies, tell how they succeeded, as an example to those that should follow them? Certainly not. The mode in which these biographies were got up was subversive of all the real uses of biographies; and the purposes to which they were applied were those which every respectable member of the Profession ought to reprehend. (Applause.)

Dr. Murphy seconded the Resolution. He said that autobiographies, published in the present style, were little better than the autobiography of Dr. Morrison, or any one else who wished to put forth a quack advertisement. (Laughter.) The author could not possibly describe himself faithfully, even if he wished, to say nothing of the very strong leaning he might show towards a highly-coloured and very handsome picture; so that truth was entirely lost, and a necessary result was, that the Professional character was lowered. But perhaps the most lamentable consequence was, that a gentleman of unsullied reputation and high professional character, who had, unfortunately, in the innocency of his heart, given to the Editor his birth, parentage, and education, should thus give rise to a biography specially directed for a particular Journal, for every one knew that there had been a contest going on between two particular Journals, far worse than the Russian and Turkish war—(laughter)—and for that purpose there could not be a severer blow levelled against one of them than to praise Mr. Gay excessively, to the disparagement of the relative of the Editor's opponent. For these reasons he had great pleasure in seconding a Resolution disapproving altogether of such practices.

Mr. Richardson, in supporting the Resolution, said, that it involved, not only a question affecting the position of medicine in the sight of the world, but also in the sight of those members who had to carry out the blessings of their Profession in future years. What should be said of biographies, which took for their basis sheer vanity or miserable revenge, which issued forth from fingers set on itching palms, and which, in nine cases out of ten, had been intended as advertisements of the living immortal they would describe, telling far and wide of this or that Medical Jupiter, of the times when he unveiled his gracious face, and the exact route to the Olympian temple in which he sat enclouded? (Laughter.) And what was the pain felt by honest men in being obliged to come forward and expose such tricks? He was not speaking too sweepingly; a great moral pestilence had arisen among them, and they must attack it in the same way as they would another pestilence, if they would attack it successfully. (Cheers.) There was plenty of biographical reading elsewhere, where quackery had no home. It was weak, even to idiocy, for gentlemen to countenance such biographies, because their name was in the alphabet, and they would one day fall into the hands of the biographers, who had the power to invent characters, and paint an individual at any point they pleased in the scale of civilisation, from the tatooed savage to the undying philosopher?

> "Shall we all
> Contaminate our fingers with base deeds,
> And sell the mighty meed of our true honours,
> For so much trash as might be grasped thus?"

or rise against the principle, to a man, and say, "We wish to have no retrospective ill-feeling, we will shut our eyes to the past, but in this we are determined, that whosoever panders to such a system, does so to the forfeiture of all our respect and all our confidence"? (Cheers.) That was the great question for the meeting to consider. If any were offended in what they heard said of the biographical system, they might be assured it had caused not less pain to those who had spoken it; but, whether those gentlemen were pleased or offended, the speakers had endeavoured to speak honestly and truly, and would make their defence in the words of an illustrious ancient: "If an offence come out of truth, better is it that the offence come than the truth be concealed." (Applause.)

The Resolution was then put to the meeting, and carried unanimously.

Dr. Druitt moved, and Dr. Griffith seconded:—

"That the cordial thanks of this meeting are due to Dr. Cormack, for having so ably led the way in denouncing that unseemly and hurtful system, in the pages of the *Association Journal;* and that his editorial remarks on the recent proceedings at, and in connexion with, the Royal Free Hospital, are eminently fitted, from their high tone and gentlemanly spirit, to promote the great objects this Association has in view."

The President: I would simply state, that, of course, it is right if you please to confine your praises to Dr. Cormack; but I think it is but just to another Journal to say, that it has taken fully as active and energetic a stand against the subject which has been lately discussed as the *Association Journal.*

The Resolution having been passed,

Dr. Cormack returned thanks, and read two letters he had received, one from Dr. Hitchman, complaining of the *Association Journal* being devoted so much to party purposes, especially referring to the case of Mr. Gay. Dr. Cormack stated, that he had only received two letters of that character, while he had received hundreds on the other side of the question.

The proceedings terminated with a vote of thanks to the Chairman.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

Naval Surgeons.—Petitions have been presented during the week—by Mr. Williams, from Medical Practitioners of Lambeth, complaining of the treatment of Assistant-Surgeons in the Navy; by Mr. Deedes (2), from members of the Medical Profession in and near Canterbury, praying for a removal of the grievances of which Naval Medical Officers complain; by Mr. Hume, from certain Medical gentlemen, complaining that the Resolution passed for the accommodation of Naval Assistant-Surgeons had not been observed; by Mr. Bright, from Lancashire, to the same effect; by Mr. G. S. Duff, from the Medical Practitioners of Elgin, Forres, and Nairn, for the better accommodation of Assistant-Surgeons on board Her Majesty's ships of war; and by Mr. Kinnaird, from members of the Medical Profession at Stanley, Perthshire, praying that Naval Medical Officers may be put on a footing of equality with their brethren in the Army.

Monday, Feb. 13.

University of London.—Lord John Russell, on introducing his new measure of Reform, said: "We propose to give one Member to the University of London. (Loud cheers.) Considering that there are two great Universities, Oxford and Cambridge, which are so much connected with the Church, I think it but fair, that a University which is open to the whole country should have the power of sending a Member to this House." (Cheers.)

MEDICAL NEWS.

Professor Owen, F.R.S.—This gentleman will commence his annual course of lectures on Comparative Anatomy, in the new theatre of the College on Tuesday, the 7th of March; the proposed subject is the "Anatomy and Physiology of the classes Aves and Mammalia; or the Vertebrated Animals with warm Blood." The course will consist of twenty-four lectures; the particulars will be found on reference to our advertising columns.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Feb. 9:—

Cauty, H. Evans, Liverpool. (At a Special Court, Feb. 4.)
Walmsley, Francis Harrison, Holmfirth, Yorkshire.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a special meeting of the Court of Examiners on the 10th instant :—

CORNISH, SAMUEL HENRY, Exeter.
EDWARDS, THOMAS NELSON, Mattishall, Norfolk.
LANGWORTHY, JOHN MOYSEY BARTLETT, Modbury, Devon.
PROMEWAN, JOHN, Hale, Cornwall.

THE FELLOWSHIP.—At a meeting of the Council of the Royal College of Surgeons on the 9th inst., the following members of the College were admitted as Fellows, viz. :—

BRADSHAW, WILLIAM WOOD, Reading, diploma of membership dated Dec. 13, 1833.
CLARK, WILLINGTON, Sutton, Surrey; Jan. 5, 1827.
CORNELIUS, J. C., Canonbury; July 28, 1835.
INCE, JOHN, Lower Grosvenor-place; Oct. 1, 1830.
JEAFFRESON, JOHN FURRANCE, Islington; Dec. 23, 1831.
JOY, HENRY WINKLES, Maidstone; May 23, 1828.
MITCHELL, JOHN, Keighley, Yorks.; Dec. 17, 1813.
PARKER, C. GUNNING, Shrivenham, Berks; Jan. 17, 1834.
RIDGE, BENJAMIN, Putney; Aug. 29, 1836,
SCOTT, JOHN, Camden-town; May 27, 1834.
SPENCER, LAWRENCE, Preston; April 29, 1834.
STEPHENS, JOHN, Shrewsbury; May 21, 1838.
STEVENS, RICHARD, Markyatestrect, Beds.; April 2, 1819.
STUTTER, WILLIAM GASKOIN, Wickhambrook; Oct. 5, 1838.

APPOINTMENTS.

EASTERN DISPENSARY, BATH.—Dr. Trull has been elected one of the Physicians to this Institution, to fill the vacancy occasioned by the resignation of Dr. Gidley.

ST. MARYLEBONE INFIRMARY.—Mr. Henry Thompson has been appointed Surgeon to this Institution *vice* Mr. Stafford, deceased.

NAVAL.—Surgeon-Superintendent: Charles Smith (1843) to the Amazon hired convict ship. Surgeons: Charles T. S. Kevern (1846), to the Monarch, 84, at Sheerness; James Davidson (1848), to the Dragon steam-frigate, at Portsmouth. Assistant-Surgeons: Charles Roberts (1845), from the Excellent gunnery-ship, at Portsmouth, to Deal Hospital; George C. Wilson (1853), to the Majestic, 80, screw-steamship, at Sheerness. Acting Assistant-Surgeons: George E. Young, to the Cæsar, 91, screw-steamship, at Portsmouth; William J. Shone, to the Vulcan, screw-steam troopship; Francis Hardinge, to the James Watt, 91, screw-steamship, at Devonport; Richard Eustace, to the Monarch, 84, at Sheerness.

MILITARY.—50th Foot: Edward Gregg Noot, gent., to be Assistant-Surgeon, vice J. C. Purves, M.D., who resigns. Hospital Staff: John Joseph Adrien, gent., to be Assistant-Surgeon to the Forces, vice Stewart, appointed to the 98th Foot.

VACANCIES.

ARDWICK AND ANCOATS DISPENSARY.—A Resident House-Surgeon is wanted. Election, Feb. 24.

BRADFORD INFIRMARY.—A House-Surgeon is required. Election, March 10.

ROYAL PIMLICO DISPENSARY.—The office of House-Surgeon is vacant.

DEATHS.

BARNETT.—Dec. 1853, at Trinidad, in his 30th year, Harry Frederick Barnett, Surgeon, for several years resident in Birmingham.

COOPER.—Feb. 3, Thomas Cooper, Esq., Surgeon, late of Stourbridge, M.R.C.S.E. and L.S.A., 1835.

JACK.—Feb. 9, Dr. Jack, the Principal of the University of King's College, Aberdeen, aged 86.

PERKINS.—Jan. 31, Dodd Perkins, Esq., Surgeon, of Topsham, late of St. Thomas's Hospital, M.R.C.S.E. and L.S.A. 1843.

WHITE.—February 4, at Arnold, near Nottingham, George Mills White, Esq., F.R.C.S.L.,aged 48; F.R.C.S. (Nom.) 1843; M.R.C.S.E. and L.S.A., 1827; late Surgeon General Hospital near Nottingham and County Lunatic Asylum, and formerly Surgeon Nottingham Dispensary. (Retired.)

MEDICAL BENEVOLENT FUND.—MEETING OF THE COMMITTEE.—The health of Mr. Newnham not permitting him to continue the arduous duties of Honorary Secretary to the Fund, in addition to those of Treasurer, and Dr. James Bright having offered to undertake the office of Honorary Secretary, he was unanimously appointed. Mr. Toynbee still retains the office of Honorary Secretary to the Committee, but all subscriptions are to be paid to the Treasurer, or to Dr. James Bright. An Assistant-Secretary was also appointed to assist Dr. Bright in receiving subscriptions in the Metropolitan districts. *Cases.*—1. The widow of a Medical man, formerly resident in the Borough, left unprovided for; three years ago was voted 10*l.* a-year for three years. Voted 10*l.* 2. The widow of a Medical man, who formerly practised in Cornwall; he left his wife and two children wholly unprovided for, he having had bad health long previous to his death. Recommended by Dr. Harness and Mr. Lawrence. 3. A Medical man in the Midland Counties, having a wife and three children, has fallen into poverty on account of his ill health, which has prevented him from pursuing his avocations. Recommended by Sir C. Hastings and Dr. Bell Fletcher. Voted 5*l.* 4. The widow of a Medical man in Herefordshire, having to support three small children. Recommended by Dr. Lingen and Mr. Griffiths. Voted 10*l.* 5. The widow of a Medical man, who practised in London, aged 73; she is infirm, in bad health, and in poverty. Recommended by Mr. Self and Mr. Booker. Voted 10*l.* 6. The two daughters of a Medical man who practised in Berkshire, and died last year, leaving both unprovided for, and both suffer from ill-health. Recommended by Mr. Wheeler and Mr. H. B. Evans. Voted 5*l.*, with the promise of further aid for assistance in emigration. 7. The widow of a Medical man in Hertfordshire who died two years since, leaving his widow and four children unprovided for. Recommended by Mr. Shilliter, Mr. O. Foster, Dr. Glass Black, etc. Voted 20*l.* 8. The widow of a late annuitant who left his wife and three children in a state of poverty. Voted 10*l.* The Treasurer reported, that, on the 1st of July, 1853, the balance due to him was 22*l.* 2s. 6d. Since that time, the receipts have been 181*l.* 16s. in subscriptions, and 50*l.* in donations. The payments had been 26*l.* 4s. 8d. for postage-stamps, and 192*l.* 2s. in benevolent aid; making together a sum of 228*l.* 6s. 8d.; there being a balance due to the Treasurer of 36*l.* 10s. 8d.

LUNACY.—MRS. CUMMING.—PAYMENT OF THE COSTS OUT OF THE ESTATE.—This important lunacy case was, we believe, for the fortieth time brought before the Lord Justices of the Court of Appeal on Friday, Feb. 11. The eighteen medical gentlemen who were engaged as witnesses in this case have now a reasonable probability of being paid their fees, unless the lawyers swallow up the whole of the estate.

MIDDLESEX HOSPITAL.—At the last quarterly meeting it was announced that an additional Physician had been appointed, to attend specially the out-patients, and also a Medical Registrar, whose reports testify to the improvements in the arrangements and ventilation of the building, by showing that contagious and infectious diseases are now scarcely ever communicated by the sufferers to the other patients or to the attendants, and that cases of erysipelas rarely occur. The museum has been enlarged, and has received some valuable and rare specimens. During the past year, 13,867 patients have been admitted and relieved, of whom 2,192 were in-patients. New wards have been opened, and the hospital now contains 310 beds. The consequence is, there is a deficiency of 3,000*l.* in the funds of the Institution.

THE SMALL-POX HOSPITAL.—The Half-yearly General Meeting of governors and subscribers was held on Friday, Feb. 10. The Report stated, that the amount received during the past year had been 3155*l.* 2s., of which there had been expended 2733*l.* 14s. 2d., including 1000*l.* invested; leaving a balance in hand at the bankers, on June 1, of 421*l.* 8s. 5d. The number of patients admitted into the Hospital during the same period was 143, of which 139 were cured, and 14 died. The number of patients in 1852 was 800; and in 1853, 140; showing a decrease of 660. Of the 133 patients admitted with the small-pox, 29 were unvaccinated; and in this class the mortality of the present year, as, indeed, of all others, is chiefly to be found. The Medical Report stated, "that 104 had had small-pox after vaccination, either reported or ascertained; and in this class the severity and mortality were, as a general rule, in direct proportion to the imperfection of the vaccination, as inferred from the the only available guide, viz., the number and character of the cicatrices. One of these cases, aged 16, had small-pox and recovered, having been vaccinated in infancy, and, as was said

having previously had small-pox when six years of age. The proportion of vaccinated cases having small-pox to the whole admissions has been slightly in excess of former years. The total mortality of the year was 14, being at the rate of 10 per cent., a smaller mortality than was ever before occasioned. Of the unprotected cases, there died 8, or 27½ per cent. Of the vaccinated cases, there died 6, or rather less than 6 per cent. The number of persons vaccinated at the Hospital during the year was 458, and 2188 charges of vaccine lymph have been supplied to members of the Profession.

City of London Lying-in Hospital.—At the Annual Meeting of this Institution, it appeared from the Report, that 346 women had been delivered from January to December, 1853, of whom 5 had twins. The numbers born were 179 males, and 172 females. Still-born, 9; 3 males and 6 females. 9 deaths; 5 children and 4 women. Receipts, 2226*l.* 9s. 5d.; expenditure, 2052*l.* 10s. 11d.: balance in hand, 193*l.*, 18s. 5d.

Cholera in London.—The following death from cholera was registered in the week:—In Hackney-road sub-district, at 27, Charles-street, on 4th February, a cordwainer, aged 53 years, "cholera (69 hours)." Mr. Latham, the Medical attendant, appends the following note to his certificate:—"The patient presented all the symptoms of malignant cholera; he was completely in a state of collapse; almost voiceless and pulseless; surface livid; pain in the abdomen; cramps; vomiting of rice-water fluid; but no purging. Offensive smells from drains in the house." Mr. Murray, the Registrar, adds:—"There is only cesspool drainage, though the house is in the immediate vicinity of an excellent sewer."

Cholera in Eardle.—The number of deaths is in all 16, out of a population of about 400, in one month. The small island of Eardle is badly supplied with water in summer; the supplies then being dried up. In winter they are dependent on the rain water that filters from the surface of a proverbially dirty site, composed of the *débris* from the slate quarries and other refuse. Now, for the matter of a hundred pounds a pipe could be laid across to the island, supplying the quarries with a copious stream of pure water from the mainland.

Mortality Notabilia.—The total number of deaths registered in London in the week that ended on Saturday, was 1178. It exhibits a decrease on that of the preceding week, and is exactly the same as the number returned in the last week of January. The mortality in the last four weeks has varied little, and the mean weekly temperature of the same times (about 42°) has been singularly uniform. In the ten corresponding weeks of the years 1844-53, the average number was 1093, which, corrected for increase of population, becomes 1202. Last week's return is less than the estimated amount by only 24. The zymotic or epidemic class numbers 262 deaths, while the corrected average does not exceed 235. The excess arises from hooping-cough, which is now more than ordinarily fatal, and carried off 88 children last week. In ten corresponding weeks of 1844-53, the lowest number of deaths from this complaint was 16, the greatest 64, the average 44. The mortality from diseases of heart (60 deaths) increased in the week.

Births.—Last week the births of 925 males and 872 females, in all 1797 children, were registered in London; average, 1513.

Meteorology.—At the Royal Observatory, the mean height of the barometer in the week was 29·981 in. The highest mean was 30·129 in. on Friday; the lowest 29·807 in. on Sunday. The mean temperature of the week was 42°, which is 3·7° above the average of the same week in 38 years. The mean dew-point temperature was 36·4°. The wind blew from the south-west till Thursday. Horizontal movement of air on Monday, 315 miles; weekly total, 1270 miles; no electricity shown. The rain-fall of the week was 0·25 in.

Mortality in Public Institutions for the week ending February 11:—

	Males.	Females.	Total.
Workhouses...	47	70	117
Military and Naval Asylums ...	4	...	4
General Hospitals	26	20	46
Hospitals for Special Diseases ...	1	2	3
Lying-in Hospitals	...	...	...
Lunatic Asylums	4	3	7
Military and Naval Hospitals ...	4	...	4
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	2	...	2
	89	95	184

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 11, 1853.

Causes of Death.	Feb. 11. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	579	352	238	1178	10933
Specified Causes	577	352	237	1166	10887
1. Zymotic (or Epidemic, Endemic, and Coutagious) Diseases ..	204	42	16	262	2137
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	4	27	13	44	496
3. Tubercular Diseases	70	125	8	203	1886
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	58	31	37	126	1295
5. Diseases of the Heart and Blood-vessels	4	28	28	60	392
6. Diseases of the Lungs and of the other Orgaus of Respiration ..	107	49	67	223	2246
7. Diseases of the Stomach, Liver, and other Organs of Digestion	29	16	15	60	642
8. Diseases of the Kidneys, etc. ..	1	8	4	13	98
9. Childbirth, Diseases of the Uterus	1	7	..	8	90
10. Rheumatism, Diseases of the Boues, Joints, etc.	3	3	1	7	82
11. Diseases of the Skin, Cellular, Tissue, etc.	2	5	..	7	82
12. Malformatious	4	..	..	4	41
13. Premature Birth and Debility ..	39	..	..	39	257
14. Atrophy	31	..	8	39	210
15. Age	..	..	35	35	607
16. Suddeu	5	4	2	11	101
17. Violence, Privation, Cold, and Intemperance	15	7	3	25	295
Causes not Specified	2	..	1	12	46

TO CORRESPONDENTS.

Mr. Henry Smith's interesting paper on the Early Operation for Hare-lip shall appear next week if possible.

Dr. Waller's cases of Placenta Prævia shall appear at the same time.

Oh! Oh!—If such low vulgarity could be noticed, it would be easy to retaliate by allusions to the *fiery* Wakley.

Damocles.—The case was tried in a civil, not in a criminal, court. The jury awarded the sum claimed, but the Company obtained fresh evidence after the trial. The present Lord Truro was counsel for the Company, and, on the strength of the new evidence, called upon the gaiuer of the cause with the money in one hand and a halter in the other. The risk of exhibiting at Newgate was too great, and the money was not accepted, and has never been paid.

Dr. Taylor.—Many thanks.

A Subscriber.—1. His right is equal. 2. He does so by *courtesy*, uot by *right*. 3. Apply to the Registrar of the College of Physicians. 4. The new Charter has not yet been granted.

Thos. Stokes, Esq.—Each species of puff shall receive its notice in due course.

James Anderson, Esq.—We shall be glad to have an account of the dissection.

Surprise.—The lecture of Mr. Adams, the appearance of which in the *Lancet* has caused such surprise, was sent to that journal eighteen months ago. Had the writer supposed it was to appear, we have reason to believe he would have refused his permission.

Verb. Sap.—The following appeared in the *Sheffield Independent* of Feb. 11:—

"A Card.

"Mr. Herbert J. Walker, Surgeon, Member of the Royal College of Surgeons, England; Licentiate of the Society of Apothecaries, London; and late House-Surgeon to the Sheffield Public Dispensary.

"91, Devonshire-street."

[To the Editor of the Medical Times and Gazette.]

Sir,—I think it right to inform you of an error in your report of the late Liverpool Meeting. It is my father, Mr. Robert Bickersteth, "who was for forty years Surgeon to the Royal Infirmary," and who at present is Consulting Surgeon to the same institution; not "Edward Bickersteth, Esq.," as described in your last Number. We were both present at the meeting. I am, &c. E. B. Bickersteth.

2, Rodney-street, Liverpool, February 11, 1854.

A Voice from the Midland Counties.—The letter shall be noticed promiuently.

R. M. W. should consult the nearest respectable practitioner.

M.R.C.S.L., Bristol.—The letter shall receive due consideration.

COMMUNICATIONS have been received from—

W. H. Borham, Esq.; Honorary Secretary of the Medical Benevolent Fund; Dr. Kirkes; Dr. Watson; Secretary of the Manchester Medico-Ethical Association; Chairman of the London Necropolis Company; Dr. H. W. Acland; F. D. Fletcher, Esq.; Dr. R. H. Taylor, Percy-street; C. J. Gibb, Esq.; R. H. Wilson, Esq.; G. F. Wills, Esq.; Dr. Fearnside; J. S. Pearse, Esq.; Henry Thompson, Esq.; Dr. Todd; J. C. De Castro, Esq.; Dr. Macleod; W. B. Kesteven, Esq.; E. W. Brayley, Esq.; Dr. E. Smith; Dr. Cogswell; Mr. Johnson; Mr. Hornidge; Mr. Flowers; Mr. Balaston; Dr. Waller; Dr. Snow; Oh! Oh; Damocles; A Subscriber; T. Stokes, Esq.; J. Anderson, Esq.; Surprise; E. B. Bickersteth, Esq.; etc., etc.

ORIGINAL LECTURES.

LECTURES
ON THE
FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture IV.

INDIGESTION ARISING FROM DEFECTIVE ACTION OF ONE OF THE EXCRETING ORGANS,
OR FROM SOME FAULT IN THE NUTRITIVE PROCESSES IN OTHER PARTS OF THE BODY.

The stomach is influenced in its action not merely by the state of the nervous system, but also by the state of the blood, and so, indirectly, by the various conditions that affect the nutritive processes in the body.

If the blood be rendered impure by defective action of one of the excreting organs, or by improper food, or by any fault in the assimilating processes, the secretions of the stomach are generally insufficient or unhealthy, and indigestion, in some form or other, results.

I shall speak first of the disorders of digestion that result from defective action of the excreting organs.

The stomach is in more direct relation with the liver than with any other important excreting gland. The stomach and the liver are parts of the same great apparatus, whose office it is to supply from the crude matters taken as food, fit material for the sustenance of the body. The action of the one organ is in some degree complemental to that of the other. Dr. Prout long ago advanced the opinion, that the muriatic acid of the gastric juice is furnished by the decomposition of chloride of sodium or common salt, and that the soda thus set free in the blood is eliminated with the bile. He was early led to the opinion, which the researches of Matteucci, Liebig, and others, tend in some measure to support, that the principal digestive organs constitute a kind of galvanic apparatus, of which the mucous membrane of the stomach may be considered the acid, or positive pole, and the hepatic system the alkaline, or negative pole.

Dr. Bence Jones has lately shown, that soon after meals, when the stomach secretes a large quantity of muriatic acid, the urine has a tendency to become alkaline; and that the soda set free on the decomposition of the chloride of sodium which furnishes the muriatic acid of the gastric juice, instead of being all eliminated by the liver, as Prout seems to have supposed, is in part eliminated by the kidneys. Other observers have shown that, when the stomach is pouring out a large quantity of acid, the alkalinity of the saliva likewise increases; and, since the increased alkalinity of the urine and saliva at such times results from the increased quantity of free soda in the blood, it is probable that the same law holds for all other secretions of which soda is an essential constituent. But still there is reason to believe that the opinion advanced by Prout is in part true, and that an intimate relation—and one, probably, of the kind which Prout supposed—exists between the secreting functions of the stomach and the liver.

If the secretion of the liver be defective in consequence of deficient power in the organ, or in consequence of the congestion of it that results from high living and indolent habits, the functions of the stomach are almost invariably disordered, and, in conjunction with a slight yellow tinge in the conjunctiva and skin, there is a coated tongue, an impaired appetite, nausea and especial disrelish of rich dishes, constipation: and often, with this defective action of the stomach and liver, there is disturbed or unrefreshing sleep, and great depression of spirits.

The remedies for this condition are, a light and simple diet, with water for drink; fresh air; exercise, to promote perspiration, without fatigue; and medicines that increase the secretions of the liver, bowels, and kidney. A moderate dose of blue pill, repeated two or three times on alternate nights, and a drachm of sulphate of magnesia in infusion of senna every morning, answers well for persons strong enough to bear it. To others, fifteen grains of sesquicarbonate of soda, twice a day, with enough of the potassio-tartrate of soda to act gently on the bowels, or some other medicine of similar action, may be given with benefit.

Again, when the kidneys imperfectly perform their office, so that urea and other constituents of the urine contaminate the blood, the functions of the stomach are generally more or less disordered.

This is especially seen in advanced stages of Bright's disease, when the kidneys are atrophied. The prominent symptom of the stomach disorder in such cases is nausea or vomiting. The vomiting is sometimes so frequent as greatly to interfere with nutrition, and is the only disorder of stomach complained of. In other cases, the ordinary effects of slow and feeble digestion—a sense of weight and oppression after meals, with flatulent distension of the stomach, or undue acidity—co-exist with the nausea or vomiting; and sometimes these effects of slow and feeble digestion exist alone.

In chronic granular disease of the kidneys there are several conditions which tend to disorder the functions of the stomach.

First, there is, perhaps, in many cases, as when the kidney is irritated by a calculus, a purely nervous influence starting from the kidney, which is reflected upon the stomach, and tends to derange it.

In the next place, the gastric juice becomes vitiated by admixture with urea, and probably with other hurtful excrementitious matters. The mucous membrane of the stomach must, as I have before observed, be regarded as an expanded gland, destined to furnish abundant secretions, and, by virtue of its active secreting function, occasionally instrumental in eliminating noxious principles from the blood. It has been found, indeed, on chemical analysis, that, in malignant cholera, and in those diseases of the kidneys in which the secretion of urine is very defective, the matters vomited contain urea, or the muriate or carbonate of ammonia derived from the decomposition of it.

The elimination of these foreign matters, or the reflex nervous influence, may, moreover, excite the secretion of gastric acid when there is no food in the stomach to dissolve; or may cause congestion of the stomach, and thus lessen the supply of gastric juice; or may lead, directly or indirectly, to an inflammatory condition of its lining membrane, and so not only lessen the supply of gastric juice, but also cause a secretion of unhealthy mucus, which, from its proneness to ferment, is an additional source of gastric disorder.

I have already observed, when speaking of the effects of arsenic, that a stomach-disorder caused by some noxious matter in the blood is apt, if it exceed certain limits, to be followed by an analogous disorder of the bowels. The cause of disturbance acts alike, though in different degrees, on the different parts of the intestinal canal. An illustration of this is seen in granular disease of the kidney, in which diarrhœa not unfrequently co-exists or alternates with the gastric disorder, and in which the matters voided by the bowels, as well as those ejected from the stomach, have been found to contain urea.

In granular disease of the kidney, the blood is always impoverished, and there is a source of further exhaustion in the abiding drainage of albumen from the system. It is very important, therefore, to remedy the disorder of digestion, and so, in the greatest possible extent, to supply the waste. Not unfrequently, indeed, more relief can be given by remedying the stomach disorder than by any measures in our power that directly affect the kidney itself.

The vomiting or nausea may generally be controlled by the dilute hydrocyanic acid, which may be given in doses of four or five minims three times a-day, and which may be conjoined with small doses of potash or soda, if any indications of undue acidity likewise exist.

Another remedy, very effectual in controlling the vomiting, is creosote, of which a minim or less may be given, in a bread-pill, three times a-day, before meals.

If these means should fail, the vomiting and much of the associated gastric disorder may often be stopped for a time by a few purgative doses of cream of tartar and jalap, which probably relieve the stomach by causing a more abundant elimination of the noxious matter by the bowels. This medicine is best given, as are most others of similar action, in a single dose sufficient for the desired object, in the morning, before breakfast, since it will then, in addition to the drain it causes from the mucous membrane, only sweep away the refuse of digestion, whereas if it be given at other times or in repeated doses during the day, it sweeps away food that has been more or less digested, but the nutritious elements of which have not been absorbed.

I need hardly remark, that when such impediments to healthy digestion exist, very great care should be taken in diet. If the food be hard of digestion, or if more be eaten than the stomach can easily dissolve, it not only oppresses the stomach and causes much temporary discomfort, but may excite an inflammatory

condition of the mucous membrane, and thus still further weaken the digestive power.

The blood may be rendered impure and the stomach be deranged, not only by defective action of the great excreting organs, but also from fault in the processes concerned in the waste and repair of the tissues in other parts of the body. The blood is the storehouse from which the different textures of the body draw the materials for their nourishment and growth. Physiology teaches us that the organic constituents of most of the textures of the body are being constantly renewed—that, as time flows on, although the form remains nearly the same, the matter is changed. Every exercise of power causes an expenditure of the substance of the organ that ministers to it. Some constituent of the organ is resolved into simpler chemical compounds, which are then given back to the blood, and the blood furnishes to the organ fresh materials to supply the waste. There is thus a constant interchange between the blood and the tissues; the organic constituents of the tissues waste—are resolved, that is, into simpler chemical combinations,—and are then absorbed into the blood, and thrown off by the different excreting organs; and the elements of the tissues thus taken away are reconstructed out of fresh materials supplied by the blood. These processes of waste and repair are what have been termed the processes of secondary assimilation. It is essential to the purity of the blood that they be rightly performed. There are several ways in which they may be deranged. The expenditure of power may be too great, the tissues may waste too rapidly, and thus more effete matter may pass into the blood than the excreting organs can remove; or, without this, either in the waste or in the reconstruction of the tissues, some substances may be formed, and may pass into the blood, which are difficult of excretion, or which disorder the action of other organs.

It was Dr. Prout who fixed our attention on this great class of disorders—disorders not depending on any visible structural change but on some fault in those subtle processes that minister to nutrition. There are, doubtless, more disorders of this class than we have yet distinguished. They all lead to an unnatural state of the blood, from the excess of effete matter or from the presence of some unnatural and injurious principle in it; and often this leads again to an unnatural state of the urine—the great drain through which the soluble effete matters of the body are cast off.

These states of faulty assimilation are then, in some instances, revealed to us by the condition of the urine.

One of the most important of them, as far as digestion is concerned, is that characterised by the formation of lithic acid in undue quantity, and in which an excess of this substance exists habitually or frequently in the urine.

This particular derangement of the nutritive processes often has its origin, as you know, in a peculiarity of constitution—the so-called lithic diathesis—which is permanent, and which is especially frequent in the members of gouty families and in persons of middle age who lead the kind of life that conduces to gout; who eat, that is, large quantities of animal food, and drink freely of malt liquors.

In such persons, occasional indigestion is very common—indigestion marked chiefly by excessive acidity of the stomach and heartburn, and by the condition of the urine, which contains a sediment of lithate of ammonia or lithic acid gravel, or which, without this, is high coloured, and more than commonly acid. With this acid indigestion there is often insufficient action of the liver, a bilious tinge in the complexion, costive bowels, a coated tongue, which sometimes dries at night, and heavy or disturbed and unrefreshing sleep.

In this form of indigestion, much relief is given by alkalies, which neutralise the excess of acid in the stomach when digestion is over, and thus stop or prevent the uneasy sensations to which it gives rise. The soluble alkalies do good also, and more permanent good, by promoting the secretion of the liver and the kidneys. The bicarbonate of soda and the bicarbonate of potash are, in most instances, the best forms in which these can be given, and the best time for giving them, as was pointed out by Dr. Prout, is two or three hours after the principal meals. Fifteen grains of either, two or three times a-day, is, in most cases, a sufficient dose; and, if there be a sense of heat in the stomach, this may be conjoined, as Prout recommended, with a few grains of nitre.

At the same time, a few doses of blue pill may be given on alternate nights, further to promote the secretion of the liver, and colocynth, or colocynth with henbane, to keep up free action of the bowels.

The use of the alkalies should be continued for some weeks, and, if any gouty symptoms exist, a grain of acetous extract of colchicum may be given at night.

Persons who suffer from this kind of indigestion should endeavour to promote the action of the lungs and the skin, and, with this object, should take active exercise, be much in open air, and sleep in an airy bed-room; and they should live on a simple and abstemious diet—not eating too largely of animal food, and carefully avoiding ill-fermented malt liquors, rich dishes, heavy pastry, and cheese. Where total abstinence is not feasible, the alcoholic drinks best suited to them are pale sherry, in small quantity, or brandy, largely diluted with water.

By such means the indigestion may often be stopped, the excessive acidity of the urine corrected, and the general health greatly improved; but the disorders have their origin in a peculiarity which is constitutional and abiding, and they are, therefore, very liable to recur.

Another faulty state of the general health attended with indigestion is now and then met with, in which the urine is apt to contain oxalic acid in considerable quantity, and to precipitate, on standing, the well-known octohedral crystals of oxalate of lime.

Dr. Prout supposed that a more than common disposition to the formation of oxalic acid in the system is indicative of a peculiarity of constitution; and he expressed this supposed peculiarity by the term, *oxalic diathesis*.

Oxalic acid, which is composed of only carbon and oxygen, with the elements of water, and which exists in many plants, and may be readily formed by the oxidation of various animal and vegetable substances, may come to be present in the urine in several ways.

1st. It may be taken in the food; may escape conversion in the stomach, and after its absorption in the blood; and may thus pass off in the urine, in combination with lime.

Many vegetables contain oxalic acid in combination with alkalies or with lime. The stalks of rhubarb, which are largely eaten in this country in the spring in tarts, and sorrel, which is much used abroad as salad, contain it in considerable quantity in combination with alkalies. In some persons, the oxalic acid taken in these articles of food is changed in the process of digestion, or undergoes conversion in the blood by the influence of oxygen, and, consequently, does not pass off, as oxalic acid, in the urine. In others, whose power of digestion is weaker or in whom respiration is less active, the oxalic acid escapes conversion and passes off in the urine in combination with lime.

This may happen in persons who are in perfect health and who have no marked tendency to the formation of oxalic acid in the system. With this occasional, and, if we may so term it, *accidental* presence of oxalic acid in the urine, we have nothing here to do. It may lead to the formation of a small calculus of oxalate of lime, and so have very serious results; but it does not denote any abiding disorder of digestion or nutrition.

2nd. Oxalic acid may be formed in the body, and, as Dr. Garrod has shown, its presence may be detected in the blood when none of it is taken in the food.

The oxalic acid which is formed in the body may, possibly, be derived immediately from the saccharine elements of the food, or from lithic acid and other substances that result from the waste of the tissues, or from both these sources at once.

We know, indeed, that, out of the body, oxalic acid may be readily formed, under the influence of oxidising agents, from sugar, starch, and their chemical equivalents; and Liebig and Wohler have shown that it may also be readily formed from lithic acid.

Dr. Prout long ago inferred that oxalic acid might be derived from the waste of the tissues, from the fact that its habitual or frequent presence in considerable quantity in the urine is often associated with an unhealthy condition of the skin, and also from the fact, that, in rheumatic and in hectic fever, large quantities of another non-nitrogenous acid—lactic acid—which must, he imagined, have their source in waste of the tissues, are formed or set free in the body.

Oxalic acid is said to be constantly present in the urine of herbivorous animals; and, according to Lehmann, it often exists in the urine of men in perfect health, but in such minute quantity that it is not readily discovered. It may then, he says, be sometimes made apparent by freezing the urine. When urine is frozen, a great part of the water crystallises in a comparatively pure state, and, if this be removed, the concentrated urine that remains deposits crystals of oxalate of lime.

The quantity of oxalic acid is found to be increased, so that the urine, without any such concentration, deposits numerous crystals of oxalate of lime, under many circumstances:—

1. It is increased, according to Lehmann, by emphysema of

the lungs, by the diminished elasticity of the lungs that results from repeated attacks of catarrh, and by other conditions that impede respiration, and thus prevent perfect oxidation of the carbon, which passes off in the urine as oxalic acid, instead of escaping in the form of carbonic acid by the lungs.

It is also increased, according to him, by drinks that contain much carbonic acid, and by the alkaline bicarbonates and vegetable salts; and he accounts for this increase by supposing that the superfluous carbonic acid which has entered the blood or been generated there from the salts of the vegetable acids, must obstruct the absorption of oxygen and impede the perfect oxidation of those substances in the blood which support respiration.

2. The quantity of oxalic acid in the urine is often increased, as Dr. Walshe has shown, during convalescence from typhus fever, rheumatic fever, and other acute diseases, in states of anæmia, and in the course of many chronic diseases that interfere with nutrition.

3. A considerable deposit of oxalate of lime often exists in the urine of persons who have no appreciable disease of the lung or other organs and who have had no positive illness, but who have disordered digestion and look and feel out of condition. As the general health improves, the oxalate of lime disappears from the urine; but under the influence of fatigue and many other conditions unfavourable to health, the indigestion and other ailments recur and the oxalate of lime appears again.

Dr. Prout, observing an especial tendency to this kind of disorder in certain persons and certain families, and believing that diabetes, which he considered on chemical grounds to be a kindred malady, was constitutional, and to a certain extent hereditary, was led to suppose that the especial tendency to the formation of oxalic acid and the concomitant disorder of health had its origin in a peculiarity of constitution, and, as I have already mentioned, he designated this supposed peculiar constitution the oxalic diathesis. There is, however, no constant connexion between the disordered state of health and the presence of oxalate of lime in the urine.

A copious deposit of oxalate of lime may result from other conditions, and the ailments we are considering may exist without the oxalate. Very often, however, the ailments and the oxalate co-exist, and constitute and define a disorder which it is very important to recognise, because experience has shown that it can generally be controlled or much mitigated by a particular plan of treatment.

To the patient nothing seems amiss in the urine. He complains only of his indigestion and its accompanying ailments. It is the form of this indigestion that we have now to consider.

It presents no striking or distinctive characters. The appetite is often good, sometimes more craving than in health; digestion is not slower than it should be; there is no pain, no sense of oppression or weight at the stomach immediately after meals; there is seldom vomiting or heartburn. But much discomfort is caused by flatulent distension of the stomach, especially two or three hours after a meal, when the stomach is getting empty, and sometimes there is pain in the stomach at that time. With this flatulent distension of the stomach there are often uneasy sensations in the belly that seem to result from flatulent distension of the duodenum or the colon.

This disorder of digestion is usually associated with other symptoms of constitutional disorder, and especially with nervous symptoms. The patient in most cases grows somewhat thinner, is weak and readily fatigued, sleeps badly, is troubled with palpitation, is irritable in temper and depressed in spirits, and often hypochondriacal in a high degree, and has, or fancies he has, deficiency of sexual power. Frequently, too, he has a wearing pain, or a sense of uneasiness, across the loins, and empties his bladder more frequently than in health,—symptoms resulting probably from irritation of the urinary organs by the passage of the oxalic acid through them.

In some cases there is evidence of defective or faulty nutrition of the skin in a scaly eruption or a succession of boils.

These ailments vary greatly in degree in different cases. In some, they are very trifling; in others, the restlessness at night and the mental depression unfit the patient for his usual occupations and render his life miserable. They are none of them peculiar to the disorder we are considering. Taken together, indeed, they often form a group that is tolerably significant; but the only sure evidence that oxalic acid is in excess is the presence of numerous crystals of oxalate of lime in the urine.

The urine is then always acid, generally more acid than in health; in most cases of an amber colour and transparent, and of moderate or rather high specific gravity. If allowed to stand in a conical glass vessel, a light cloud of mucus may form at the bottom, but there is often no other deposit.

In some cases, however, together with oxalate of lime, the urine contains an excess of urea and is of higher specific gravity than in health; or it contains an excess of lithic acid, or of lithate of ammonia, and these substances are deposited at the bottom of the glass.

The crystals of oxalate of lime are not visible to the naked eye, except when many of them are entangled in a dense cloud of mucus at the bottom of the glass, in which case they can sometimes be seen as minute glistening points: but may, as Dr. Golding Bird first showed us, be, in all cases, readily discovered by help of the microscope. The detection of them is important, because it throws light on the nature of the disorder and may determine the plan of treatment.

A disposition to such recurring derangements of the general health, and to the formation of oxalic acid in the system, may—like the disposition to gout, diabetes, and other kinds of faulty assimilation—either be inherited, or be induced, where no inherited tendency to it exists, by certain external conditions or habits of life.

The conditions which Dr. Prout assigned as most conducive to it, are—residence in a damp or malarious district, the too abundant consumption of sugar, the depressing emotions of anxiety and grief, exhausting bodily or mental labour, long courses of mercury, excessive smoking, and, indeed, all other circumstances that seriously depress the vital powers.

Among the inhabitants of this great city, there are, I believe, no circumstances that conduce to it so much as the foulness of the air we are always breathing and the anxiety and exhausting labour of mind and body that are almost inseparable from the pursuit of wealth or distinction.

Now, all these conditions, by their action on the nervous system, enfeeble respiration; and it seems probable that, as Lehmann has suggested, the formation of oxalic acid may be immediately owing to defective oxidation of those materials in the blood by which respiration is supported: but, in the cases we are considering, it is not the less dependent on derangement of the general health, which is apt to recur, and which constitutes a definite object of Medical treatment. In some cases, it seems, from the high specific gravity of the urine and from the large quantity of urea that co-exists with the oxalate of lime, that there is a more rapid waste of the tissues than is natural, and that the respiration is not absolutely, but only relatively defective—insufficient, that is, for the complete oxidation of the large quantity of combustible materials on which the inspired oxygen acts.

The indigestion, and the various other ailments that result from this general derangement of health, are much under control.

The remedy of most efficacy, where the urine is free from a red deposit, is the nitro-muriatic acid, which often prevents the formation of oxalic acid after a few days, lessens the flatulence and the palpitation, and makes the sleep quiet and the spirits more cheerful. From eight to twenty minims of each of the dilute acids may be given twice a-day in a glass of water, half an hour before breakfast and half an hour before dinner.

It was long ago known that nitric acid, or the nitric and muriatic acids, have occasionally great efficacy in indigestion; but it was Dr. Prout who rendered our knowledge on this point precise and showed that it is in the particular form of indigestion we are considering, and in persons in whom there is a disposition to the formation of oxalate of lime in the urine, that they are especially of service.

The mineral acids have a tendency to cause a deposit of lithic acid, or of lithate of ammonia, in the urine, and when such a deposit exists, it is seldom advisable to give them longer. Dr. Prout tells us, that, when his patient lived at a distance in the country, he commonly advised him to take the acids for a month or until lithic acid or lithate of ammonia appeared in the urine.

All ailments that result from faulty assimilation and that depend primarily on peculiarity of frame or constitution, are very liable to recur. If, therefore, the mineral acids should prove of service, they may be had recourse to again and again on each recurrence of the same disorder.

If the tongue be clean, some of the light bitter tonics may be given with advantage in conjunction with the mineral acids.

When the urine from the first has a deposit of lithic acid or of lithate of ammonia, the mineral acids should not be given, and the best substitute for them that I know of is the carbonate or the aromatic spirit of ammonia.

Where there is want of sleep, and great nervous irritability, and much flatulence and palpitation, the tincture of henbane, or the dilute hydrocyanic acid, or some other sedative, may be

given with advantage in conjuction with either of the medicines I have just mentioned.

So much for remedies which the Pharmacopœia supplies.

The proper regulation of the diet is equally important. Dr. Prout, considering the excessive use of sugar as one of the causes of this disorder of health, laid it down as a rule, that saccharine articles of food, and particularly *sugar*, should, as much as possible, be avoided; and that the diet should consist chiefly of animal food, and the stronger farinaceous matters.

He advised, also, that the patient should abstain as much as possible from alcoholic drinks, and that, when he cannot abstain entirely, he should select in preference to others, sherry, or brandy, properly diluted with water. In some cases, however, these are too heating, and sound malt liquor, or hock, or claret, may be substituted for them.

Many years have elapsed since these injunctions were made, and the wisdom of them, as general rules, has been fully established.

It is very important, also, that the patient should change for a time his habits of life. If he is an inhabitant of a large city, and exhausts himself with mental or bodily labour, country air, rest, and recreation, are often sufficient of themselves to restore the health.

ORIGINAL COMMUNICATIONS.

THE PRINCIPLES ON WHICH THE TREATMENT OF CHOLERA SHOULD BE BASED.

By JOHN SNOW, M.D.

[Read at the Medical Society of London, January 21, 1854.]

Without clear and definite ideas on pathology there can be no fixed principles of therapeutics; and the absence of any settled opinions respecting the nature of cholera is the cause of the various and contrary plans on which it is treated. It is, I believe, the more prevalent opinion, that the cholera poison acts on the whole system through the blood, and that the local symptoms are the effect of the general disease. In a paper I read to the Society, some time ago, on the mode of communication of cholera, I expressed my conviction that the cholera poison acts solely on the alimentary canal; but I did not enter on the consideration of the influence which this view of its pathology ought to have on the treatment of the disease.

In the greater number of epidemic, or what may be termed self-propagating diseases, the morbid poison appears to enter the blood in some way, and, after multiplying during a period of so-called incubation, it affects the whole system. Such is undoubtedly the case in small-pox, measles, scarlet fever, and the various kinds of continued fever; but it must be remarked, that in all these diseases the illness always commences by general symptoms, as headache, rigors, fever, and lassitude; and the symptoms more particularly indicating the disease appear only afterwards. Cholera, on the other hand, commences with an effusion of fluid into the alimentary canal, without any previous illness whatever. Indeed, after this fluid has commenced to flow away as a copious diarrhœa, the patient often feels so little indisposed that he cannot persuade himself that anything serious is the matter. There are some cases, it is true, in which dizziness, singing in the ears, faintness, and a sense of sinking and uneasiness in the abdomen occur before any discharge makes its appearance from the alimentary canal; but this is just what happens in certain cases of hæmorrhage into the bowels, where all the symptoms of loss of blood are felt some hours, it may be, before that fluid makes its appearance in the stools. It is contrary to all analogy that a morbid poison, or indeed a poison of any kind, if present in the blood, should show its effects on a single tract of mucous membrane, without first producing any symptoms whatever of its presence.

The symptoms which follow the affection of the alimentary canal in cholera are exactly those which this affection is adequate, and, indeed, could not fail to produce. The analyses which have been made of the blood of cholera patients, show that the watery fluid effused into the stomach and bowels is not replaced by absorption, or is replaced only to a small extent. The experiments of Dr. O'Shaughnessy and others during the cholera of 1831-32, show that the amount of water in the blood was very much diminished in proportion to the solid constituents, and that the salts of the blood were also diminished. The experiments of Dr. Garrod and Dr. Parkes in the spring of 1849, were more numerous and exact.(a) The amount of water in the blood of healthy persons is on the average 785 parts in 1000, whereas in the average of the analyses performed by Drs. Garrod and Parkes it was only 733 parts, while the amount of solid constituents of the blood relatively to the water was increased from 215—the healthy standard—to 267. The globules, together with the albumen and other organic constituents of the serum, amount in the healthy state to 208 parts in 1000, while in the blood of cholera patients they amounted to 256 parts. The saline constituents in 1000 parts of blood are somewhat increased on account of the great diminution of water; but when estimated in relation to the other solid ingredients, or to the whole quantity existing in the healthy body, the amount is diminished. Dr. Garrod is of opinion that a chemical analysis will determine whether or not a specimen of blood has been derived from a cholera patient.

The stools and vomited matters in cholera consist of water containing a small quantity of the salts of the blood, and a very little albuminous substance. The change in the blood is precisely that which the loss by the alimentary canal ought to produce; and, indeed, it is physically impossible that the alteration in the blood can be caused in any other way. The sweating which takes place in an advanced stage of the disease may increase the density of the blood to a trifling extent; but it does not come on till the blood is already altered, and is only a consequence of the diminished force of the circulation, like the sweating met with in collapse from hæmorrhage or severe injuries, and in faintness from venesection.

The loss of water from the blood causes it to assume the thick tarry appearance so well known to all who have opened a vein in cholera. The diminished volume of the blood causes many of the symptoms of a true hæmorrhage, as debility, faintness, and coldness; while these effects are much increased by its thick and tenacious condition, which impedes its passage through the pulmonary capillaries, thereby reducing the contents of the arteries throughout the system to the smallest possible amount, as indicated by the thready pulse. The interruption to the pulmonary circulation occasioned by the want of fluidity of the blood, is the cause of the distressing feeling of want of breath. Proofs of the obstructed circulation through the lungs generally remain after death, in the distended state of the pulmonary arteries and right cavities of the heart. The deficient supply of blood to the various organs, and its unfitness to pass through the capillaries, are the cause of the suppression of the renal, biliary, and other secretions. The cramps appear to consist chiefly of reflex action caused by the irritation and probably the distension of the bowels.

If any further proof were wanted than those above stated, that all the symptoms attending cholera, except those connected with the alimentary canal, depend simply on the physical alteration of the blood, and not on any cholera poison circulating in the system, it would only be necessary to allude to the effects of a weak saline solution injected into the veins in the stage of collapse. The shrunken skin becomes filled out, and loses its coldness and lividity; the countenance assumes a natural aspect; the patient is able to sit up, and for a time seems well. If the symptoms were caused by a poison circulating in the blood, and depressing the action of the heart, it is impossible that they should thus be suspended by an injection of warm water, holding a little carbonate of soda in solution.

It has often been contended that the collapse of cholera cannot be the mere result of the purging and vomiting, because, in some of the most rapid and malignant cases, the amount of the stools and vomited fluid is less than in milder and more protracted ones, or even in some cases in which the patient recovers. But in the most rapid and malignant cases there is sufficient loss of aqueous fluid by the alimentary canal to alter the blood into the thick tenacious state peculiar to this disease; and the fact of more purging occurring in other cases which are more protracted only proves that, in these latter, absorption from the stomach and intestines has not been altogether arrested, or that the stools have been diluted with fluids drunk by the patient. The loss of fluid in every case of fully developed cholera must be sufficient

(a) See *London Journal of Medicine*, May, 1849.

to cause the thickened state of the blood which is the cause of the algide symptoms, and the amount of malignancy of the case must depend chiefly on the extent to which the function of absorption is impaired. If absorption were altogether arrested in every case of cholera from the beginning, the amount of discharge from the alimentary canal would not equal that of a fatal hæmorrhage, for the thickened blood which remains behind is certainly not able to maintain life so well as the same quantity of healthy blood. Indeed, it is easy to calculate the amount of fluid separated from the blood, by means of the analyses previously quoted, and others which have been made of the cholera stools. In some analyses of these evacuations performed by Dr. Parkes,(a) the average composition in 1000 parts was found to be 982·4 water and 17·6 solids; consequently, the problem merely is to find how much of such a fluid requires to be subtracted from blood consisting of water 785 and solids 215, in 1000 parts, in order to reduce it to blood, consisting of water 733 and solids 267. The answer to this problem is, that 208·5 parts would require to be subtracted from 1000 parts of blood. M. Valentin has estimated the average amount of blood in the human adult at thirty pounds; and, therefore, the whole quantity of fluid that requires to be effused into the stomach and bowels, in order to reduce the blood of a healthy adult individual to the condition in which it is met with in the collapse of cholera is, on the average, 100 ounces, or five imperial pints. This calculation may be useful as indicating the amount of fluid, which ought not to be exceeded in the injection of the blood-vessels.

The evidence of the mode of propagation of cholera—which there is not time to discuss on the present occasion—confirms the above facts respecting the pathology of the disease, by showing that the cholera poison enters the alimentary canal by being accidentally swallowed, and there becomes multiplied. It is most probable that all morbid poisons having the property of propagating themselves are more or less organised; and if it be objected that the cholera poison cannot be recognised by the microscope in the fæces or in the alimentary canal after death, it must be remembered, that the matter of small-pox cannot be distinguished from so much harmless pus; and it is only by their origin and effects that we can distinguish this and other morbid poisons.

It is pretty obvious, for the reasons stated above, that what we have to deal with in cholera is, a low form of organic action going on upon the interior surface of the stomach and intestines. The morbid poison so multiplying or reproducing itself probably acts as an irritant, and causes the great effusion of watery fluid and the arrest of absorption which produce all the mischief in this disease; or, what is still more probable, if the materies morbi have a cellular structure, is, that it withdraws the fluid from the blood circulating in the capillaries by a power analogous to that by which the epithelial cells of the various organs abstract the different secretions in the healthy body.

At all events, whatever be the intimate nature of the morbid action we have to combat in treating cholera, it is situated on the inner surface of the alimentary canal, and our remedies should be directed to act on that part rather than to be absorbed; and should be so contrived as to come in contact, if possible, with every part of the mucous membrane of the whole alimentary canal. The medicines should be such as have the property of destroying low forms of organised beings, and of arresting fermentation, putrefaction, and other kinds of molecular change in organic matter.

A line of practice which seems to fulfil the indications just mentioned is related to have been followed in Spain with great success in 1833. Don Pedro Vazquez—its originator—published a pamphlet on the subject at Seville, in 1833, and another in the following year. The treatment consisted in giving about a quarter of a pint of olive oil, and repeating the dose two or three times at short intervals, with the intention, as the author says, of varnishing the interior of the stomach and intestines, to defend them against the action of a bad bile, by which he supposed the disease to be occasioned. It is not surprising that, with such an erroneous pathology for its basis, this treatment made no progress in countries where medicine is better cultivated than in Spain; but I consider it well deserving of a further trial on different grounds from those on which it was introduced. Prepared animal charcoal is an agent which I think deserves a more extended trial than it has yet received. Its antiseptic properties, and its power of preventing the rusting of iron and other forms of oxidation render it probable that it might counteract the effects of the cholera poison.

(a) *London Journal of Medicine. Loc. Cit.*

Sulphur, which has been recommended as a remedy for cholera by Mr. Grove, is very likely to be of service, judging of it from the power it possesses of destroying the lower forms of organised beings belonging both to the vegetable and animal kingdoms. The three agents just mentioned have the advantages that they may be given in large doses without fear of injury to the patient; and, from their physical condition, would be likely to be diffused over every part of the alimentary canal. Sulphurous acid, and the hyposulphite of soda, which have been recommended in cholera, would be likely to be beneficial for the same reasons that sulphur is advisable; but they would be less likely to pass along the whole tract of the intestines, on account of their solubility, except in cases where the function of absorption is quite in abeyance.

Some of the essential oils, and more particularly oil of cajeput, have had a considerable reputation in the treatment of cholera, as also have camphor and creosote. Now, all these agents are highly antiseptic, and also possess the property of preventing mouldiness and other low forms of organisation; and it is, no doubt, by a similar power that they are useful in cholera. Creosote has the additional recommendation, that it acts as an astringent in ordinary diarrhœa. If the view I take of the pathology of cholera be correct, these remedies should be intimately diffused in an emulsion, to insure, if possible, their application to the whole surface of the stomach and bowels. Chloroform resembles creosote, camphor, and the essential oils, in its antiseptic and medicinal properties; and it has gained some reputation as a remedy for cholera, when introduced into the stomach. Administered in the way of inhalation, it is merely useful in relieving the cramps, and has no effect on the progress of the malady; while, if cholera were a blood disease, it would be by inhalation that this and every other volatile medicine ought to be exhibited.

The benefit which has been observed in many cases from calomel, no doubt, arises from its direct action on the cholera poison in the alimentary canal, and not from its being absorbed. It has often been matter of regret to Medical men, that calomel and other medicines are not absorbed in cholera; but this regret is needless, as they do not require to be absorbed. If calomel be given in cholera, it should obviously not be in pills, but as a powder, in order that it may be diffused as extensively as possible over the mucous membrane. There are two plans of treatment having a considerable number of advocates, although they appear of an opposite nature. I allude to the saline treatment, consisting chiefly of draughts containing carbonate of soda; and the treatment by sulphuric acid. It is quite possible, however, that either of those plans, when commenced in time, may have the effect of destroying the cholera poison, or neutralising its action. There are many kinds of molecular changes in organic matter—low organic processes, as they may be called, which can be checked either by an alkali or a mineral acid. I feel great pleasure in being able to explain how cholera may probably be treated beneficially on very different plans; for, if this were not the case, the character of the Medical Profession for correct and trustworthy observation would be very much in danger. Making every allowance for the difficulty of the subject, unless cholera patients can be benefited by medicines which hold very different places in the classifications of the materia medica, it must be admitted that the literature on the treatment of this disease would be little creditable to us as scientific observers.

When we consider that the materies morbi of cholera finds its proper seat and sustenance only in the alimentary canal of the human being, and produces no effect apparently on the domestic animals, by which it must often be accidentally swallowed, it is probable that very slight causes often prevent its action in the first instance; and there is very good evidence that medicines of no great power will generally arrest its effects if given early, in such cases as commence gradually. Without assuming either that all the cases of diarrhœa which accompany an epidemic of cholera would pass into the developed malady if unchecked, or that every case of cholera commences with what seems an ordinary diarrhœa, when we reflect how generally the history of cholera cases begins with an ordinary looseness, and how seldom the cases of simple diarrhœa which come under treatment during an epidemic pass into cholera, it is pretty evident that the ordinary remedies for diarrhœa have the effect of curing many cases of cholera in an early stage. As it cannot for a moment be supposed that such medicines as the pulvis cretæ compositus cum opio can have the effect of arresting a disease caused by a morbid poison circulating in the blood, all the evidence of the benefits of house-to-house visitation among the poor during an epidemic confirms the view of the pathology of cholera with which I commenced this paper, viz., that the disease consists

primarily and essentially of a morbid action in the alimentary canal. The great difficulty in ascertaining the effect of treatment in cholera consists in the circumstance, that the disease cannot be distinguished with certainty, except in a very advanced stage. If we could not recognise typhus fever till the patient had lapsed into the state of stupor from which the disease is named, we should be able to show fewer recoveries from that complaint than from cholera. One effect of not perceiving that the real seat of cholera is the alimentary canal, is to cause the treatment directed to the bowels to be left off too soon, and the attention of the practitioner to be engrossed by what are only the secondary effects of the disease. When called to a patient in a state of collapse from hæmorrhage, the first consideration of the Medical man is to prevent any further loss of blood; and, in the collapse of cholera, the chief effort should still be, to prevent any more of that effusion which has brought the patient to the condition in which we find him. It has appeared to me, that the cases which prove fatal in the stage of collapse are generally lost through the continuance of the purging; and I have seen several patients, who appeared about to recover, suffer a relapse, and sink from a return of this symptom.

Unless it is determined to inject the veins, or, as Mr. Henry Lee has suggested, the arteries, with a very weak saline solution, it is clear that the patient cannot recover from the state of collapse, except by the absorption of watery fluids from the alimentary canal. To allow the drinking of cold water, for which there is a great desire, is in accordance both with reason and experience. The greater part of it is generally vomited, but that is of no consequence. On the other hand, reason and experience are just as much opposed to hot air-baths and other attempts to raise the heat of the surface, which can only have the effect of increasing the symptoms of asphyxia, so long as the blood remains so thick and tenacious, that it can hardly circulate either through the pulmonary or systemic capillaries. The results obtained, by injecting the blood-vessels in 1832, were so far encouraging, that it is somewhat surprising that this practice was hardly resorted to in 1849. The cause of its failing in most cases was, that the liquid injected flowed away almost immediately by the alimentary canal; in future, it would therefore be desirable to continue the treatment directed against the affection of the stomach and bowels, at the same time that the blood-vessels are injected. As regards the nature of the injected fluid, Dr. Garrod has very properly suggested, that a solution should be employed which resembles as much as possible the portion of the blood which has been lost; and he recommends that the phosphate of soda should be used, rather than the carbonate, which has generally been employed.

The so-called consecutive fever, which comes on after certain cases of cholera, is caused by the retention of excrementitious matters in the blood, owing to the kidneys not resuming their functions. It must be looked on rather as a sequela than an essential part of the disease, and I have nothing to offer to the Society respecting its treatment.

In bringing this short paper to a conclusion, it will be perceived that I have no plan of treatment to offer which promises any great results in the more severe and fully-developed cases of cholera, and, indeed, that I have suggested nothing in the way of treatment that is new. The view of the pathology, however, which I have endeavoured to establish, has a tendency to circumscribe and define the objects of treatment. I have endeavoured to prove that the seat and action of the materies morbi of cholera is the interior of the alimentary canal, and the principles of treatment resulting from this view of the disease may be briefly recapitulated as follow:—

1st. Medicines should be chosen which have the effect of preventing the various kinds of molecular change in organic matter.

2nd. They should be administered with a view to their action in the stomach and bowels, and not to their being absorbed.

3rd. The medicines should be given in such quantities and in such form as to insure as much as possible their application to the whole surface of the alimentary tube.

4th. These remedies should be continued until there is no danger of a relapse.

5th. It is useless and injurious to attempt to bring the patient out of the state of collapse by stimulants and the application of heat, and we should give watery drinks, and be content to wait till they are absorbed, unless in desperate cases, when it might be desirable to inject into the blood-vessels a weak saline solution resembling "the portion of the blood which has been lost."

18, Sackville-street.

STATISTICS OF THE CASES OF THE CHOLERA EPIDEMIC, 1853,

TREATED AT THE NEWCASTLE DISPENSARY,

WITH THE CHEMICAL AND MICROSCOPICAL EXAMINATIONS OF THE EXCRETIONS, AND OBSERVATIONS UPON THE PATHOLOGY AND TREATMENT.

By Messrs. J. S. PEARSE and JEFFERY A. MARSTON,
Newcastle Dispensary.

[As detailed to the Newcastle and Gateshead Pathological Society. T. M. GREENHOW, Esq., President, in the Chair.]

(Continued from page 131.)

Dr. Robertson and Dr. James Begbie, carefully examined the blood, stools, and urine, and found, with very few exceptions, that the two latter always contained albumen; the former (Dr. Robertson) has pointed to similar symptoms occurring during the re-actionary stage; the excess of urea in the blood, and its manifestation upon the nervous system by convulsions and coma; and he arrives at similar indications of treatment.

Dr. Sibson, we find, also makes nearly similar remarks upon the pathology of cholera, and says, that if the patient can be kept alive until the blood becomes more diluted he will probably revive.

Dr. Snow thinks, that the introduction of some of the excretions into the system may propagate the disorder; hence we may here incidentally mention, that one of the dispensers drank (by mistake) some rice-water evacuation, without any injurious effects whatever.

Treatment.—Every one is aware of the conflicting statements made on this head; we believe that there are many cases in which the stages are so rapid, the collapse so intense and speedy, that all remedies with which we are at present acquainted, are utterly impotent. Many of the discrepancies appear to have arisen from the fact, that the same remedies have been tried by different men, in different stages and periods of the epidemic; thus, at first, the cases are generally of marked malignancy, and least amenable to treatment; while towards the close, or with some sporadic cases, it is much less so, and the remedies have obtained the credit which belonged rather to a debilitated virus. During the premonitory stage of rice-water purging, without any marked tendency to collapse, we relied upon calomel and opium, in small and frequent doses; if vomiting also existed, we gave the albumen mixture (hereafter referred to). The treatment of cholera, from the pathology, would appear to comprehend—

1. The elimination or chemical alteration of the virus.
2. Antagonising the effects of the disease.

First. By supporting the nervous system.

Secondly. Restoring, as far as practicable, the normal condition of the blood, and re-instituting glandular function.

In the re-actionary stage—consecutive fever—

1. To restore the functions of the kidney and skin.
2. To treat local symptoms, particularly the cerebral affections.

During quite the first period of the epidemic, we gave brandy, and pills composed of calomel half a grain, opium and capsicum of each one-eighth of a grain, every half-hour, with comparatively little success, except in quite the premonitory stage. By degrees, as we better understood the epidemic, we recognised the fact, that the incessant vomiting prevented any remedies being assimilated, and that a large number of cases during collapse presented that restless condition before described, and, during the re-actionary stage, had the most marked head symptoms; and we noticed, further, that in these cases opium had been given largely or very frequently, and that in these the symptoms were decidedly the worst.

If we were asked, what practical facts we had learned during the epidemic, we should reply, Three:—

1. To give as much and only that quantity (be it ever so small) which the stomach could retain.
2. Not to give opium at all during collapse or consecutive fever.
3. Never to allow the patient to rise from his bed at all, even raise his head from the pillow, nor to allow him to take any nourishment in large quantities.

As we have before stated, the incessant vomiting was a fatal prognostic. Undoubtedly the system requires, and the patient

anxiously solicits water, but they always vomited it immediately; and, remembering Dr. Hunter's admirable common-sense views upon this head, we determined to try our patients with very small doses of liquids, to see whether any—and, if any, what—quantity was retained, and we found almost invariably that half a teaspoonful of liquid every five minutes was retained, and that by degrees it could be increased to a tablespoonful; but if any more, or anything else than the medicine recommended, were given, immediate vomiting was produced, with great prostration, and too frequently death. We would particularly desire that this fact should be the basis upon which we ground the success of our treatment in many cases. With regard to opium, its baneful influence was early detected by us all, and the fatality which marked those cases of a restless state of collapse was nearly allied to, if not to be attributed to, the effect of opium.

If, as we believe, death in consecutive fever is intimately connected with poisoning by urea, it can be readily understood that opium would be decidedly injurious, increasing greatly the cerebral congestion, and co-operating decidedly with the retained urea in causing death by narcotism.

We have notes of a great number of cases which were apparently doing well in every respect, but the patients anxiously desired to rise, which some of them did from the bed entirely; others merely sat up and conversed. In all these cases, sudden death resulted apparently from syncope.

If patients were treated in an Hospital it would be well worth considering whether it would not be advisable to secure the horizontal posture by a strap over the chest, lightly affixed to the bedstead,—many lives, we feel assured, might be preserved. Among, also, the many causes of failure we must notice the injurious effect which the reception of solid food, or too large a quantity of liquid, into the stomach produced. In many cases it was instantly rejected by vomiting; in others, a return of the purging; and in all it was injurious, producing frequently tenesmus, often great pain in the head, and sometimes syncope. It is probable that the enteric mucous membrane is comparatively denuded of epithelium, and that, during recovery, it is lined by very imperfectly developed cells, while the sympathetic centres remain in a state of morbid irritation; however it may be, the contact of solid food, or any error in diet, was a most frequent cause of relapse; operating upon the system sometimes almost like a shock. The treatment that we adopted was a modification of that recommended by Professor A. Buchanan, of Glasgow, who pointedly remarks:—"The natural processes by which a spontaneous recovery from cholera is effected are chiefly by the re-absorption of serum, and the absortion of fluids, etc. The study of these natural processes is of the highest importance, that our artificial treatment may be adapted to promote them, or at least may offer no impediment to their progress." We gave half a grain of calomel every twenty minutes or half-hour, and one or two teaspoonsful of the following mixture every five or ten minutes, according to the quantity capable of being retained; at the same time excluding water, if it produced vomiting:—

℞ Vitelli ovi ℥xij.; aquæ ℥xvj., spt. vini gallici ℥ij., potass. nitratis ℥ij. M.

This mixture we invariably found was retained after a short period, and was exceedingly pleasant and grateful to the patient; at the same time, we used counter-irritation freely, in the shape of sinapisms to the epigastrium. So soon as there was evidence of the action of the liver, or the stage of collapse was passed, we gradually diminished the calomel, and persevered in the albumen mixture, the brandy being now entirely withdrawn, until the action of the kidneys was fully restored, combating the local cerebral symptoms by removal of the hair, the application of cold to the head, and counter-irritation.

We can confidently state, that as much success may be anticipated from this as from any known treatment, and we found it very far superior to any other.

As calomel is the remedy which has gained the greatest repute in this disease, and as it appears to have the power of producing some elemental change in the constituents of the blood, we conceive that in administering it we were most likely (however empirically) to meet the first indication. We considered, also, that the "albumen mixture" was far better calculated to meet all the indications than any combination we knew of, by diluting the blood with a fluid as nearly like serum as any artificial production could be. The nitrate of potass having the power of dissolving fibrin and reddening the clot of venous blood, it might have some beneficial action; and by far the best diuretic we knew of was as speedy a dilution of the blood as practicable, with saline solutions, and restoring its albumen.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF ABSCESS IN BONE.

(Continued from page 159.)

[Under the care of Mr. STANLEY and Mr. PAGET.]

On Saturday week (Feb. 11,) a rather delicate looking lad, aged 12, was brought into the operating theatre of this Hospital, in order to have an operation performed, for what was supposed to be abscess within the lower extremity of his right tibia. Mr. Paget, under whose care he was, had just previously made some observations to those present, on the case, to the effect that the boy had been in the hospital for ten weeks, having been admitted for a painful swelling of the bone just above the ankle, of fourteen months' duration, and said to have been first excited by a kick. Soon after admission, in the hope that the disease might be superficial to the bone itself, the periosteum had been very freely divided, but without any relief whatever resulting. The incisions had now almost healed, and from the facts, that the whole thickness of the lower extremity of the bone was obviously enlarged, the ankle-joint being unaffected, and that the boy had suffered from pain of a continuance and severity otherwise inexplicable, Mr. Paget had been led to the conclusion, that there was probably an abscess within the bone itself. To the eye, at first glance, the appearance of the foot suggested inflammation of the ankle, there being general rounded tumefaction of the part; but, on closer inspection, it was seen that the swelling was not at the joint, but just above it; there was a cicatrix, with a small unhealed part in its centre, extending along the inner aspect of the bone, from over the malleolus to three inches above it. Chloroform having been administered, Mr. Paget commenced his operation at the site of the former incision, by dissecting up a curved flap of skin, together with the periosteum from over the lowest part of the shin. The cartilage of the epiphysis was now found investing the distal extremity of the tibia, and it having been shaved away, the bone itself was exposed. A discoloured spot was noticed on its surface, in which the vessels were of unusual size, and the bone structure evidently congested, and this was, therefore, selected as the one most promising for the application of the trephine. The instrument used was one of about a third of an inch in diameter, and with it the bone wall, although much thickened and condensed, was easily cut through. The pellet of bone removed did not present anything on its under surface like the lining membrane of an abscess, and no pus escaped when it was lifted out. While probing, however, just afterwards, the thin abscess wall, which had been exposed, but not perforated, gave way, and nearly half a drachm of thick healthy pus escaped. The cavity, as far as could be ascertained by the probe, was circumscribed, and about capable of holding a hazel-nut. There did not appear to be any dead bone within it. The wound was covered with wet lint, and the patient returned to bed. He has hitherto progressed satisfactorily. The pain has been quite relieved, and the exposed bone is granulating healthily.

The femur is one of the bones less frequently affected by abscess; and, when that disease does occur in it, it is almost always in one or other of its extremities; most usually, in the great trochanter. During the Session of 1852, however, there was exhibited at one of the Pathological Society's meetings an excellent example of circumscribed abscess in the middle of the shaft of this bone. The cavity was larger than an egg, and there had been great deposition of bone around it. The limb had been removed by amputation in Charing-cross Hospital. The following affords us an example of abscess within the trochanter:—Fanny Chapman, aged 8, a strumous child, was admitted on April 6, 1852, under Mr. Stanley's care, suffering from the usual symptoms of inflammation of the hip-joint, excepting that the thigh could be bent or straightened without pain. There was great swelling about the part, by which the outline of the bone was obscured. Abscesses soon afterwards broke in several directions, and profuse discharge followed; from the exhaustion consequent on which, together with other causes, the child sank, and died about two months later. At the *post-mortem*, the joint was found perfectly healthy; but the great trochanter and the upper part of the shaft of the femur were hollowed out into a thin-walled cavity, containing pus. About the same time, another case occurred of abscess in the femur, under Mr. Stanley's care. The subject of it was a very strumous boy, who died of pneumonia after having left the Hospital, where he had been under

treatment for diseased knee-joint. There was found at the *post-mortem* but a small quantity of pus in the joint, and no general inflammation. The cartilages were sound in all parts, excepting one spot, on the inner surface of the external condyle, where the cartilage was removed, and a sinus, capable of admitting a quill, led into the cancellous structure of the bone. The articular head having been sawn across, a cavity, capable of containing a walnut, was found, containing pus and a portion of completely detached bone, which about half filled it. The bone around it was much indurated, and its cancelli filled, but no lymph membrane lined the cavity. There were specks here and there in the detached as well as the surrounding bone, which looked very like tubercle, and, by microscopic examination, this opinion was strengthened, though not made absolutely certain. The case had, no doubt, begun in disease of the bone, which had led to necrosis and softening down of the layer surrounding the necrosed portion, and was not an example of simple circumscribed suppuration.

ST. THOMAS'S HOSPITAL.

ABSCESS IN THE TIBIA OF ELEVEN YEARS' DURATION.—USE OF THE TREPHINE.—RECOVERY.

[Under the care of Mr. SIMON.]

Samuel Todd, aged 24, a shoemaker, was admitted, Sept. 27, 1853, on account of painful swelling in the upper part of his left tibia, from which he had long suffered. The following is the account he gave of his illness. On Christmas-day, 1842, he was out skating, and had numerous falls, by which he received severe bruises in several places. Towards the end of the day he had the misfortune to break through the ice, and was for some minutes up to his neck in water. On being taken out, he did not at once return home, but remained for upwards of half-an-hour standing about in his wet and half-frozen clothes. During the following night, he was unable to sleep, on account of shiverings and pains in his joints. In the morning, a medical man was consulted, who considered the disease as rheumatism, and prescribed accordingly. Leeches were applied to a swelling beneath the knee, but no matter formed there. An abscess, however, formed in one heel, which broke, and continued open for a long time. During the whole six months following, he was unable to walk, and suffered throughout that period intense pain in the shin-bone, a little below the knee, where, however, the amount of swelling was but trifling. Subsequently, he resumed his work, but was frequently obliged to desist, on account of attacks of intense pain in the bone. An abscess also formed over the ulna, from which scales of bone came away. Six years later, that is, five and a-half from the present time, an abscess formed over the painful part of the tibia, on account of which he obtained admission into one of the London Hospitals, where he remained until it healed. No bone came away. With the exception of tenderness and pain in the bone, which rendered him unable to kneel upon it, he remained during the year following in good health; but at the end of that time, having caught cold, as he supposed, an abscess again formed over the part. It healed in a month, and remained well for the two years next ensuing, when, for a third time, it opened, and he was re-admitted in one of the hospitals. He was discharged from this Hospital in March, 1853, and continued well until within five weeks of the time of his admission under Mr. Simon's care. His condition then was as follows:—About two inches below the left knee-joint, over the inner surface of the tibia, the skin was dusky and inflamed, and there were three or four small spots of ulceration, from which pus exuded, but through which no dead bone could be felt. The whole shaft of the bone at this part looked to the eye larger than that of the opposite side, and this opinion was confirmed on handling it, the bone itself seeming to be generally expanded. The man, who was of dark complexion, looked hectic and extremely ill. He was worn out, in fact, by long-continued pain, having for many nights scarcely slept at all. Mr. Simon, having examined the part affected, and entered carefully into the foregoing history of the disease, gave at once a decided opinion that there must be abscess within the bone. Whether that abscess depended on a portion of enclosed dead bone, or whether it was idiopathic, he could not say; but, judging from the account given of eleven years' liability to attacks of very severe tensive pain in one particular spot, unattended by proportionate swelling in the soft parts, generally relieved by leeches, blisters, etc., but always returning with increased severity on any exposure to cold, he considered it almost certain that there was deep-seated mischief. He should, therefore, instead of again being content to relieve temporarily by antiphlogistic means, attempt a radical cure, and trephine the bone. The circumstance that the repeated abscesses which had formed had never given rise to exfoliation, or left sinuses, or materially relieved the pain, rendered it probable, Mr. Simon thought, that they had been but superficial, and had not communicated with the internal mischief.

On October 1, accordingly, the operation of trephining was performed. A crucial incision having been made over the affected part, and the skin dissected up, the bone was found to be rough and rather spongy, but not actually carious. The trephine being applied, the external layer was soft, and cut easily; but the deeper ones were thickened, and much indurated. As soon as the instrument reached the cavity, there welled up by its sides a quantity of thick yellow pus, and, on the plug of bone having been extracted, about six drachms were removed. There was no dead bone. The cavity in which the matter had been lodged was circumscribed in every direction, as was ascertained by probing and introducing the finger. It was lined by a soft villous layer of false membrane. The pus was of the most laudable character, and had no fetid smell whatever. The sequel of the case may be told in a few lines. Some wet lint was placed in the wound, and the whole covered by a poultice. The severe pain which had before existed never returned. In a few weeks the whole cavity had become filled with firm granulations, and, at the end of November, the man was discharged in excellent health, and with the wound all but healed.

ABSCESS IN THE LOWER PART OF THE TIBIA.—EXTENSIVE CARIES AND NECROSIS OF THE SHAFT.—OPERATION.—MUCH BENEFIT.

[Under the care of Mr. SIMON.]

Thomas Harris, aged 52, was admitted on January 10, 1853, having been sent up to Mr. Simon by a practitioner in the country, for the purpose of having his leg amputated. He was in a bad state of health, had a feeble pulse, and no appetite. He was suffering very severe pain in his left leg, which he described as of a gnawing character, as if the bone were being rasped. Extending along its inner aspect, from its middle to within three inches of the ankle-joint, was a deep ulcer, forming, as it were, a gutter in the course of the tibia, along the sides of which rough ridges of thickened and exposed bone might be felt. There was profuse discharge of thin and very fetid pus. Between the lower border of the ulcer and the ankle-joint the bone was evidently thickened, and the skin over it was stretched, tumid, and of a pale colour.

The account given by the man, was, that twenty-seven years ago he fell from a horse, and, in falling, bruised the lower part of his shin, which soon afterwards became swollen and painful, so as to prevent him from returning to work for six weeks; ever since that time he had suffered from attacks of severe pain in the part, recurring after any slight exposure to cold, and he had been obliged to be very careful to keep the leg well wrapped up, and to protect it as much as possible from injury. About eight years ago, he had an attack of ague, and during it an abscess formed over the leg, from which some small portions of bone came away. The abscess never afterwards healed, but continued slowly enlarging. Six years ago he became an in-patient at one of the hospitals, and the surgeon under whose care he was performed an operation, in the hope of clearing away the diseased bone, which constituted the base of the ulcer. No benefit whatever accrued from the measure; the pain continued as severe as ever, and the ulcer still enlarged. Latterly, on account of the extreme pain, he had been unable to stand on his leg, and had been obliged to give up his employment.

Mr. Simon was at first inclined to coincide with the opinion which the surgeon under whose care the man previously had been had acted on,—that the disease was superficial necrosis only. On further consideration of the circumstances, that the pain had, through so extended a period, continued to constantly recur at intervals, that it had been of unusual severity, and that it had not been in the slightest degree relieved by the former operation, he was induced to believe that there must be a confined collection of matter in some part of the bone. On January 14, the patient was brought into the operating-room, and put under the influence of chloroform. Mr. Simon then removed some thin superficial sequestra from beneath the ulcer, when the bone at the lower part of the sore was seen to be porous and rough; and as it was quite evident that the whole shaft at this part was enlarged, it was determined to apply the trephine. A circle of thick, but spongy bone having been removed by that instrument, no matter at first escaped, but a

gouge having been passed down into the cavity, it broke down the thin confining layer, and about a drachm of thick green pus welled up. There was no dead bone in the cavity, which, as in the former case, was well circumscribed, and lined by a villous pyogenic membrane.

This patient has had a long and tedious convalescence. So extensive, indeed, was the disease, which involved not only the shaft of the tibia for a considerable length, but also the soft parts, that a prolonged process of healing was the best that could have been expected. At the end of five months the cavity of the abscess had quite filled, and the wound over it was healed. From the day of the operation, the man has had none of the distressing pain from which he previously suffered, and his health has very greatly improved. After nearly a year's confinement to bed he has recently been discharged in a condition which enables him to walk about, and suffering no pain; a portion of the large ulcer which had exposed the bone being, however, yet unhealed.

For the particulars of the two preceding cases we are indebted to the notes taken by Mr. West, one of Mr. Simon's dressers. The first of them shows a symptom which is not by any means always present in cases of circumscribed abscess in bone—namely, disease of superjacent periosteum. There is, of course, nothing difficult to be understood in the circumstance, that inflammation within the medullary cavity should lead to a like condition on the external surface, even when the intervening layer of bone is much thickened and condensed. It is very important that the surgeon should not infer, that because superficial caries exists, that is the only disease present. In the second case, probably the abscess was a consequence of the general inflammation of the diseased shaft, and did not originate its complications.

All the cases we have related show how readily the most severe pain may be relieved by giving exit to pent-up matter. In several of them, the patient, who had scarcely slept for weeks previously, passed an excellent night on the one following the operation. They all support the conclusion, that severe pain of long continuance, unrelieved by usual measures, and referred to a particular spot, where there is perceptible enlargement or thickening of the bone, is a symptom which authorises the surgeon in making an instrumental exploration of the part.

ST. MARY'S HOSPITAL.

CASE IN WHICH THE COMMON CAROTID HAD BEEN TIED FOR ANEURISM BY ANASTOMOSIS IN THE ORBIT.

[Under the care of Mr. HAYNES WALTON.]

A FORTNIGHT ago, a child now three years old came under observation at this Hospital, on whom, at the age of five months, ligature of the common carotid had been practised. Mr. Walton made some clinical remarks on the case, observing that it had now peculiar interest, on account of the length of time which had passed since the operation. Previous to its performance, several of those whom he had consulted had expressed fears, first, lest the disease—an intra-orbital aneurism by anastomosis—should not be cured; and, secondly, lest some consecutive cerebral affection should ensue. That all danger on these heads was quite passed might now be safely assumed. The case is reported in some detail, but very shortly after its occurrence, in Mr. Walton's "Operative Ophthalmic Surgery;" and we therefore need not here repeat it, more than just to say, that the disease was congenital, affecting the right orbit, much protruding the eye, increasing rapidly in size, and yielding a doubtful pulsation.

Ligature of the right common carotid was performed in the usual way on June 5, 1851. No disagreeable consequence followed, and the tumour gradually diminished in size. At present —February, 1854—the child is well-grown and intelligent; she has never evinced the least symptom of cerebral disturbance or disordered intellect. Vision appears to be perfect. The eyeball is yet a little more prominent than the other, but not thrown out of its axis in any way; it has perfect motion. The undue prominence is not more than usually exists after the operation for strabismus, and scarcely constitutes a deformity. The pupil is of the same size as that of the other eye, and the iris moves readily. A few tortuous vessels, deeply placed in the conjunctival sulci, mark the site of the disease; but, to get a view of these, the lids must be everted. The vascular supply to the two sides of the face appears to be alike. The scar of the incision in the neck is still seen, but is very small.

The result of this case—proving, as it does, that an infant of the most tender age may bear well so serious an operation as ligature of the carotid—affords much encouragement to the adoption of a similar measure in any like case. Had interference been deferred, very probably the eye might have been destroyed by pressure from behind, and the tumour might have acquired a magnitude too large to be cured by such a measure as that which was successful. The deligation of large trunks supplying erectile tissue is, of course, always a procedure of which the effect is not certain, since the morbid vascular channels may again fill to their former size as soon as the collateral circulation is established. There are, however, quite a sufficient number of cases on record to authorise its adoption, and to ground considerable hope of a favourable result; and we are glad, in the above, to add another to the list.

Mr. Walton mentioned to us an interesting circumstance bearing on the hereditary tendency to vascular disease. The sister of the patient in the above case had been under his care for a nævus on the scalp.

SCIENTIFIC LECTURES.

SWINEY LECTURES ON GEOLOGY, IN CONNEXION WITH THE BRITISH MUSEUM.

ON PALÆOZOOLOGY, OR THE NATURAL HISTORY OF EXTINCT ANIMALS.

By ROBERT E. GRANT, M.D.

RUSSELL INSTITUTION.—Eight o'Clock P.M.

TUESDAY, FEBRUARY 28.—LECTURE VIII.—Fossil Remains of Reptiles and Birds—Conditions favourable for the Development of Reptilian Life—Era of Gigantic Reptiles Marine, Terrestrial, and Aërial, now long past, and their Places supplied by Warm-blooded Animals of Higher Organization—Foot-prints Fallacious in Palæozoological Interpretations: those of a Crab mistaken for those of a Chelonian, those of a Reptile for a Marsupial Mammalian, those of Saurians for Frogs and Birds, etc.—Extinct Species of Saurians in nearly all Surviving Cainozoic Formations, from the Devonian to the Alluvial—Extinct Ophidians and Chelonians in the Newer Secondary and the Tertiary Formations—No Fragment of Bird yet discovered in the Forests of the Coal Epoch, where the most delicate Insects, Arachnida, and Fresh-water Crustacea are preserved—Supposed Foot-prints of Birds in the Triassic Sandstones of America, and supposed Birds of the Oolite, the Wealden, and the Chalk—Remains of Birds in the Eocene and other Tertiary Formations, in Paris Gypsum, in Diluvial Caves, in Ossiferous Breccias, etc.—Gigantic Extinct Birds of New Zealand and of Madagascar.

LIST OF SCIENTIFIC MEETINGS.

This Evening,	Feb. 25.	ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——	——	MEDICAL SOCIETY OF LONDON. *Subject:*—"On Sciatica." By HENRY HANCOCK, Esq. Eight o'Clock.
——	——	ROYAL BOTANIC SOCIETY. Four o'Clock.
Tuesday,	February 28.	ROYAL INSTITUTION. *Subject:*—"On Heat." By Professor TYNDALL. Three o'Clock.
——	——	ROYAL MEDICAL AND CHIRURGICAL SOCIETY. Half-past Eight o'Clock.
——	——	ZOOLOGICAL SOCIETY. Nine o'Clock.
Wednesday,	March 1.	ROYAL MEDICAL AND CHIRURGICAL SOCIETY. *Anniversary Meeting.* Four o'Clock.
Thursday,	March 2.	ROYAL INSTITUTION. *Subject:*—"On Animal Physiology." By Professor WHARTON JONES. Three o'Clock.
——	——	ROYAL SOCIETY. Half-past Eight o'Clock.
——	——	MEDICAL SOCIETY OF KING'S COLLEGE. Half-past Seven o'Clock.
——	——	ABERNETHIAN SOCIETY. Eight o'Clock.
——	——	ZOOLOGICAL SOCIETY. Nine o'Clock.
——	——	HUNTERIAN SOCIETY. Eight o'Clock.
——	——	HARVEIAN SOCIETY. *Subject:*—"On Some Anomalous Cases of Scarlatina." By Mr. W. J. ANDERSON. Eight o'Clock.
Friday,	March 3.	ROYAL INSTITUTION. *Subject:*—"On Certain Paradoxes of Rotatory Motion." By Rev. Professor BADEN POWELL. Half-past Eight o'Clock.
——	——	WESTERN MEDICAL AND SURGICAL SOCIETY. *Subject:*—"On the Treatment of Small-pox." By Dr. CAHILL. Eight o'Clock.
——	——	BOTANICAL SOCIETY OF LONDON. Eight o'Clock.
Saturday,	March 4.	ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——	——	MEDICAL SOCIETY OF LONDON. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, FEBRUARY 25.

THE DEPUTATION OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE following paragraph appeared in the *Times* last Friday:—

"A Deputation from the Provincial Medical and Surgical Association had an interview with Viscount Palmerston yesterday at the Home Office. The Deputation consisted of Sir Charles Hastings (Worcester), Mr. Stedman (Guildford), Mr. Nunneley (Leeds), Mr. Bottomley (Croydon), Mr. Cartwright (Oswestry), Dr. Webster (Dulwich), and Mr. Hastings, Secretary. The Deputation was accompanied by Mr. O. Ricardo, M.P., and Mr. Wakley."

We have heard that extreme dissatisfaction has been expressed by many members of the Association on learning that a Deputation from their body to Government was accompanied by Mr. Wakley, while many veteran Medical Reformers were not invited to attend. We have also been informed, that the intimate relations kept up by the President, Sir Charles Hastings, with Mr. Wakley, by holding the position of Chairman to the New Equitable Assurance Company, are exceedingly distasteful to many members of the Association, so much so, that a very serious Motion is likely to be brought forward at the next General Meeting at Manchester, which, if carried, will compel Sir Charles either to give up his post as President of the Association, or his connexion with Mr. Wakley.

In a Leading Article in the *Lancet* last week it is stated, "that Sir C. Hastings and other members of the Deputation pressed His Lordship to introduce a Medical Bill into the House of Commons at the earliest possible period; and the noble Lord, at the termination of the interview, stated that it was his intention to act on the suggestion that had been made." We have good reason to believe that Lord Palmerston did not make a statement by any means so explicit or decisive as this. As to the concluding paragraph of the Article just alluded to, —"Under these auspicious circumstances, *it is quite certain* that Mr. Brady will cheerfully postpone his Registration Bill until after the Government measure has been laid before the House,"—we need only reply, that Mr. Brady, so far from postponing his Bill has gone on with it, as may be seen from our Parliamentary Report, and has so modified the objectionable Clauses, that we see every reason to hope and trust that it will pass almost without opposition, although the last Clause may still possibly require some modification.

COMPULSORY VACCINATION EXTENSION ACT.

THE provision in the 4th Clause of this Act, that the certificate of successful vaccination shall be sent to the registrar of the sub-district in which the operation is performed, is open to the further objection, that in many cases it does great injustice to the Registrar of the sub-district in which the child was born. In cases in which the child was born in one district and vaccinated in another, the Registrar has the trouble of giving the notices under Section 9, and of making a minute thereof under Section 10, for which he obtains no remuneration, while the Registrar of the other sub-district, who receives the duplicate certificate, obtains the fee. The injustice which is thus done to the officer who registers the birth is obvious, and furnishes another reason why, in all cases, the certificate in question should be sent to the sub-district in which the birth was registered.

While on the subject of justice to the local Registrar, we cannot avoid noticing the inadequate remuneration given him by a fee of threepence for all the operations required before a case is completed. We hope, if there is to be any amendment of the Act, that this sum will be at least doubled, in which case, the services rendered would still be under rather than over paid.

There is a want of adequate arrangement as to a place of vaccination, and subsequent inspection in each *sub-district*. The Registrar is required, by the 9th Clause, to give notice of the days, hours, and places of vaccination to the parents or persons having the care of the child requiring them to take the child for vaccination. It will be found, on reference to the 1st Clause, that it has not yet been made compulsory on the Guardians and Overseers of every Union and parish so to construct the vaccination districts, as that there shall be a time and place appointed in the sub-district of each Registrar. We believe it will be found, that for want of proper arrangements as to these sub-districts, the Registrar is often not in a position to give the notice required by the 9th Clause; and where such notice has not been delivered, the parent cannot be prosecuted for non-compliance with the Act.

There seems, indeed, to be a great oversight as to the penalties of the Act. Besides the inefficiency noticed in our former article, it should be observed, that no prosecutor is named in the Act, although provision is made for the appropriation of all the penalties recovered, which are to go in aid of the Poor-rates. Would it not be well in return that some Poor-law official should discharge the duties of public prosecutor.

In order to secure the efficiency of the Act, and to do justice to the Registrars, to Medical men, and to the public, a very important change must take place with respect to the arrangements made with the Profession. Fees sufficiently small in amount are payable for successful vaccination to the public vaccinator. The non-official Practitioner who has performed the operation is, however, entitled to no such fee, and cannot be expected or compelled to give gratuitously a certificate to the parent or to the Registrar, without which he is unable to complete the case in his books. The small fees allowed by the Act would prove no attraction to any respectable member of the Profession; but, to secure the operation of the Act, we think it would be found necessary to provide that every qualified Practitioner, upon giving the requisite certificates and duplicates, should receive the same fee as if he had been appointed a public vaccinator.

Why, however, should the invidious distinction be perpetuated between the appointed public vaccinator and any duly-qualified Practitioner? The efficiency of the Act under consideration would be increased if that distinction were abolished, and thus at the same time we should witness the removal of much unfairness of which Medical men could, if they were so disposed, very justly complain. At Stoke-upon-Trent, all the Medical Practitioners in the parish have been appointed public vaccinators. In favour of this proceeding it may be urged, that, besides the efficient aid it gives to the operation of the Act, it avoids all unfair preferences on the part of the parish, distinguishing only between the duly-qualified and the pseudo-Professor.

We have received from different parts of the country, a variety of complaints, which show that the objections we have presented are felt by the members of the Profession, whether official or non-official, alike. "Fiat Justitia," who writes from Durham, urges the right of "every duly-qualified practitioner being recognised as a public vaccinator, and paid as such." He says:—"At present, the Union Surgeons alone receive remuneration for a service which is by law required of every Medical man, as, of course, each Practitioner prefers vaccinating his own patients, even though it be gratuitously." "Yet," he adds, "of the unpaid as well as the paid operator the State requires the same

troublesome and perplexing certificates;" and, with a justice which cannot be controverted, demands that, "as the State requires three documents of every Surgeon, he also should be remunerated." In Durham, we are told that the Surgeons, with scarcely an exception, have applied to the Guardians, and subsequently to the Poor-law Board, to be appointed public vaccinators, but without success; and our Correspondent concludes by saying:—"As we have justice on our side, I trust the Profession will, as a body, co-operate in urging on Parliament the duty of paying every man for the work it requires of him." The case of Stoke-upon-Trent deserves the notice of the authorities in Durham.

MEDICAL REPRESENTATION.

Among the most important measures which are to be introduced this Session into the Houses of Parliament, is one for the amendment of the present system of representation. The Bill proposed by Lord John Russell recognises, almost for the first time, the educational element as a claim to Parliamentary consideration; for hitherto it cannot be said that learning, *per se*, has found any supporters in the House of Commons, except in the cases of the Universities of Oxford, Cambridge, and Dublin. The new Bill gives a representative to the University of London, and two to the Inns of Court, and the franchise is granted to all Graduates of Universities.

For this instalment we have reason to be grateful; but inasmuch as the other Professions are amply represented in the Senate, we should have felt that only an act of justice was performed if the Medical Profession had been more directly acknowledged in the new schema. It is notorious to all that the Army and Navy are abundantly supported in both Houses of Parliament, the Church is well guarded by the bench of Bishops, and the Law has certainly no lack of protectors in either Lords or Commons. The same may be said of the monetary, the mercantile, and the shipping interests, all of which have an influential voice in the great Councils of the nation. But, as for the unfortunate members of our Profession, overworked, ill-used, and underpaid,—engaged in all parts of the world in alleviating the miseries of suffering humanity,—who ever raises a hand in their support, or utters a speech in their behalf? Trodden down and trampled upon by Poor-law Guardians, despised by Naval Captains, exposed to the ill-treatment of the Public, and, unhappily, the victims of over-competition from one another, our only chance of escaping the evils which surround us has been to maintain our own individual ground, and act upon a compulsory system of selfishness. While we find that other Professions and other bodies of men are actuated by an *esprit de corps* which leads them to defend one another's rights, to maintain their united interests, and to conceal or to palliate one another's defects, we find ourselves too often driven, by the necessity of the case, to sacrifice feeling to expedience, and reluctantly to abandon a weak or an unfortunate brother in the hour of his need. That a better sentiment, however, has been lately springing up, we gratefully acknowledge; and no one can have observed, without the utmost satisfaction, the noble efforts which have recently been made to encourage kind and generous feelings throughout our ranks.

If it be necessary that the Law should be more fully represented than it is at present, by giving Members to the Inns of Court, it is surely only reasonable, that the Profession of Medicine, which cannot be said properly to have ever had any representative at all, should put in its claim to a similar privilege. In making this observation, we do not intend to offer any slight to the efforts of Mr. Brady, who has shown himself to be a consistent defender of our rights, and a vigorous exponent of our grievances; but we need not remark, that Mr. Brady's presence in Parliament has no necessary connexion with his position as a member of our Profession, and that a direct representation in the House of Commons is an object to which we have a right to aspire.

It would be almost a waste of time to endeavour to prove, that in point of education and status, the properly qualified Medical Practitioner is quite equal to the lawyer, the divine, the soldier, the sailor, or the merchant; nor can any one attempt to deny that the services rendered by him to the State and to the Public, are at least quite on a level with those of the other classes just mentioned. We should, therefore, earnestly impress upon the Profession generally throughout the United Kingdom, the necessity of making a vigorous effort at the present time in the direction to which we allude; and as we believe that the present Ministers are willing and anxious to listen to any suggestions emanating from our Body, we think that the opportunity is a favourable one for making known our claims; and that, by Petitions and Deputations, as well as by personal interviews with Members of Parliament, there is a reasonable hope that our just expectations may be realised, and our efforts crowned with success.

BONE-SETTING AT LIVERPOOL.

In our last Number we briefly adverted to a case which has been recently tried at Liverpool, and which demonstrates very clearly the present state of the law with regard to illegal Medical and Surgical practice. The case to which we now allude, bears a very close resemblance in some of its principal features, to another, in which Mr. Housley was the defendant; but the results have been widely different. In the one where the action is brought against the bone-setter, the quack gains the victory; in the other, where the legitimate Practitioner is involved, the alleged malapraxis is most severely punished.

It will be remembered, that Mr. Housley was called to attend a delicate and sickly infant, who had broken its thigh; he applied splints and a bandage, but the limb, unfortunately, mortified, and amputation became necessary. An action was brought against the Surgeon, and two verdicts were returned against him, with 250*l.* damages.

The facts of the Liverpool case are as follow:—A tradesman, who had previously enjoyed good health, suddenly ruptured some of the muscular fibres of his leg; and, having called in a surgeon, was ordered to apply leeches and fomentations, to keep his bed, and to place the limb in a particular position. As the leg, however, did not improve so fast as the patient wished, he applied to a bone-setter, who made use of a tight bandage; after which the leg became insensible to pain, and soon afterwards, mortification came on, and rendered it necessary to amputate. This operation was accordingly performed. The patient brought an action against the bone-setter for the loss of his limb.

These facts were proved in as clear a manner as in the case of Mr. Housley, several surgeons of reputation giving their decided opinion that the mortification was caused by the tightness of the bandage; and it might have been fairly supposed that, as the evidence was alike in both cases, the verdicts would be alike also; but mark the difference. The bone-setter does not deny that the tightness of the bandage caused the mortification, but he pleads that he did not hold himself out as a person of skill and knowledge; that he was not a Surgeon, Apothecary, or Medical Practitioner, and did not undertake to act as such; and therefore that he is entitled to a verdict. The Judge and the Jury take the same view as the bone-setter, being so eager to return a verdict in his favour, that they with difficulty allow the plaintiff's Counsel the right of reply; and as soon as the latter has finished his speech, the Jury intimate to the Judge that the

case is so clear that they will not trouble him to sum up; and, after a short consultation, they return a verdict for the defendant. The Judge entirely concurs, and expresses his concurrence in the warmest terms; and the bone-setter triumphantly quits the hall of Justice, to practise his nefarious and empiric arts upon new victims.

This lamentable case, in its naked unembellished facts, is bad enough and disgraceful enough in all conscience; but, as if to make its features still more odious, the Counsel for the defendant, the conspicuous Mr. Serjeant Wilkins, thought proper to indulge in a most unjustifiable tirade of abuse against the whole Medical Profession, for which, we are happy to say, he received the censure of both Judge and Jury. To repeat the miserable jests and to record the Billingsgate slang of this libeller of our common Profession would be to give an undue prominence to a speech which may, for anything we know, be suitable to the purlieus of the Old Bailey, but which deserves from those against whom it is directed, only the smile and the silence of ineffable contempt. The noble sentiments expressed by Lord John Russell, at the anniversary of the City of London Hospital for Diseases of the Chest, on Wednesday, upon the charities of Medical men, and the great services they render the country, may be well set off against such attacks as those of Serjeant Wilkins.

The whole case illustrates in a remarkable manner that utter laxity of the law of England in respect to illegal Medical practice, which we have had so often occasion to expose and to deplore. Here is a man who undertakes to treat an injury, although he knows nothing of the structure of the part which is injured; and not only is he allowed to practise an art of which he is wholly ignorant, to the manifest injury of the Medical Profession and of the public, but he is actually protected, by the law of the land, in his contraband proceedings. A man is severely punished if he sells an ounce of snuff or a pint of wine without a licence; but a quack may take money for bandaging a leg till it mortify, and he may set law and common-sense alike at defiance.

The report of the meeting on Thursday, and the Resolutions passed in support of Mr. Housley, will be read with interest in connexion with this case.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

MEETING OF BRIGHTON PRACTITIONERS.

On Friday last, a General Meeting of the Medical Practitioners of Brighton and the neighbourhood, convened by the Committee of the Brighton and Sussex Medico-Chirurgical Society, was held in the Board-room of the Dispensary, "for the purpose of taking into consideration the dismissal of Mr. Gay from the office of Surgeon to the Royal Free Hospital."

Dr. Ormerod, President of the Society, occupied the chair, and there were also present Mr. Lowdell and Mr. Oldham (Hon. Secs.), Mr. Brenchley, Dr. Wilson, Mr. J. King, Dr. Bayes, Mr. Jas. Dixon, Mr. Jos. Dixon, Mr. Cridland, Mr. Dade, Mr. Tatham, Mr. Winter, Dr. Holman, Mr. Smith, Dr. Allen, Mr. Hollis, Mr. W. Verrall, Mr. G. Browne, Dr. Branfoot, Mr. Whately, Mr. Fuller, Dr. Carter, Dr. Dill, Mr. Penfold, Mr. Seabrook, Mr. Horne, and Mr. F. Martin.

The notice convening the meeting having been read by Mr. Lowdell,

The Chairman said: Gentlemen, this meeting has been called on account of the dismissal of Mr. Gay. The circumstances seemed to require that the deliberation, and the expression of feeling, if any, should come from us all, and not merely from the members of the Society. You are all probably acquainted with the facts of the case as recorded in the journals. My office is rather to limit your consideration to a few of those facts, than to give you the whole history, much of which is irrelevant to our purpose in meeting here. Mr. Gay, in March last, allowed his biography to appear, containing passages certainly somewhat offensive to the Hospital with which he was connected, and laudatory of himself. I should remark, that Mr. Gay acknowledges having contributed certain information, as to his birth and parentage, to the Editor of the journal; but he denies having written this article himself, and Mr. Ross confesses to having written it. The biography was not written by Mr. Gay, and was published in March. In December, the Committee of the Free Hospital dismissed Mr. Gay from his post, alleging this biography as the grounds for their act. You are to consider how far the grounds justified the act. I cannot pretend to unravel the whole of what has been written on both sides. Only let me disabuse your minds of one idea. The General Court of Governors have been made to appear to have approved this decision of the Committee, but the fact is, that that decision has not been fairly laid before them. I would wish not to express my own feelings in any way to prejudice yours; but I must ask your attention to this point also, whether the conduct of the Committee has been such as to accredit their decision? And, lastly, I think that we owe it to ourselves to express our feelings as to that vainglorious system of puffing biographies out of which this occurrence has grown. (Hear, hear.)

Mr. Hollis felt proud at having been selected to propose the first Resolution. He wished it to be understood most distinctly, that he did not, in any way, give his countenance to the practice of puffing biographies. (Hear.) They were what he called a sort of advertising quackeries, which ought to be repudiated by every honourable man in the Profession. (Applause.) At the same time, he did not think the Committee had anything whatever to do with the biography of Mr. Gay; they had gone altogether beyond their powers in the present case. This question was not one for their cognizance at all. He could not hold Mr. Gay altogether blameless. However, that did not justify the conduct of the Committee, which he hoped would be discountenanced by the unanimous voice of the meeting. He moved—

"That, in the opinion of this meeting, the dismissal of Mr. Gay from the office of Surgeon to the Royal Free Hospital, upon the grounds alleged, was uncalled for; and that, considering he had faithfully discharged the duties of his office for seventeen years, such treatment was both unjust and unmerited."
(Hear, hear.)

Dr. Holman seconded.

The Motion was carried *nem. dis.*

Dr. Jenks said, he had great pleasure in proposing the Resolution put into his hands, because he thought it would meet the approbation of the meeting, and because, also, he thought it went at once to the root of all the evil and bad feeling which had been engendered by the expulsion of Mr. Gay from the Royal Free Hospital; he meant the meddling and interference of the governing bodies of hospitals and public institutions of a similar nature in matters which did not strictly come under their jurisdiction. (Hear.) He concluded by moving—

"That the dismissal of a Medical Officer from a public institution for minor offences committed out of the bounds of that institution, is an arbitrary and oppressive act, and an invasion of the liberty and independence of the Profession."

Mr. Tatham seconded. The expulsion of a Professional man from an institution like the Free Hospital, because he had asserted something which could not be termed an offence within their cognizance, though in the Resolution just read it was called a minor offence, was certainly a very arbitrary exercise of undue power on the part of the Committee. (Hear, hear.) He (Mr. Tatham) thought that out of this occurrence, bad as it was, great good would arise, inasmuch as it had had the effect of drawing together the members of the Profession in various towns, and they had determined upon setting their faces against anything so scandalously arbitrary. (Applause.)

Mr. Horne said, he was of opinion, that in the biography of Mr. Gay, the Free Hospital had been slandered for the express purpose of heaping praise upon Mr. Gay. If he (Mr. Horne) had been one of the Governors, he was sure he should have felt very much annoyed. He (Mr. Horne) did not see how the Committee could have acted honestly and justly to the body of subscribers, if they had allowed the Institution to have been put down so completely, while every credit was placed upon the shoulders of one individual.

Mr. Dade observed, that upon reading a report of the meeting which took place in the Hanover-square Rooms, he was of opinion that Mr. Gay completely exonerated himself from any participation in what he (the speaker) must call the excessive bad taste of the biography. Mr. Gay simply gave to the writer of that article a statement as to his birth and education. It appeared to him that Mr. Gay had been the scapegoat or victim to a species of intrigue which had been going on at the Royal Free

Hospital, which was not at all calculated to advance the liberty of the Profession. (Hear, hear.) He (Mr. Dade) quite agreed with those gentlemen who had expressed their disapprobation of that disgusting system of puffing by means of biographical notices, and he hoped that this meeting would send forth its veto against that system. He did not agree with Mr. Horne in the opinion that the Committee had acted with justice towards Mr. Gay. (Hear.) He did not believe that Mr. Gay had seen the proof-sheets of the article before it appeared; but even if he had, he did not think that any Committee had a right to exercise that species of despotism over the Medical Profession, which the Emperor of Russia was trying to exercise over Europe. ("Hear," and a laugh.) He trusted, however, that there was a sufficient degree of independence and spirit in the Profession, excited by this occurrence and the circumstances alluded to by Dr. Jenks, to cause them to unite and form one body, for the purpose of protecting themselves against the exercise of arbitrary and undue power. (Hear.)

The Motion was put, and carried unanimously.

Mr. W. Verrall then moved,—

"That this meeting joins in condemning the system of publishing the biographies of living medical men, expressing their regret that some of the highest members of the Profession should have lent their countenance to such a proceeding." (Hear, hear.)

Mr. Seabrook seconded. He perfectly agreed with those gentlemen who had spoken before upon the bad system of advertising and puffing by means of biographies. Why, Mr. Gay's biography stated that he lived at 10, Finsbury-place. (Laughter.)

The Motion was unanimously carried.

Mr. Oldham observed, that the members of the Medical Profession had to defend themselves against bodies combining against them, for they knew that men upon Committees would collectively do what as individuals they would be ashamed of. He hoped the meeting would be careful not to attach undue blame to particular journals. They had heard a good deal said against the *Lancet*, but, although he was not here to defend the *Lancet*, he trusted that gentlemen would not step out of the immediate question to discuss the part taken by that Journal in reference to this matter. He had now to move that the foregoing Resolutions be forwarded to the Medical Journals for insertion, and he felt sure that they would be inserted in the *Lancet*. With regard to Mr. Gay, he had not been condemned, but supported by his colleagues, two of whom had felt it their duty to resign their appointments in consequence of the way in which Mr. Gay had been treated by the Committee. (Hear, hear.)

Dr. Wilson seconded. He was of opinion, that biographies of living Medical men were calculated to cast a slur upon the Profession; but, with regard to Mr. Gay, he did not believe he ever saw the article alluded to until published.

Dr. Carter observed, that there was one important point which appeared to have been lost sight of at this and the various other meetings which had been held throughout the country. They all knew, that if there were no receivers, there would be no thieves. Now, he had read, and he spoke under correction, if he was improperly informed, that a successor had been appointed to Mr. Gay. If such was the case,—if Mr. Cooke had accepted the office of successor to Mr. Gay, he (Dr. Carter) would, in the strongest language he was capable of using, express his strong disapprobation of any gentleman who would accept that office under present circumstances. (Hear.)

The motion was put and carried, and after a vote of thanks had been passed to the Chairman, the meeting separated.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have the honour to be the medium of transmitting to you the following document, expressing nearly the unanimous opinion of the Profession at Bristol and Clifton on the late proceedings at the Royal Free Hospital.

I am, &c. W. F. MORGAN.

Bristol, February 20.

"We, the undersigned Medical Practitioners of Bristol and Clifton, though we feel called upon to express our strong disapprobation of the late system of Medical Biographies, are of opinion, after due consideration of all the evidence, that nothing has occurred in the conduct of Mr. Gay to warrant the course adopted against him by the Committee and Governors of the Royal Free Hospital.

"We therefore warmly sympathise with Mr. Gay. We consider him the victim of an arbitrary and unjust proceeding; and we cordially approve of the step which has been taken by Dr. Cormack and Dr. Ballard to mark their sense of the wrong inflicted on one of their colleagues.

*George Wallis, M.D.,
*Gilbert Lyon, M.D.,
*William Budd, M.D.,
*J. A. Symonds, M.D.,
*George Rogers, M.D.,
*S. Martyn, M.D.,
*John Davis, M.D.,
*John O'Brien, M.D.,
*John Stanton, M.D.,
*Henry A. Hore,
*Nathaniel Crisp,
Ralph M. Bernard,
Alfred Bleek,
John Bleek,
A. Fairbrother, M.D.,
Frederick Brittan,
D. Edward Hamilton,
Robert T. H. Bartley,
Charles Greig,
S. H. Swayne,
Edward Waldo,
John Grant Wilson,
John G. Wilson, jun., M.D.,
T. L. Surrage,
Philip H. Tribe,
R. B. Ruddock,
W. O. Cleave,
Charles Smerdon,
John Humpage,
Thomas Hawkins,
William Henry Jacobs,
William E. Day,
J. Seymour Metford,
Robert Watts,
J. Lardner Green,
James B. Prowse,
John B. Estlin,
Robert Norton,
James Highett,
Thomas Sawer,
Alfred J. Hyde,
James St. J. G. Parsons,
Thos. Fryer,
Thos. Webb Fryer,
Robert C. B. Holland,
Joseph Lancaster,
John Colthurst,
John Ware,
J. T. Perinton,
Samuel Bryant,
William Player,
Edward Martin,
J. P. Challacombe, M.D.,
George J. Parker,
Chas. H. Greenly,
W. H. Hugo,
George S. Ogilvie,
Andrew Grant,
*Nathaniel Smith,
*John Harrison,
*William F. Morgan,
*Henry Clark,
*Thomas Green,
*Augustin Prichard,
*J. G. Lansdown,
*William Lang,
*James Godfrey,
*Robert William Coe,
*E. E. Day,
*Wm. B. Herapath, M.D.,
*H. O. Stephens,
*A. Stansbury,
*W. Michell Clarke,
J. G. Swayne, M.D.,
Joseph J. Evans,
R. G. Lowe,
James Taylor,
John Brady,
William Cross,
Joseph James Kelson,
Henry Robertson, M.D.,
J. B. Burroughs,
John G. T. Rossiter.
Isaac Leonard,
Crosby Leonard,
Frederick Granger,
George Keddell,
William James Goodeve,
Horace Swete,
Charles Rendall,
Edward Humphage,
Thomas Crocker,
Wm. Yeoman Sheppard,
Wm. C. Beatty, M.D.,
Wm. C. Trotman, M.D.,
Rudd Lucas,
Thomas T. Smart,
Francis K. Fox, M.D.,
Edwin F. Fox,
Thomas Allen,
E. S. Mayor,
Philip R. Sleeman,
James George Davey, M.D.,
Thomas Martin,
Edward E. Earle,
George Gardiner,
William Ormerod,
Alfred Burleigh,
J. P. Macdonald,
Edward Tribe,
Francis Anderson,
John M. Chandler,
Frederick Terrell,
D. G. M'Pherson.

[These 114 names include those of nearly the whole Profession in Bristol. The names with an asterisk (*) affixed are those of the whole staff, with one exception, of the three Hospitals—namely, the Royal Infirmary, the General Hospital, and St. Peter's, or the Union Hospital.—ED.]

Copy of a Resolution passed at the Annual General Meeting of the Eastern Medical Book Society, on Feb. 2, 1854:—

"That the circulation of the *Lancet* in this Society be discontinued forthwith, and that the Secretary be directed to inform the Editors of the *Medical Times and Gazette* and of the *Association Medical Journal* of the same."

A PHYSICIAN, named Fleming, brought an action in the Irish Court of Queen's Bench, against the executors of an old lady named Magan, who had recently died, leaving the whole of her property—some 12,000*l.*—for Roman Catholic charities. The plaintiff, who was a distant relative, had been attending her for several years; and, to remunerate him for this service, a sum had been paid into court, but, in addition to this sum, the jury gave him 200*l.* damages.

REVIEWS.

Clinical Lectures on Pulmonary Consumption. By THEOPHILUS THOMPSON, M.D., F.R.S., Fellow of the Royal College of Physicians, London; Physician to the Hospital for Consumption and Diseases of the Chest, etc. 8vo. Pp. 211. London. 1854.

TWELVE of the thirteen Lectures constituting this volume were delivered at the Brompton Hospital for Consumption during the Spring of 1851. The work makes no pretensions to be a complete essay on pulmonary consumption. In an Introduction of twenty-four pages, Dr. Thompson explains the meaning he attaches to the words he uses when speaking of the sounds indicative of disease in the thorax. Each Lecture is devoted more or less closely to the consideration of a single sign or symptom, as illustrated by cases in the Hospital at the time the lecture was delivered. The first lecture is occupied by a consideration of the signs appreciable by percussion and inspection in diseases of the chest. After remarking that a change in the symmetrical form of the chest is usually induced by any serious disease of the lungs or pleura, Dr. Thompson continues,—

"Let me show you proofs of this statement by introducing to your notice four patients. The first with a view to exhibit the movements of the chest, natural in character, notwithstanding the existence of constitutional symptoms otherwise tending to mislead; the second presenting a condition of chest produced by pleurisy and pneumonia; the third manifesting the characteristic movements attending phthisis; and the fourth the peculiarities which, in this respect, characterize emphysema."—P. 6.

The history of these four patients is then briefly given, the symptoms present at the time enumerated, and the importance of the signs to be learned by inspection, in regard of diagnosis, pointed out.

Dr. Thompson doubts if hæmoptysis ever precedes the deposit of tubercle in the lung, and thinks that, in many cases, the local loss of blood may be advantageous to the patient by relieving congestion. He deprecates "undue haste" in arresting the hæmoptysis, and adds, "as a general rule, it is better to moderate this symptom by producing determination to other organs than to employ direct astringents."

Should the hæmorrhage be passive, and direct astringents be required, in consequence of the loss of blood being excessive, alum is, according to our author, one of the best that can be employed; this remedy acts, he says, "more efficiently, when allowed to dissolve in the mouth, than when taken in mixture." The following is the prescription Dr. Thompson recommends:—

"Take of powdered gum arabic, and of white sugar, each three drachms; powdered tragacanth a drachm and a-half; alum two drachms; catechu three drachms; rose water as much as sufficient for a mass to be formed into sixty lozenges."—P. 35.

Acetate of lead is preferred to gallic acid, while turpentine is said to be "one of the most certain and suitable remedies in a majority of instances."

The third lecture is devoted to the consideration of the expectoration as a means of diagnosis.

"The most characteristic appearances attending the series of changes of the expectoration in the different stages of pulmonary consumption," our author observes, "may be conveniently described under four divisions, namely,—

"First.—The salivary or frothy.

"Secondly.—The mucous.

"Thirdly.—The flocculent.

"Fourthly.—The purulent or porraceous.

"The first is what you would expect from irritation; the result either of pulmonary congestion, or of slight tubercular deposit.

"The second would indicate a more confirmed affection of the bronchial tubes.

"The third is peculiarly characteristic of secretion from a vomica, modified by the absorption of its thinner constituents.

"The fourth is indicative of phthisis far advanced, and (if unmixed with froth) usually involving both lungs."—P. 39.

Dr. Thompson found, by the aid of the microscope, in the sputa, from a vomica, the fungus discovered in the interior of a vomica by Dr. H. Bennett, of Edinburgh.

The fourth lecture is on the pulse in pulmonary consumption.

In health the pulse is quicker in the morning than it is in the evening,—on the contrary, the pulse of phthisical patients is usually quicker in the evening than it is in the morning.

In health, the change from a sitting to a standing posture is accompanied by a considerable increase in the frequency of the pulse: "13 is the average increase of beats produced by standing on a pulse which is 80 when in the sitting posture." In the second stage of phthisis, the pulse is scarcely quickened by the change from a sitting to a standing posture. Sometimes, even, there is no increase in its frequency under the alteration of position supposed.

The subject of cod-liver oil occupies the Fifth and Sixth Lectures. Dr. Thompson adds his testimony to that of preceding writers as to the value of this remedy. Six hundred gallons of the oil are used annually at the Hospital to which he is Physician. Recent experiments with cocoa-nut oil lead Dr. Thompson to the following conclusions:—

"Among the patients to whom cocoa-nut oil was given, there were some instances of arrested phthisis, as decided as any I have been accustomed to attribute to the use of cod-liver oil, over which it possesses advantages in reference to economy and palateableness; and it is interesting to remark that its efficacy was experienced by some who had previously taken cod oil uselessly, and by others who had discontinued it on account of nausea."—P. 102.

Some interesting observations on the condition of the urine in consumptive persons occupies the Seventh Lecture. The Eighth and Ninth Lectures are on the early signs of consumption, fistula in ano as affecting the course of consumption, and the causes and treatment of diarrhœa.

Fistula in ano is counted by Dr. Thompson "among the causes tending to retard the progress of pulmonary consumption." In the diarrhœa of phthisis, Dr. Thompson employs trisnitrate of bismuth in doses of five grains, combined with three grains of gum Arabic and two of magnesia, every four or six hours.

Dr. Thompson attaches much more importance to "wavy" or jerking inspiration than we do, as a sign of the presence of tubercles; at the same time, he allows "this symptom cannot be regarded as conclusive evidence of the presence of tubercular disease."

The Tenth Lecture is devoted to the appearance of the gums in consumption.

"Considerable attention to this inquiry has impressed me with a conviction of the frequent existence, in consumptive subjects, of a mark at the reflected edge of the gums, usually deeper in colour than the adjoining surface, and producing a festooned appearance, by the accuracy with which it corresponds with gingival border; this mark is in some persons a mere streak; in others, a margin, sometimes more than a line in breadth. In the most decided cases, this margin is of a vermillion tint, inclining to lake."—P. 145.

A coloured lithograph is given to represent this appearance.

This streak on the gums, Dr. Thompson states, is often among the earliest signs of pulmonary consumption.

Our own experience leads us to the conclusion, that this streak on the gums is by no means limited to those suffering from phthisis. In reference to the value of this sign as an aid to diagnosis, Dr. Thompson observes,—

"When in either sex it coincides with a pulse not materially altered in frequency by change from the sitting to the standing posture, the presence of phthisis may with high probability be assumed, even before having recourse to auscultation."—P. 158.

The eleventh Lecture is on diseases presenting some symptoms resembling those of consumption. The remarks on hysteria, simulating and complicating phthisis, are very good.

The twelfth Lecture is devoted to the causes of consumption, and the last to some of the distressing incidental symptoms of phthisis.

Speaking of the remedies of use in checking night-perspirations, Dr. Thompson observes,—

"Of late I have given with most satisfactory results four grains of oxide of zinc, with four of extract of henbane. No remedy I have yet employed has exercised so uniformly favourable an effect in moderating the night-perspirations."—P. 193.

Even from the brief review of the contents of Dr. Thompson's work we have given, the value of it to the Practitioner of medicine will be apparent. Dr. Thompson has enjoyed a very large field for observation, and has used it with considerable effect.

A Manual of Pharmacy for the Student of Veterinary Medicine. By W. J. T. MORTON, Professor of Chemistry and Materia Medica in the Royal Veterinary College. Fifth Edition. 8vo. Pp. 450. London, 1854.

THIS is really a valuable work. The former editions have been well received both by veterinary students and surgeons; and we feel assured that the high reputation of the author in veterinary science is a guarantee that the popularity of his book is well deserved.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UTERINE CATHETERISM.—DEATH.

By M. BROCA.

A woman, aged 39, was admitted into the Hospital of Lourcine complaining of severe hypogastric pains extending down the thighs, of disturbance of digestion, loss of appetite, colic, constipation, and frequent emission of urine. Examination per vaginam, both by the finger and the speculum, confirmed the diagnosis of anteversion of the uterus, the os being directed nearly directly backwards, the body being horizontal. Upon October 7 the uterine sound was introduced, the patient standing upright; the instrument penetrated the organ, directed by the index finger, two and a-half inches. The uterus was easily replaced, and held in its proper position for five minutes. There was no pain given to the patient. The day following the same course was pursued. On the 10th, the catheter was introdueed for the third time; the woman declaring that she felt much relieved by the operation. On the 11th, the introduction of the instrument caused slight pain; on the 12th the abdomen became painful upon pressure; fever ensued with nausea. Ordered that thirty leeches should be applied to the hypogastrium. On the following day the leeches were repeated with good effect. Mercurial frictions were then directed to be applied to the abdomen. During the day a small quantity of blood flowed from the vagina. On the 15th the fever had disappeared, and the sickness had been partially calmed; but there was one region of the abdomen, situated over the right ovary, always painful upon pressure.

Although the abdominal pains had disappeared entirely by the 17th, yet the stomach rejected every kind of food or medicine; the bowels were constipated, and the patient became rapidly emaciated. On the 22nd she had stercoraceous vomiting; and on the 23rd she died, after severe suffering. The examination of the body, by M. Broca, exhibited traces of two attacks of peritonitis; one of old date, the other recent, and excited, in all probability, by the catheterisms practised upon the uterus fifteen days before. The inflammation had commenced at the right angle of the uterus; but, although the peritonitis had yielded to active treatment, adhesions remained which arrested the course of the fæcal matter, and gave rise to the symptoms which immediately preceded death. The mucous membrane of the uterus was found uninjured. Other similar cases have been recorded by MM. Aran, Nélaton, and Cruveilheir; consequently, surgeons should be guarded in the employment of a measure which may be followed by such serious accidents.—*Gaz. des Hôpitaux*, Feb. 4.

THREE CASES OF RANULA TREATED BY INJECTION WITH AN ALCOHOLIC TINCTURE OF IODINE.

By Dr. BORELLI.

N. N., aged 50, of robust frame, a great smoker, became the subject of ranula from dilatation of Wharton's duct. The cyst, which was the size of a pigeon's egg, was punctured by a lancet, and then filled with the tincture of iodine, of which a part was allowed to remain. For some hours afterwards there was severe pain. Upon the following day there was a moderate amount of inflammatory swelling; but the symptoms subsided, and the cure was complete by the twelfth day; the mucous membrane then presented its normal colour and appearance.

The next two cases, equally successful, afforded nearly the same histories, and need not be detailed.

The chemical examination of the saliva and of the fluid in ranula shows that there is not perfect identity between the two, but a very great analogy. Both present a feeble alkaline reaction; both contain phosphate of lime, the chlorides, and ptyaline; but in the first there is albumen, which coagulates with heat, and sulpho-cyanurets, which are not met with in the second fluid, where, in place of albumen, there is another protein compound, which is abundantly precipitated by alcohol, gallic acid, or corrosive sublimate.—*Op. Cit.*

[There is reason to believe that the secretions from the three salivary glands of the mouth, the parotid, the submaxillary and the sublingual, are not identical; but that each possesses some peculiarity, which is subservient to the processes of mastication and deglutition, and to the sense of taste. Had the secretions been precisely similar, there would not have been either a division between the several glands, or a development of separate excretory ducts.—Ed.]

THE PERCHLORIDE OF IRON EMPLOYED TO ARREST CONSECUTIVE HÆMORRHAGES IN CANCER OF THE NECK OF THE UTERUS.

We have employed, observes M. Remilly, the perchloride of iron to arrest the uterine hæmorrhages which so frequently accompany cancer of the neck. It is administered by injections, in the strength of 15· of the perchloride to 250· of water. The dose required is usually 15 grammes of the perchloride (5 drachms English). A woman, aged 60, suffering from cancer uteri, voided daily large clots of blood from the vagina, some as big as the fist. Two injections, (Sept. 12,) at the interval of five minutes, sufficed to arrest the hæmorrhage for three days. On the 15th, the blood flowed again, when two fresh injections were administered with success. On the 16th and 17th, the injections were continued without any recurrence of hæmorrhage. On the 18th, the patient, who had lost no more blood, became pale and faint after the second injection,—symptoms which seemed referrible to the remedy, as the external organs of generation were temporarily swelled. She soon, however, recovered; and, from October 26 to November 19, has remained free from any return of the bleeding.

A second patient, aged 49, suffering from soft, vascular, fungous growths from the os uteri, accompanied with a discharge of dark fetid blood from the vagina, was subjected to the same treatment. The first injection produced an immediate disappearance of the discharge. The day following there was a second discharge, which was not arrested by the injection, but the patient declared that the instrument had been badly introduced. The next day the remedy was used with more care and with complete success.

A third and a fourth case are related by M. Remilly, illustrating the decided benefits ensuing from this plan of treatment; and he remarks, that not only does the injection relieve the patient from troublesome and often offensive discharges, but that it retards the progress of anæmia, and prolongs her existence. It is impossible to say what effect the perchloride may have upon the future progress of the cancerous disease; but it may assist, by arresting weakening losses of blood, in rendering more decidedly beneficial tonic and ferruginous remedies employed so often without the least success in combating cancer and its complications.—*Bulletin de Thérapeutique.*

REMARKABLE EFFECTS OF THE INHALATION OF CHLOROFORM IN HOOPING-COUGH.

It is surprising that inhalations of chloroform should not have been suggested at an earlier period in the treatment of hooping-cough, one of the purest spasmodic affections in human pathology. Some years ago, Dr. Fleetwood Churchill, of Dublin, recommended inhalations of sulphuric ether in this affection; but the discovery of chloroform put a stop to its further experiment. The treatment of hooping-cough by chloroform is attended with difficulty in very young children. First, there is no warning of paroxysmal access; secondly, inasmuch as there are eight to ten expirations to one inspiration, the chloroform becomes evaporated before the infant has inhaled a sufficient quantity. [This objection may be easily rectified.—Ed.] Finally, young children have a veritable horror of anything coming against the mouth, so as to interfere with respiration, and they struggle against it with all their power. In the case of children, however, from twelve to fourteen years, of reasonable minds, all these difficulties disappear.

Four cases, treated by Dr. Fleetwood Churchill, were in the highest degree encouraging. The first, a young girl, aged 16, who had had hooping cough for a month, especially severe during the night. She was recommended to inhale a few drops of chloroform upon a handkerchief, when she felt the paroxysm coming on. In two days the shrill sound had disappeared; and the cough subsided in about ten days. There was the same result with a patient aged 20. In the third case, a young lady, aged 18, chloroform was administered from the commencement. The cough was instantly suspended by the chloroform, but three weeks were required for cure. The fourth case was more severe; the spasmodic attacks were more violent and prolonged; the efforts at inspiration, and the shrill sound, such as to convey the idea that something was about to give way in the chest. The inhalations of chloroform reduced the number of the paroxysms to one-half, but without diminishing the intensity of the remainder. The patient complained of headache after the inhalation, consequently it was discontinued, and two to three minims of prussic acid, with two to three minims of the black drop, were substituted thrice a day. The improvement effected by the chloroform was permanent.—*Arch. de Méd. Belge.*

GENERAL CORRESPONDENCE.

MR. GAY AND THE ROYAL FREE HOSPITAL.

[To the Editor of the Medical Times and Gazettc.]

Sir,—I have but a few words to say, in reference to the comments you have been pleased to make, in your last Number, on my letter therein inserted; still you must admit that a correspondent's expressions should not be misstated or misconstrued, and this I have to complain of.

I now quote from your Journal of the 18th inst., *verbatim*:—"It is not a little singular, that Mr. Beaman's is the only letter from a Professional man, except that of Mr. Gant, which we have received defending the conduct of the Messrs. Wakley and of the Committee of the Royal Free Hospital."

Permit me, Sir, to ask if you can find one single word or sentence in my letter that will bear the above interpretation; nay, I distinctly stated, that the purport of my communication had nothing to do with "the proceedings and motives of the Committee and Governors of that Institution." In the letter, I expressed my belief, as an independent member of the Profession, (and a rather old member, too,) that there was no just ground of complaint against the gentleman, whom such remarks as the following are calculated to injure. I will quote but two or three extracts from your Journal, *e.g.*: "Mr. T. Wakley took a most active part in whipping in." *This* was not so. Again: "There can be no doubt that he drew up the questions about the biography." *This* is the reverse of fact. Again: "He and his son were the only parties aggrieved by the memoir published of Mr. Gay." *This* was decidedly not the case. If incorrect, let me ask you, Sir, are such observations justifiable?

I will not trouble you further, but positively assure you, that no improper bias induced me to write as I did. I never act in opposition to my conviction. Had I the pleasure of knowing your son, my conduct towards him, under similar circumstances, would have been just the same. Neither Mr. Wakley, Mr. Thomas Wakley, nor any member or friend of their family or connexions knew of my intention even, until you departed from your published principles "of giving every member of the Profession a free and open opportunity of making a statement," as commented upon in my letter, dated the 7th inst., to the Editor of the *Lancet*.

Finally, I beg to observe, that, when I feel I am advocating a just cause, on Professional grounds, I do not think it necessary to consult third parties, even should they be personally interested. I am, &c. George Beaman.

King-street, Covent-garden, Feb. 21, 1854.

[The first two statements about Mr. T. Wakley were quotations from the letter of a Correspondent, not our own assertions. We still think that Mr. Wakley and "his son were the only parties aggrieved by the memoir published of Mr. Gay." We certainly understood Mr. Beaman's former letter to be in defence of the Messrs. Wakley; but we now see that it entirely refers to the son, and that he has given up any attempt to defend the father and the Committee to which he belonged. We have before explained, that in excluding Mr. Beaman's expression of individual opinion, we did not depart from our established principles of fairness and impartiality.—Ed.]

MR. ADAMS'S LECTURE.

[To the Editor of the Medical Times and Gazette.]

Sir,—The notice of your Correspondent, "A City Surgeon," respecting the publication of my clinical lecture in the *Lancet* of the 18th requires some explanation.

I have expressed myself annoyed at seeing my lecture in print without the notice I had attached to it, "that it had been delivered eighteen months ago." From a note which I received from the Sub-Editor of the *Lancet* on the subject, I was informed, that the corrected proof did not reach the office until the Friday, two days after the printing of the *Lancet*.

The lecture was sent many months ago, immediately after its delivery, and my reason for not wishing it to appear without the notice was, that otherwise many of my own pupils might justly have said that they had never heard such a lecture from me. Of course it was in my power to stop the printing of the lecture when the proof was sent to me, but I did not withhold my sanction to its publication with the appended notice before mentioned. I am, &c.

4, St. Helen's-place, Feb. 21, 1854. John Adams.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Feb. 14, 1854.

Dr. Copland, F.R.S., President.

A paper was read, entitled,

OBSERVATIONS ON INJURIES OF THE HIP-JOINT, ETC.

By BENJAMIN TRAVERS, Jun., F.R.C.S.

(Communicated by his Father.)

The author called to recollection, that, in the 20th volume of the "Transactions" of this Society, he had brought forward facts to prove that the head of the thigh-bone might be displaced, either directly upwards or directly downwards; but he left it to be inferred, concerning the latter form of injury, that perhaps it did not occur without fracture of some part of the os innominatum. His present object is to record the particulars of a well-marked case of partial dislocation of the hip-joint; and also to point out the great probability of fissured acetabulum, unaccompanied by any other bony lesion, being a more common accident than heretofore has been supposed. He believes in the possibility of a partial dislocation of the femur at the hip-joint, in one direction, namely, towards the pubic margin of the articular cavity, the great trochanter being suddenly advanced, as the head of the femur, restrained by the ligamentum teres, turns upon its axis. The injury is characterised by increase of width and flattening of the buttock, and by alteration in the track of the hamstring muscles. The author then observes, that the acetabulum may be cracked from injury, the head of the femur remaining entire. When the origin of the ligamentum teres is implicated, this structure becomes absorbed, and the head of the femur undergoes change in form and diminution in size. The subjects of this injury recover with certainty the power of locomotion, but with shortened limb. The shortening of the limb is progressive, being greater at six months than at two months, after which term it remains permanent. After the narration of several interesting cases, the author concluded with remarks upon the mode of reducing dislocations, preferring gentle management of muscles to the old system of exhausting them by continued extension.

Mr. Erichsen wished that Mr. B. Travers had furnished a larger amount of information concerning the frequency of the occurrence of fracture of the acetabulum, an accident which he believed to be more uncommon than the author supposed. Mr. Travers had described the *post-mortem* appearances of the hip-joint of a patient who had for some years suffered from an injury, and had taken for granted that a raised eminence running across the acetabulum was a sufficient proof of the fact that it has sustained a fracture. But, on viewing all the circumstances of the case, Mr. Erichsen felt inclined to pronounce this furrow to be the result of ossific deposit arising from rheumatic arthritis. In another case described by Mr. Travers, there was great shortening of the limb, but the symptoms seemed to point rather to an impacted fracture of the head of the femur, than to any lesion in the cavity of the acetabulum.

Mr. Lonsdale said, that an impacted fracture may have occurred in the other cases described, as well as in the one just mentioned.

Mr. Moore remarked, that Mr. Travers seemed to think that injury to the acetabulum was necessarily followed by alteration in form in the head of the femur, owing to the want of nutrition to the part, and had exhibited a picture to prove the validity of his argument; but the picture, in Mr. Moore's opinion, represented that peculiar bony expansion which was so often met with among the lower orders of the Irish. He himself knew a case where the os innominatum was broken into three parts at the acetabulum, and no alteration, as described, had occurred.

Mr. B. Travers, in reply, reminded the Society, that in the case where the mischief was referred by Mr. Erichsen to arthritis, severe symptoms had instantly supervened upon an accident. He was quite aware of the fact, that arthritic deposits often followed an injury to a joint, but they generally were slowly formed, and did not cause the sudden symptoms that so strongly marked this case in his mind as fracture of the acetabulum. He ridiculed the idea, that the other case referred to by Mr. Erichsen was one of impacted fracture of the head of the femur. Mr. Avery had seen the case with him in Charing-cross Hospital, and had fully agreed with him as to the diagnosis.

Mr. Lonsdale asked to what cause Mr. Travers imputed the shortening of the limb in the latter case?

Mr. Travers replied, that the diminution of size of the head of the femur quite accounted for that fact.

A paper was read entitled

NOTICE OF A CASE OF SKIN DISEASE, ACCOMPANIED WITH PARTIAL HYPERTROPHY OF THE MAMMARY GLAND.

By JAMES ALDERSON, M.D., F.R.S., Physician to St. Mary's Hospital, etc.

The subject of this case was a young lady, aged 20, of fair complexion, light blue eyes, and fair hair. When first seen, the left breast presented a diseased surface at the upper part, to the extent of about four inches in length by about one inch and three-quarters in breadth. The appearances presented were a perfectly smooth polished surface of an opaque and yellowish-white colour, like polished vellum or ivory. The margin of the diseased portion was defined by a strongly-marked border of injected vessels, but on the polished surface no vascularity could be perceived. There was no exudation whatever on any part of the breast—no crust or scurf of any kind. This state of the skin had existed for nearly a twelvemonth. The breast itself was larger than its fellow, and, when handled, presented several hard, resisting, nodulated tumours. A small enlarged gland was situate in the left axilla, to which an absorbent vessel could be traced from the breast. No pain was experienced by the patient in the affected part. Mr. Hodgson was consulted upon the case, and was led to pronounce an unfavourable prognosis, as it bore some resemblance to a case which ultimately displayed itself as carcinoma. Sir Benjamin Brodie subsequently was consulted, and, in his large experience, could only adduce a single similar case, in which the process of cure had been effected by throwing off successive layers of diseased skin, during which the extent of surface became continually reduced, the skin beneath ultimately assuming its natural aspect. He thought the disease less allied to carcinoma than to dry gangrene. The plan of treatment had hitherto been alkaline alteratives, with local application of iodine. The general treatment was but little varied,—an alterative every other night, with the liq. potass. in liquid extract of sarsaparilla, and glycerine was directed to be rubbed on the part night and morning. After six months, the surface of the breast had returned to its natural state, the patient stating that it faded gradually away. The author concluded with some remarks on the probable pathology of this peculiar disease of the skin.

Mr. Ure described the case which he had seen with Dr. Alderson, and corroborated his statement in every particular. He quoted Mr. Paget's statement, that the want of nutrition to the skin in this disease causes it to mortify and scale off.

Mr. Hodgson related the particulars of some cases where the like appearances that were seen in this case were followed by unmistakeable carcinoma. He had seen the disease appearing on the lips of a person, where it soon proved to be cancerous. A like occurrence took place upon the neck of another patient. The scirrhous form of cancer had occurred in these two cases; but in another, where this shining and smooth appearance of the skin had followed a burn on a limb, medullary disease supervened, and, although amputation was performed, it recurred in the breast, and caused death.

Dr. Addison stated, that he had the opportunity of investigating this disease, and bestowed upon it the name of "truchcloid." He intended to place the results of his experience before the Society at its next meeting.

The Society then adjourned.

MEDICAL SOCIETY OF LONDON.

FEBRUARY 18, 1854.

Dr. FORBES WINSLOW, President, in the Chair.

MISPLACEMENT OF THE COLON.

Mr. Leonard exhibited a preparation from a fatal case of malposition of the colon, which had occurred in a man, aged 20, The only assignable cause was great and unusual exertion in running 1½ miles in about five minutes, a few hours previously to the attack. The patient was a musician, and on leaving his engagement at about midnight of the day referred to, took a hearty supper and felt quite well. At 2 p.m. he was attacked with gripes, but called in no medical man until the third day afterwards. He then suffered from colic-like periodical pains above the umbilicus, which were somewhat relieved on pressure. Vomiting of cystic bile had existed for some time, but neither then nor at any other period was there stercoraceous vomiting. The bowels did not act, but there were no evidences of hernia. On the sixth day the vomiting and want of action of the bowels continued, and with them signs of increased action, as evinced by pain and tenderness in the region of the transverse colon. Mr. Leonard believing the case to be one of internal hernia, or intussusception, discontinued the remedies, and the patient died on the ninth day. The *post-mortem* examination, made twenty hours after death, showed the presence of the caput coli and the processus vermiformis at the umbilicus, and the colon was so detached from its connexion as to completely encircle and strangulate the duodenum. The small intestines were distended. There were no signs of inflammation.

Dr. Routh inquired whether the folds of the peritoneum had been broken through.

CANCER OF THE UTERUS AND BLADDER WITH A COMMUNICATION.

Mr. Weedon Cooke presented the bladder and uterus of a patient who had died from cancer, and which, in addition to the marks of the disease, presented a large patulous communication. The disease was believed to be of the medullary kind, but no satisfactory microscopic examination had been made. The kidney was sacculated, and the ureter very much distended. There were also nodules in the liver, which Mr. Cooke presumed to be scirrhous.

SYMPTOMS OF POISONING FROM THREE GRAINS OF EXTRACT OF BELLADONNA.

Dr. Burke Ryan communicated the heads of a case of symptoms of poisoning after the administration of three grains of extract of belladonna, which will be published in this Journal. Dr. Ryan had brought this case before the Society in order to condemn the looseness with which toxicological tables have been drawn up in various standard Works on Materia Medica, showing that certain of the Authors had given the dose of the extract as from gr. j. to gr. v.

A conversation then ensued between Drs. Ryan, Rogers, Daniell, and O'Connor, which issued in the opinion, that if the extract were good, the dose given by Dr. Ryan was much too large, and should have been under a grain for a first dose.

Dr. Brinton drew attention to the fact, that the mode of preparation of extracts and the varying states of the system produced very contrary results in the administration of such active remedies as belladonna, opium, prussic acid, elaterium, and ipecacuanha.

Dr. Mackenzie also stated that he had frequently administered the extract of belladonna, and had noticed the effects to vary much according to the care which was taken in its preparation.

Mr. I. B. Brown then read a paper

ON SOME DISEASES OF THE RECTUM IN WOMEN RESULTING FROM CERTAIN CONDITIONS OF THE UTERUS,

which we shall publish entire next week.

Dr. Murphy regarded the paper as particularly interesting from its demonstrating the serious effects which follow from slight causes. He considered the author's treatment of the cases referred to as very proper, since he had sought to remove the inflammatory state of the uterus, and then the effects which had been produced upon the rectum. He thought the drawings were defective, as showing that the uterus as a whole, and in a right line, had caused pressure upon the rectum, whereas it is usually a state of retroflexion, when the os uteri is curved underneath the body of the uterus, and this is a chief cause of the pain. He inquired if the author had used the uterine sound as a mode of diagnosis in these cases, and expressed his strong disapproval of the attempt which had recently been made in London to decry the merits of that instrument. He considered it absurd to doubt its safety, and had practically found it of great use in diagnosing and rectifying malposition of the uterus. He dwelt upon the latter advantage, since thus the evil may be so far remedied in a moment that no injurious pressure is again exerted by the uterus, although that organ does not thus at once regain its natural position.

Mr. Gay eulogised the paper, and expressed the obligations of the Profession to the author for his valuable researches into the pathological relation of the uterus and rectum. He believed that piles and other diseased states of the rectum usually arise from distant causes, as those of the uterus. He commended the

employment of the ligature, and especially in that mode in which the tumour is transfixed and tied in two or more directions. He, however, strongly recommended the use of the perchloride of iron in all cases of bleeding tumours, having found that it percolated the coats of the vessels, and in a very short time induced coagulation of the contained blood. It was, however, requisite that the walls should not be of great thickness. He had further observed, that the clot thus formed was removed in a short time by absorption or by abscess.

Mr. H. Lee was inclined to dispute the truth of the statement, that the blood does coagulate in the hæmorrhoidal veins. He had oftentimes let out the clot, but was surprised to find no blood following it; and this he thought conclusive evidence, that the coagulum had not been within the vein, but had been extravasated and enclosed in a new membrane. He was also indisposed to admit the frequency of the little pedunculated tumour, as asserted by the author; and believed, moreover, that it could not exert sufficient influence over the mucous membrane of the bowels, as to induce fissure of that membrane. He considered that the success of the author's treatment for fistula in the case referred to was probably owing to his having discovered and laid open the aperture into the gut, while this had been overlooked by the previous operators. He then referred to a similar case, in which the patient was uncured after five operations; but Mr. Lee having, by careful examination, discovered a winding passage which led to the rectum, and laid it open, the patient recovered perfectly. In illustration of the fact, that disease of the uterus may lead to disease of the rectum, he mentioned the particulars of a distressing case of seduction, in which the patient became infected with syphilis, and came under his care. She had attended thrice a-week for many months at a borough hospital, to have caustic applied to the os uteri by a dresser; and on Mr. Lee subsequently examining the parts, he found fungoid disease of the neck and vagina extending into the rectum. He feared lest the irritation caused by the long continued application of the caustic had given development to the fungoid disease.

Dr. Murphy, in reference to Mr. Lee's case, expressed a doubt if the disease had not been cancerous from the beginning, even at the time when the caustic had been so perseveringly applied.

Dr. Mackenzie also joined in the doubt, as to whether the caustic might fairly be considered to have developed the cancer. He was disposed to regard Mr. Brown's case as one of coincidence, and not of cause and effect, requiring that both should be treated at the same time. He also expressed an opinion that both alike frequently depend upon the condition of the chylopoietic viscera. He had recently clearly ascertained that, as Dr. Murphy had suggested, the malposition of the uterus is not one of retroversion, but of retroflexion; and that the body of the uterus is curved down upon the neck.

Mr. Dendy complimented the author upon the decision and determination of his character, as exhibited by his persevering researches into these diseases. He thought that the same principles of treatment might fail in the hands of other less determined men; but he approved those principles, and instanced the author's success as his proofs. He, however, believed the relation existing in the author's cases to be one of coincidence; and agreed with Mr. Lee as to the improbability of the pedunculated tumour inducing a fissure.

Dr. Greenhalgh coincided with Dr. Murphy as to the perfect safety of the uterine sound in the hands of considerate Practitioners, and expressed his sense of its advantage in diagnosing and rectifying malpositions of the uterus. He preferred first to rectify the condition of the uterus, whether that were simple enlargement or malposition, in order to prevent a recurrence of the inflammation; and both in this and other respects concurred in the views expressed by the author.

Mr. Brown, in reply, considered that the clot which Mr. Lee had believed to be extra-vascular, might, nevertheless, have been placed within the vein; for, if the vein had become closed, as was not unusual in such cases, it would prevent a flow of blood after the removal of the clot.

PHYSIOLOGICAL MEETING.

An impression prevails, that the Fellows of the Society are unaware of the occurrence of the Physiological Meetings on the second Monday of every month, or that they do not know that every Fellow has a right to attend, and to introduce any other member of the Profession whom he might desire. It is also desirable that members of the Profession not being Fellows should be informed that they may forward any physiological communications to be read before the Society.

February 13, 1854.

B. W. Richardson, Esq., in the Chair.

Dr. Crisp stated, that he had dissected a male elephant, ten feet in height, aged 22, and weighing three tons, which died three weeks ago. He presented a portion of the aorta to the notice of the Fellows, and stated, that it was four inches in diameter and eight lines in thickness at the thickest part. The free edge of one of the semilunar valves measured four inches. He stated, that the middle coat presented an appearance of muscular fibre with a power of forty diameters, and that no striæ were evident under a power of 250. The practical point of his communication was to show that the muscular coat is not elastic; and thence, and not from the opposite, did hæmorrhage cease. He doubted the existence of inorganic fibres; for the coat in the arteries is elastic, while that composed of inorganic muscular fibre in the intestines is inelastic. He also remarked, that, in common with other observers, he had not found any fat whatever in any part of the elephant.

Mr. Pilcher then read a paper

ON SOME POINTS IN THE PHYSIOLOGY OF THE TYMPANUM.

He restricted himself to a consideration of the physiological action of the various parts found within the tympanic cavity. He remarked, that, while the membrana tympani is met with in aquatic animals, it is developed in so much higher a degree in air-breathing and air-hearing animals, that it ought to be considered as restricted to the latter class. Among air-hearing animals there must also be varied modifications in development, as would be inferred from a consideration of the degree of appreciation of sound possessed by the nightingale and the rook, and believed that man alone possesses it in its most perfect state, so as to fit him for the perception of all the varieties and degrees of vocal articulate sounds. But, since cases occur in which this membrane—and, indeed, the ossicles—have been destroyed by disease, and yet the faculty of hearing retained to a very great extent, and more particularly when this has befallen the patient in infancy; and, since the membrane is naturally perforate in the ox, cat, and other mammals, he was of opinion, that it must be regarded as an appendage to more important parts rather than as a structure essential to the ear. He had no doubt that cultivation of the sense in the deaf and dumb, when the deafness depended upon malformation of the labyrinth, would often issue in obtaining so much of the faculty of hearing as would enable the sufferer to acquire articulate sounds. He then entered at great length into the consideration of the position, attachment, figure, direction of the surfaces, and anatomical characters of the membrane, and concluded an argument to show that its chief use is to communicate sonorous vibrations to the ossicles, and through them to the fenestra ovalis, as proved by the following facts:—1st. The membrane vibrates in proportion to its tensity, but within the limits of extreme tension; 2nd. It vibrates also in proportion to its thinness; 3rd. The whole membrane does not necessarily vibrate at the same time; 4th. When the whole membrane vibrates, the vibrations are restricted to certain lines, between which are non-vibrating lines or nodal points. 5th. The vibrating lines must differ in vibrating power, according to their length, thickness, density, etc., each one having an independent power; 6th. Any such line may vibrate through its whole or only through part of its length, and at the same or at different times; 7th. In the reverse proportion to the rapidity will be the extent of motion; 8th. The highest notes will issue from the tensest, densest, shortest, and smallest cord, and that vibrating through the most limited space. He then showed that the tympanum fulfils all these requirements; and, after giving the extent of vibration necessary to the production of sound, mentioned several instances in which certain sounds were inappreciable to certain persons, notwithstanding that, in the perfect ear, we are able to appreciate and distinguish all the separate tones heard in a band of music. He then referred to the beautiful arrangement of the ossicles, with their connexions, muscular attachments, and the supply of nervous influence, and expressed his belief that hearing remains tolerably good when all of them, including the stapes, are removed, if the fenestra ovalis be perfect. He related the particulars of the case of a Medical gentleman who came to him with the stapes in his hand, and yet could hear tolerably. With regard to the influence of the contained air, he believed it

to facilitate the motions of the ossicles, and then gave sixteen reasons for doubting the accuracy of Mr. Toynbee's statement, that the Eustachian tube is closed, and that it may be opened by the surrounding muscles.

Dr. Crisp supported the author's opinion as to the precise value of the tympanum, by remarking, that the Turks and other eastern nations perforate the tympanum, to permit tobacco-smoke to pass out of their ears from the throat. This he believed they would not do if it seriously interfered with the sense of hearing. He also remarked, that Albino cats are probably always deaf, but stated, that, on the careful dissection of one of these creatures, he had not been able to detect any difference of structure. He remarked, that the dog and the pig can readily appreciate articulate sounds, and asked if they have a perforate tympanum.

Mr. Richardson had observed a relation to exist in old persons between deafness and the occurrence of the arcus senilis; such, that old deaf people have the arcus, while other aged persons have it not.

Mr. Davis remarked, in objection to this, that he hears well, and yet has an arcus; and that his father, who died aged 84, had the arcus also, but could hear perfectly.

Dr. Gibb inquired if the membrane is ever ruptured in hooping-cough.

Mr. Toynbee entered at some length into objections to the author's statement as to the non-closure of the Eustachian tube, the functions of the ossicles, and the precise value of the membrana tympani. He again affirmed, that the Eustachian tube is closed, and had recently strengthened his opinion by investigation of the lower animals, as mammals and birds. In no case had he discovered any provision for keeping it open, while there were always two muscles destined to perform that duty when occasion required it. He denied the statement, that the ossicles were destined to convey vibrations to the fenestra ovalis, because their arrangement especially unfits them for that office, and because that, with the exception of the stapes, their absence does not seriously interfere with hearing. In the bird, moreover, the attachment of the bone to the membrana tympani is not by bone but by ligament. He believed the presence of the stapes to be essential to hearing. He accounted for the connexion between closure of the tube and deafness, by the statement, that the air disappears, and permits the membrane to fall in, and thus to press upon the fluid in the labyrinth. He believed that a perfect state of the membrane is essential to perfect hearing.

Mr. Bishop entered into the mathematical part of the subject, and opposed the author in several particulars. He believed that discs vibrate on the same principles as those which govern the vibration of cords—that is, they vibrate as a whole, and therefore he could not admit that each fibre of the tympanum could act alone, and the whole as so many separate cords. He then referred to the recent discoveries of a French mathematician; and, in conclusion, considered that the author had overlooked the important quality of elasticity in reference to that membrane.

Mr. Pilcher, in reply, stated, that he had frequently noticed the existence of a dark line around the tympanum of old people, but had not connected that with an arcus senilis. The membrane is frequently ruptured in hooping-cough, but usually heals readily. He explained the fact, that a patient could only hear well by opening his mouth very widely, by presuming that thus the external meatus became enlarged, and admitted a larger volume of air. The whale and other cetaceous mammals hear through the Eustachian tube, which opens into the blow-hole, and is the only part kept above water; but, in these animals, the ossicles are not connected with the tympanum. On examining Mr. Toynbee's preparation of the tympanum in the bird, he was of opinion that the bone was directly attached to that membrane.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

FEBRUARY 17, 1854.

DR. BARCLAY, Vice-President, in the Chair.

Dr. Cumming read a paper on

THE TREATMENT OF NÆVUS BY TARTAR EMETIC.

After alluding to the various methods that have been adopted in the treatment of these tumours, and to the objections which apply to many of them, he stated that the most satisfactory cures have resulted from the inflammatory process being spontaneously set up in them and producing the obliteration of the vessels by suppuration. He then mentioned Mr. Hodgson's plan of vaccinating the tumours, for the purpose of exciting the adhesive inflammation, but regarded it as a doubtful method of cure, since though the tumour might be studded over with punctures, only two or three vesicles might arise, and only a partial obliteration result. He suggested, therefore, the more effectual plan of treatment by tartar emetic, the method of applying which will be best illustrated in the following case:—A child, aged 9 months, was brought to him on account of its having lost a large quantity of blood from a vascular nævus on the right temple, the sides and centre of which had been removed by the vaccinating process. Pressure and cold astringent lotions were first applied unsuccessfully; he then determined to use tartar emetic, in order to excite a crop of pustules upon the tumour, hoping, that as the eruption produced by this agent resembled that occasioned by the vaccine virus, it might succeed in obliterating the distended vessels. A compound of fifteen grains of tartar emetic, mixed with one drachm of galbanum plaster, was spread upon a piece of thin leather, cut accurately to the size of the nævus. It was placed on the tumour, and, on the third day, had excited some inflammatory redness, without causing much pain, and but little irritation. On the seventh and eighth day the pustules appeared, and, in order to secure as many as possible, the plaster had been daily pressed gently over the pustules. It was removed on the ninth day, at which time the eruption had completely involved the diseased structure. The pustules ran through their usual course, and, in due time, a slough was detached, and the ulcerated surface healed rapidly, the resulting cicatrix being scarcely noticeable. Eight similar cases were then successively narrated, in all of which perfect success had attended a similar plan of treatment, the only exception being, in one of them, where the cure was only partial, in consequence of the tumour having been situated too near the lachrymal apparatus to permit of the free use of the tartar emetic plaster. In all the other cases, the scars which resulted were comparatively slight. He then exhibited a patient on whom he had thus operated for two nævi, one being situated on either brow; the cicatrices which had followed were not at all unsightly.

After some general conversation respecting the treatment of these cases by escharotics, and the difficulty of limiting or controlling their action, the Society adjourned.

SEWARD *v.* HOUSLEY.

MEETING OF THE PROFESSION.

AN influential Meeting of the Profession took place on Thursday, at the Freemason's Tavern, to take into consideration the case of Mr. Housley, the defendant in the late trial for malapraxis.

Mr. Propert was unanimously appointed to the chair.

The Chairman said he consented to occupy that position to show his willingness to come forward in vindication of the character of a brother Practitioner; and he trusted that something effectual would be done on that occasion. At the same time it would be necessary to exercise caution, so that in endeavouring to benefit Mr. Housley, they should not enable his creditors to appropriate to themselves what was obtained solely as a mark of the sympathy of the Profession towards Mr. Housley. He did hope, however, that the meeting would evince their hearty good will in the cause. As to the particular circumstances of the case, he would mention one fact which occurred to himself. Within the last few weeks he had been called to a child attacked with rheumatic fever. It was a bad case. The child was brought up to town, and within five days the whole of the integuments of both legs had sloughed, from the knee down to the toes, though no bandage had been applied.

Letters of sympathy were read (some of them enclosing donations) from Dr. Mackenzie, of Chester; Dr. Grey, of the British Museum (with 5*l.*); Professor Bowman, Dr. Drewitt, Mr. Pretty, Dr. Merriman, Mr. Bateman (Islington), Mr. Lord (Hampstead), Dr. Hassall, Dr. Ray (Dulwich), and others; while more direct sympathy had been expressed personally by a large number of Medical gentlemen.

Mr. Erichsen proposed the first Resolution, as follows:—

"That in the opinion of this meeting the treatment adopted by Mr. Housley to the child Seward was in accordance with the principles of modern surgery, and that he was guilty of no culpable negligence in his treatment of the case."

He said the terms of the Resolution would enable him to detail some of the particulars of the case, he having been subpœnaed by the plaintiff's attorney. He first detailed those circumstances

of the case which he saw. He was called to see the child on the 17th of July, and found it in a very depressed condition. The leg was enveloped in bandages, and, on their removal, he found splints applied to the thigh in the ordinary manner. The legs were then in a gangrenous condition; there was a deep line of separation above the slough, and the gangrene extended through the integuments to the muscle of the calf. He wrote to Mr. Housley to meet him the next day, which that gentleman did, and it was agreed to remove the limb above the line of separation. This child had broken the thigh three weeks before; some swelling of the toes and discoloration was observed. Mr. Housley still continued to attend, and saw the child with him several times afterwards. He then attributed the state of the parts to the pressure of the bandage,—but this was merely a matter of opinion; there might be other causes for such appearances, but that was the opinion he formed; and, admitting that opinion to be correct, the point then was,—Was Mr. Housley guilty of applying those bandages too tightly. Now, there was no examination ever conducted to the elucidation of that point; and here he must observe, that the defendant's case was most imperfectly managed, he not having one-half the care and attention bestowed by his own advisers that were brought to bear on the part of the plaintiff. The question ought to have been tried, whether the pressure, if such was the cause, might not have arisen from circumstances over which Mr. Housley had no control. It was remarkable, that, in one part of Mr. Arnott's evidence, he was stopped by the plaintiff's counsel, who said it was no business of his (Mr. Arnott's) to make a statement,—he was only to answer questions; but every one knew that the opinion of the jury might have been essentially modified, if the Medical witness had been allowed to make such statement. But, even admitting the pressure of the bandage, there might have been a variety of circumstances tending to the unfortunate result, over which Mr. Housley could have no control; and how then, safely, could Mr. Housley be charged with negligence? Looking at it in the worst light, they could not but exonerate Mr. Housley. He cordially moved the Resolution.

Dr. Willis, of Barnes, in seconding the Resolution, mentioned a case which he had seen at Paris, in a patient labouring under rheumatic disease. The legs were paralysed, they became gangrenous, and amputation resulted. No bandage had been applied. There it was discovered, that in the femoral artery there was a solid clot of fibrin; and it was known that limbs were occasionally smitten with gangrene from this cause. It seemed to him that Mr. Housley had been most judicious in the whole treatment of the case, and was perfectly sure there was no neglect on his part.

Mr. Cousins attributed the results of this case to breach of etiquette in the Profession; by which men were found ready to attack the treatment of gentlemen, far their superiors, for the sake of the miserable witness's fee.

Mr. Ancell said, that the effect of such cases on the public mind would be most pernicious. All knew that for the sake of burial fees injuries were purposely inflicted; and if a premium of 250*l.* was to be held out as the result of such charges of malapraxis, such an example would prove contagious, and end in every species of villany.

Some remarks having been made as to Mr. Paget's position on the trial, Mr. Erichsen said that Mr. Paget had only spoken to scientific points, and that his remarks went in no way to cast a slur on Mr. Housley; and the Secretary read a letter of sympathy from Mr. Paget, regretting the position he occupied, and returning his fee of three guineas.

Mr. Bowley moved, and Mr. Ancell seconded,—

"That a fund be raised, which shall be placed in the hands of a Treasurer in trust.

Mr. Clarke, in moving—

"That Mr. Propert be appointed Treasurer, and Messrs. Ancell, Richardson, Kesteven, Erichsen, Bowling, and Dr. Gay, be a Committee to represent this meeting,"

alluded, in strong and indignant terms, to the contemptuous manner in which medical witnesses were treated in courts of justice.

Dr. Gibb seconded the Resolution.

Mr. Josh. Rogers, as a professional neighbour of Mr. Housley, had had many opportunites of observation, and he always considered him to be a well-informed and most kind-hearted man; and it was with deep regret, that, on passing his house the other day, he found that everything had been seized, and Mr. Housley himself placed under the necessity of expatriating himself from his country in consequence of the late verdict.

Dr. Copland also bore testimony to the scientific skill and general character of Mr. Housley.

The Resolution then passed.

Dr. Cormack moved, and Mr. Kesteven seconded, the fourth Resolution:—

"That the case of 'Seward *v.* Housley' exhibits strikingly the faulty mode in which Medical evidence is dealt with in courts of justice; and that it indicates the necessity for the establishment by the Legislature of Medico-legal Tribunals, before which all such cases might be tried."

A vote of thanks was then passed to the Chairman, and the meeting separated.

Upwards of 50*l.* were promised in connexion with the objects of the meeting.

MORTALITY IN ENGLAND 1853.

By the Return of the Registrar-General for the Quarter ending December, 1853, just come to hand, we have data for estimating the Mortality in England and Wales for that year.

The total deaths have been 421,775, but the Returns do not enable us to enumerate the diseases, the proportion as to sex, or the respective ages. Comparatively, the mortality of the past year is in excess of that of 9 previous years, with the exception of the year of the influenza epidemic (1847), and that of the cholera (1849). The respective numbers are as follow:—

1844.	1845.	1846.	1847.	1848.	1849.	1850.	1851.	1852.	1853.
356933	349366	390315	423304	399833	440839	368995	395174	407938	421775

Divided among the four respective quarters of the year, the deaths have been

		Corresponding Quarter, 1852.
In Quarter ending March ...	118,241	106,682
,, ,, June ...	107,861	100,813
,, ,, September	92,332	100,497
,, ,, December...	103,341	99,946

The annual mortality in England, within the last ten years, has been at the rate of 2·252 per cent.; it was 2·186 in the December quarters of those years, and last quarter it was 2·272. Cold weather towards the close of the year thinned the ranks both of old and young, and the latter class have also suffered much from fever, especially scarlatina, in many parts of the country.

Births.—The births in England and Wales in 1853 have been 612,341, which would yield an excess over deaths of 190,566. Emigration, however, would considerably affect this result as showing the real increase of population. Still, however, we have our doubts whether, under the present system of registration, we get anything like the true result as to the number of births which really take place; for this reason:—In London, the excess of births over deaths from 1841 to 1851, was 165,811; but the population, as shown by the Census, had increased from 1,948,417 in 1841, to 2,362,236 in 1851,—an augmentation of 413,819, which gives an increase of population of 248,008, not accounted for by the excess of births over deaths. It is difficult to believe that the 248,008 are to be accounted for by immigration; and it is worthy of consideration, whether measures ought not to be adopted for the more effectual registration of *births*. These remarks acquire additional importance from the following statement, made by Mr. Leigh, Registrar of Deansgate, Manchester, to the Registrar-General:—"The observation, that the excessive mortality of the last two months has been almost entirely of young children and aged persons, gives rise to many painful reflections, since it has been evidently the result of exposure to the rigour of an inclement season, 64 of the deaths in December being registered as from inflammatory diseases of the lungs. The habitual and careless exposure to a variation of temperature amounting to 12° or 14° within twenty-four hours, of young children, fit only for the atmosphere of a nursery, is a fertile source of disease and death. The mortality among these helpless creatures is absolutely frightful. 81 out of 134 deaths in December were of children under the age of 5 years. To find a remedy in legislation for this, the most serious of all evils affecting the vitality of a population, is a difficult problem; but there is a species of child-murder, which loudly calls for magisterial interference; viz., the exposure of very young children to hunger and all the inclemencies of the weather, by mendicants, for the purpose of exciting compassion. I have seen the poor children exposed by relentless wretches from early morn till

very late at night to a drenching rain, or to sleet and snow, as the case may be, a great portion of the day, too, I dare say, without food. Indeed, the worst days seem to be generally selected for this exposure. The police should apprehend the miscreants who expose them, and the children should be taken care of, while their unnatural guardians are punished." We have very little doubt that inquiry would elicit, that it is among such a class that registration is systematically neglected.

During the year, large town populations were unhealthy; but, judging from the mortality, smaller towns and the inhabitants of the open country appear to have enjoyed as much health as usual.

Population; Deaths; and Mortality per Cent. in the Autumn Quarters, 1843-52—*Compared with* 1853.

—	Population enumerated		Deaths in				Deaths per Cent.			
	June 6-7th, 1841.	March 31st, 1851.	10 Winter Quarters, 1843-52.	10 Spring Quarters, 1843-52.	10 Summer Quarters, 1843-52.	10 Autumn Quarters, 1843-52.	Winter Qr., 1853.	Spring Qr., 1853.	Summer Qr., 1853.	Autumn Qr., 1853.
In 117 Districts, comprising the chief towns	6,612,958	7,795,882	499,369 2·759 per Ct.	449,128 2·471 per Ct.	474,986 2·603 per Ct.	474,804 2·634 per Ct.	2·888	2·606	2·390	2·778
In 507 Districts, comprising chiefly small towns and country parishes	9,301,190	10,126,886	547,237 2·246 per Ct.	504,751 2·067 per Ct.	452,751 1·850 per Ct.	477·897 1·965 per Ct.	2·397	2·196	1·744	1·911
All England..	15,914,148	17,922,768	1,046,606 2·467 per Ct.	953,879 2·223 per Ct.	927,737 2·128 per Ct.	952,701 2·186 per Ct.	2·620	2·383	2·012	2·272

Arranged in *districts*, the mortality has occurred as follows, in which five years are contrasted (1849—53) :—

—	Population.		Deaths.				
	1841.	1851.	1849..	1850.	1851.	1852.	1853.
England and Wales	15914148	17927609	440,839	368,995	395,174	407,938	421,775
London	1,948,417	2,362,236	68,432	48,579	55,354	54,213	60,182
South-Eastern	1,479,863	1,628,386	36,187	29,987	31,175	31,786	33,154
South Midland	1,141,494	1,234,332	27,022	24,724	24,662	24,814	25,865
Eastern	1,040,616	1,113,982	23,670	22,844	22,729	22,804	22,962
South Western	1,740,032	1,803,291	39,605	35,305	36,576	37,294	37,131
West Midland	1,905,830	2,136,573	50,089	44,941	49,226	48,084	50,766
North Midland	1,111,126	1,215,501	25,050	23,157	24,757	25,618	26,791
North Western	2,064,526	2,488,438	70,693	59,098	64,482	71,145	70,339
York	1,584,116	1,789,047	46,974	38,112	42,170	44,221	43,460
Northern	826,710	969,126	23,434	18,591	20,394	22,266	24,474
Welch	1,066,402	1,186,697	29,360	23,286	24,014	25,174	26,651

Note.—The districts above-mentioned comprise as follow :—London : Middlesex (part), Surrey (part), Kent (part).—South-Eastern : Surrey (part), Kent (part), Sussex, Hampshire, Berkshire.—South Midland : Middlesex (part), Hertfordshire, Buckinghamshire, Oxfordshire, Northamptonshire, Huntingdonshire, Bedfordshire, Cambridgeshire.—Eastern : Essex, Suffolk, Norfolk.—South-Western : Wiltshire, Dorsetshire, Devonshire, Cornwall, Somersetshire.—West Midland : Gloucestershire, Herefordshire, Shropshire, Staffordshire, Worcestershire, Warwickshire.—North Midland : Leicestershire, Rutlandshire, Lincolnshire, Nottinghamshire, Derbyshire.—North Western : Cheshire, Lancashire.—York : West Riding, East Riding (with York), North Riding.—Northern : Durham, Northumberland, Cumberland, Westmoreland.—Welch : Monmouthshire, South Wales, North Wales.

By the last Return, it would appear that the marriages in the quarter ending September, 1853, are not only above the average, but the proportion to the population exceeds any of the proportions previously recorded; and the Registrar-General remarks :—"The Returns, therefore, present a mixed result; the marriages indicate that the circumstances of the great body of the people were considered by them prosperous. But the public health has suffered, and is still over the coming year threatened by Asiatic cholera. All the measures of improvement should therefore be accelerated. It will be a happy circumstance if the germs of diseases which first affected the potato and the vine, and other plants, in the year of high temperature, 1846, and have led to the loss of so much food, should be partially destroyed by the severe cold that set in at the close of the year."

London makes a large contribution to the excess of mortality; for in the Metropolitan division the deaths in October, November, and December rose to 16,390, which is more by 2709, than took place in the same quarter of the previous year. In the last fourteen weeks of 1853, 17,390 persons died in London, and more than the usual proportion of these were carried off by zymotic diseases, (those of epidemic character,) principally cholera, typhus, scarlatina, hooping-cough, and diarrhœa.

While the young suffered from their peculiar diseases, the old had their own maladies to contend with. The number of deaths at all ages from diseases of the respiratory organs (exclusive of phthisis and hooping-cough) were, in the December quarter, 3291. There died between 600 and 700 more than is usual in the same season.

The following is a list of the number of deaths from the several diseases, in London, in 1853 :—

—	Quarter ending March.	June.	September.	December.	Totals.	
I. Small-pox	62	53	42	60	217	
Measles	184	256	226	341	1007	
Scarlatina	574	430	397	668	2069	
Hooping-cough ...	702	857	426	667	2652	
Croup...	93	79	72	130	374	
Thrush	26	27	68	44	165	
Diarrhœa	221	292	1232	565	2310	
Dysentery	28	42	51	41	162	
Cholera	7	9	137	728	881	
Influenza	51	22	6	33	112	
Purpura and Scurvy...	15	13	12	15	55	
Ague	3	9	8	4	24	13,552
Remittent Fever ...	23	31	20	30	104	
Infantile Fever ...	15	11	13	13	52	
Typhus	662	678	585	724	2649	
Metria or Puerperal Fever (*see* Childbirth)	44	31	23	42	140	
Rheumatic Fever (*see* Rheumatism) ...	18	21	15	19	73	
Erysipelas	86	74	80	84	324	
Syphilis	42	37	41	45	165	
Noma or Canker (*see* Mortification) ...	5	6	2	3	16	
Hydrophobia... ...	...	1	...	...	1	
II. Hæmorrhage... ...	46	58	50	56	210	
Dropsy	236	215	185	208	844	
Abscess	32	24	36	35	127	
Ulcer	16	17	6	16	55	2587
Fistula	6	8	3	13	30	
Mortification... ...	46	57	39	44	186	
Cancer	243	270	245	325	1083	
Gout	15	16	11	10	52	
III. Scrofula	96	101	124	122	443	
Tabes Mesenterica ...	185	262	273	245	965	
Phthisis or Consumption	1872	1971	1745	1914	7502	10,509
Hydrocephalus ...	433	468	353	345	1599	
IV. Cephalitis	140	152	127	154	573	
Apoplexy	360	352	281	346	1339	
Paralysis	326	275	244	367	1212	
Delirium Tremens ...	42	42	37	25	146	
Chorea	2	2	3	3	10	6672
Epilepsy	110	118	68	117	413	
Tetanus	2	2	3	3	10	
Insanity	30	32	25	45	132	
Convulsions	617	542	463	561	2183	
Disease of Brain, etc.	176	165	122	191	654	

—	Quarter ending March.	June.	September.	December.	Totals.	
V. Pericarditis	28	27	15	24	94	
Aneurism	23	30	23	28	104	2349
Disease of the Heart	592	555	427	577	2151	
VI. Laryngitis	79	70	36	54	239	
Bronchitis	1880	1360	523	1460	5223	
Pleurisy	49	45	31	44	169	
Pneumonia	1083	951	515	1389	3938	10,831
Asthma	357	183	72	221	833	
Disease of Lungs, etc.	137	100	69	123	429	
VII. Teething	175	222	128	148	673	
Quinsey	23	10	9	14	56	
Gastritis	17	19	24	16	76	
Enteritis	79	76	80	94	329	
Peritonitis	40	47	55	50	192	
Ascites	38	43	32	42	155	
Ulceration of Intestines, etc	34	38	33	35	140	
Hernia	43	44	31	30	148	
Ileus	39	42	40	40	161	
Intussusception ...	14	10	12	10	46	3349
Stricture of Intestinal Canal	7	10	10	10	37	
Disease of Stomach, etc	76	68	71	84	299	
Disease of Pancreas	...	1	...	2	3	
Hepatitis	47	50	59	59	215	
Jaundice	40	40	47	29	156	
Disease of Liver ...	147	161	180	163	651	
Disease of Spleen ...	2	4	4	2	12	
VIII. Nephritis	11	8	8	8	35	
Nephria, or Bright's Disease, (*See* Disease of Kidneys, etc.)	54	26	46	58	184	
Ischuria	2	3	2	3	10	
Diabetes	11	12	16	15	54	743
Stone	11	8	11	8	38	
Cystitis	5	9	13	9	36	
Stricture of the Urethra	13	19	18	15	65	
Disease of Kidneys, etc	81	73	83	84	321	
IX. Paramenia	2	3	1	4	10	
Ovarian Dropsy ...	10	11	10	15	46	
Childbirth (*see* Metria)	68	49	67	68	252	448
Disease of Uterus, &c.	38	36	35	31	140	
X. Arthritis	5	4	2	4	15	
Rheumatism	69	58	33	61	221	426
Diseases of Joints, &c.	48	56	45	41	190	
XI. Carbuncle	20	15	17	18	70	
Phlegmon	10	4	3	5	22	125
Disease of Skin, &c....	12	11	6	4	33	
XII. Malformations ...	53	44	40	52		189
XIII. Premature Birth and Debility	405	356	396	454		1611
XIV. Atrophy	366	479	483	477		1805
XV. Age	781	532	429	687		2429
XVI. Sudden	126	128	76	167		497
XVII. Intemperance ...	22	18	21	27	88	
Privation	10	12	3	9	34	
Want of Breast-milk (*see* Privation and Atrophy)	56	62	99	85	302	
Neglect	2	3	4	1	10	
Cold (*see* Privation)...	5	2	...	5	12	
Poison	24	26	15	30	95	
Burns and Scalds ...	98	88	38	85	309	3080
Hanging, etc. ...	72	86	48	73	279	
Drowning	68	81	93	113	355	
Fractures and Contusions	181	171	141	245	738	
Wounds	25	33	26	30	114	
Other Violence ...	13	7	20	25	65	
Causes not specified...	146	163	145	225	679	
						61,202

NOTE.—For further particulars as to the Metropolis, see Table published in *Medical Times and Gazette*, p. 24.

With respect to the Cholera, to those who have noted the chronological uniformity of the outbreak in 1853 with that of 1848-9, the following Table may be of interest in prospect of the disease again prevailing in the present year. It shows the date of the advent of cholera in 1849, in the several districts mentioned, and also the number of deaths from cholera to 10,000 persons living in each of those districts. Those to which a star (*) is appended are on or near the coast :—

—	Date of Outbreak, 1849.	Deaths from Cholera to 10,000 Population.	—	Date of Outbreak, 1849.	Deaths from Cholera to 10,000 Population.
*Hull	March 9	287	Salisbury	July 10	174
*Liverpool	,, 10	187	*St. Austell	,, 10	43
*West Derby	,, 29	128	Dartford	,, 11	46
Gloucester	May 4	44	Romford	,, 12	74
Merthyr Tydvil ..	,, 11	318	*Thanet	,, 14	65
Durham	,, 12	51	Coventry	,, 14	65
Cardiff	,, 13	122	St. Germans ..	,, 17	146
*Plympton-St.-Mary	,, 17	76	Crickhowell ..	,, 21	54
*Neath	,, 21	226	*Sheppey	,, 22	50
*Clifton	,, 24	85	*Sculcoates	,, 23	181
London	,, 26	72	West Ham	,, 24	50
*Newport	,, 29	75	Tavistock	,, 24	58
*Swansea	,, 31	68	Shrewsbury ..	,, 25	54
*Bristol	June 1	92	Newcastle-under-Lyme	,, 29	124
*South Shields ..	,, 2	69	Liskeard	,, 30	50
Abergavenny ..	,, 3	86	Newcastle-on-Tyne	,, 30	41
*Plymouth	,, 5	227	Howden	Aug. 2	41
Wirral	,, 9	44	Gainsborough ..	,, 4	95
*Prescot	,, 10	40	*Cockermouth ..	,, 6	79
*Brighton	,, 13	41	Chester-le-Street ..	,, 6	73
Leeds	,, 14	162	Goole	,, 6	59
Hunslet	,, 18	111	*Bridgewater ..	,, 7	74
Nantwich	,, 21	53	*Alnwick	,, 7	76
Manchester ..	,, 25	46	Bridgnorth	,, 8	47
*Sunderland	,, 28	65	Stourbridge ..	,, 10	65
Brentford	,, 29	50	Gateshead	,, 11	66
Gravesend	,, 29	125	Wakefield	,, 13	53
*Southampton ..	,, 30	88	*Wisbeach	,, 13	44
*Tynemouth ..	July 1	147	Selby	,, 13	74
*Portsea Isle	,, 2	107	*Easington	,, 14	46
Milton	,, 3	59	Dudley	,, 17	48
*Rochford	,, 3	66	Teesdale	,, 17	70
*Stoke Damerel ..	,, 4	213	Thorne	,, 19	46
*Stockton	,, 7	62	Hertford	,, 21	57
*Alverstoke	,, 8	93	Hitchin	,, 27	57
*Bridgend	,, 8	41	West Bromwich ..	,, 31	48
Bedminster ..	,, 8	78	North Witchford ..	Sept. 1	58
North Aylesford ..	,, 9	50			
Wigan	,, 9	85			

Price of Provisions as affecting Mortality.—The chief articles of food, which had been much augmented in price during the first three quarters of the year, had taken a still greater rise in the quarter ending December; *e. g.*, wheat which in 1852 was 40s. 5d. per qr., was 69s. 10d. in 1853,—an increase of 73 per cent.; and, as a consequence, the sale in the latter period was less by 32,222 qrs. than in 1852. Meat, also, was proportionably dear, and potatoes rose 43 per cent. in price in 1853, as compared with 1852.

The following Table will illustrate some of the phenomena of provisions and mortality in 1852 and 1853 :—

Quarters ending	Average Price of Consols (for Money).	Average Price of Wheat per Quarter in England and Wales.	Wheat sold in the 290 Cities and Towns in England & Wales making Returns.	Wheat & Wheat Flour entered for Home Consumption at Chief Ports of Great Britain.	Avrag. Prices of Meat per lb. at Leadenhall and Newgate (by Carcase.		Potatoes (York Regents) per Ton at Waterside Market, Southwark.—Mean.	Mortality per Cent. in England and Wales.
			Average Number of Quarters Weekly.		Beef. Mean.	Mutton. Mean.		
1852.	£	s. d.			d.	d.	s. d.	Avg.
March 31	97¼	40 10	95,532	27,540	4½	4⅝	70 0	2·364 } of
June 30	99¾	40 10	87,949	54,675	4	4¼	97 6	2·227 } Year.
Sept. 30	100	41 2	78,712	67,912	4½	5	90 0	2·190 } 2·289
Dec. 31	100⅝	40 5	111,224	72,870	4	5¼	105 0	2·197 }
1853.								
March 31	99⅝	45 7	95,115	63,530	4½	5⅜	127 6	2·620 }
June 30	100½	44 6	84,559	82,623	4⅞	5	127 6	2·383 } 2·572
Sept. 30	97	51 10	86,087	120,020	5½	6⅛	117 6	2·012 }
Dec. 31	93¾	69 10	79,002	91,627	5	5	150 0	2·272 }

We have, however, to set against these elements of mischief to the public health, the activity of trade and the increased rate of wages which have prevailed for some time past, and which have "enabled the labouring classes for the most part to cope with the dearness of provisions; still, in conjunction with the severity of the weather, and the exorbitant price of fuel, it has been a season of trial." It must also be remembered, that the effects of dearness of articles of home consumption cannot be fully appreciated during the period of that dearness; its effects, in debilitated constitution and reduced stamina, will be sorely tested in the event of a continued cholera epidemic. In the Registrar-General's Report on Cholera in England—1848-49, p. ci., it is said:—"The temperate use of sound meat, bread, rice, potatoes, grapes, apples, and other fruit for food—with exercise—and sweet water, beer, cider, wine, for beverage, are excellent preservatives before and in times of pestilence. The first great epidemic of cholera in India was preceded by the failure and deterioration of the rice crops; and in England the large *importations* of grain for three years before 1832 and before 1849 show that the *home* crop of food had failed, and suffered in quality. The vegetable acids and other compounds in fruits are an essential part of food; that the want of them causes scurvy, undermines the general health, and prepares the way for the zymotic diseases, is proved by the experience of the Navy, and by the most decisive observations."

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS, Thursday, Feb. 16.

Medical Registration Bill.—Petitions were presented by Mr. Hutt, from John King, a Medical Practitioner of Doncaster, against the Medical Registration Bill.

Friday, Feb. 17.

Navy Medical Officers.—Petitions were presented for improvement of their condition from Petersfield, Notting-hill, Monaghan, Carrickfergus, Dungarvan, Great Yarmouth, and Wandsworth.

Medical Practitioners Bill.—A Petition of Edward Meacham was presented for insertion of provisions for the protection of Botanic Practitioners.

ASSISTANT-SURGEONS IN THE NAVY.

On the Motion that the Speaker leave the chair for the purpose of going into a Committee of Supply on the Naval Estimates,

Colonel Boldero rose to move, that whereas the House passed a Resolution on the 8th of April, 1850, to the effect that "the accommodation provided for Assistant-Surgeons on board Her Majesty's ships of war is inadequate and insufficient for securing the full benefit of their Professional services," the Admiralty regulations, since the passing of the aforesaid Act, have not been in the spirit of, nor have they fulfilled the intention of, the said Resolution,—it was the opinion of this House that the above Resolution should be forthwith carried into effect. He thought it his duty to bring this subject prominently before the House because he believed that Assistant Naval Surgeons, as a class, had been very much maltreated; that the time had arrived when the injustice from which they had suffered should cease; and that it was the opinion of Parliament, as well as of the country in general, that at this particular period, especially, the naval service should be complete and sufficient in all its branches.

Sir J. Graham said, that nothing was more opposed to the feeling of the Government than that so useful and learned a Profession as that of Naval Surgeons should suffer in any way. The subject to which the hon. and gallant Member referred had been thoroughly investigated by the Admiralty, and it had been found a most difficult matter to carry out effectually the Resolution referred to.

Mr. M. Chambers, Mr. Napier, Mr. Hume, and Mr. Brady supported the Motion.

The House divided; the numbers were—

For going into Committee	216
For Colonel Boldero's Motion	104
Majority	112

Wednesday, Feb. 22.

MEDICAL PRACTITIONERS BILL.

Mr. Brady moved, that the order for the second reading of this Bill be discharged, with the view of another Bill on the same subject being introduced.

Lord R. Grosvenor gave notice, that, if the hon. Member intended in his new Bill to give to the College of Physicians the right to prescribe who should or should not practise, he would give it his most strenuous opposition.

Mr. Brady said, it was not his intention to interfere with the vested rights of any corporate body in the Kingdom. His object was, that all qualified Medical Practitioners throughout the Kingdom should be duly qualified. Objections had been taken to the last two Clauses of the present Bill, and therefore he wished to take them away. For that purpose he would withdraw the present Bill, and ask for leave to bring in another.

Mr. Wilson hoped the hon. Member would provide in his new Bill some other machinery for carrying out that part of the duties which, by the present measure; he devolved upon the Commissioners of Her Majesty's Treasury; otherwise he would be compelled to oppose the proposal in Committee.

Mr. Brady would attend to the suggestion of the hon. gentleman.

The order was then discharged, and leave given to bring in a new Bill, which was brought up and read a first time.

The following Clause has been substituted for the last two Clauses in the Bill of Mr. Brady, which we printed last week:—

"XVI. And whereas certain Graduates and Licentiates of British and Irish Universities, Fellows, Members, and Licentiates of the various Colleges of Surgeons in the United Kingdom, and Members and Licentiates of the Societies of Apothecaries of England and Ireland, are now practising or acting as Physicians, Surgeons, or Apothecaries, in different parts of the United Kingdom, who are not Graduates of any or either of the Universities, Fellows, Members, or Licentiates of the Colleges, or Members or Licentiates of the Societies of Apothecaries in that part of the United Kingdom wherein they now reside and practise: Be it therefore enacted and declared, that it shall be lawful for the Registrars aforesaid, and they are hereby required, on application for that purpose, to register all such Graduates of British and Irish Universities, Fellows, Members, and Licentiates of the Societies of Apothecaries aforesaid, in the register to be kept for that part of the United Kingdom in which he or they shall or may respectively reside, and practise or act as a Physician, Surgeon, or Apothecary. Provided, nevertheless, that nothing herein contained shall be deemed, taken, or construed, to abridge or lessen any of the existing powers, privileges, rights, or remedies of the following Colleges or Halls."

Petitions were presented by Lord Goderich, from East Co.vton, against the Medical Reform Bill; by Captain Scobell, from a Surgeon in Bath, praying that midwifery may be included in the provisions of the Medical Practitioners Bill; by Sir E. B. Lytton, from members of the Medical Profession of Watford and neighbourhood, complaining of the accommodation provided for Assistant-Surgeons in ships of war; by Mr. Baines, from the professors and students of the Leeds School of Medicine, for redress of the grievances of Naval Medical Officers; and from Michael Frederick Gasken, praying that the new Medical Reform Bill may be so modified as to enable those professing the new botanical system of medicine to practise under its provisions; and also from John Thompson to the same effect.

Thursday, Feb. 23.

DUBLIN HOSPITALS.

Mr. Grogan, in rising to move for a Committee to inquire into the causes of the withdrawal of the Parliamentary grants from the Hospitals of Dublin, would endeavour to anticipate some of the objections which would be made to the motion. Hon. gentlemen would, perhaps, urge, that no grants were made to institutions of this nature in London. So far as the present day went, that might be true, but the Royal Hospitals were now supported out of the income of grants made to them in times gone by. The income of St. Bartholomew's arising in this way was 30,000*l.* per annum; that of St. Thomas's was 25,000*l.* a-year. The whole amount granted by Parliament to all the Dublin Hospitals was but 12,000*l.* annually. This grant had always been made to them by the Irish Parliament; and now that by the Union a large portion of the aristocracy of Ireland was removed from its capital, there was more need than ever for Parliamentary support. It was proved by statistical returns that the people of Dublin were now less able to support institutions of this nature than they formerly were. And

much less were the rate-payers in a condition to be held responsible for the maintenance and cure of all the sick poor of the country. Looking at the circumstances of Ireland, and the many ways in which she had suffered from the Government of this country, in the passing of the Act of Union and other centralising measures, he thought a strong case existed for the maintenance of all these grants. That the present number of hospitals existing in Dublin was no more than was absolutely necessary was proved by the number of patients annually admitted and treated, a number which indicated that they served, not only as receptacles for the sick poor of the Metropolis, but for the sick poor from all parts of the Kingdom. During the last three years, upwards of 46,000 patients had been received and treated in the Dublin Hospitals. As Medical Schools, the excellence of those Institutions was generally admitted; and if they were abolished, the Irish student would have no resource for education in his profession than the hospitals of the workhouses or the prisons. The latter, too, would probably find the number of their inmates increased, as he had it from the Governor of one of the Dublin prisons that many poor persons contrived to get into gaol in order to get that hospital treatment which they could not obtain elsewhere. The Hon. Member proceeded to read extracts from reports and other public documents in support of his Motion, and said that as, on a former occasion, an objection was made to the investigation of the question by gentlemen likely to be influenced by local bias, he was now willing, if the Committee were granted, to have it composed of impartial English gentlemen, and by their decision he declared himself ready to abide. If the House would consent to a Committee, he should be perfectly content to leave the nomination in the hands of the Government, and that it should be composed entirely of English Members. In conclusion, he moved for the appointment of a Select Committee to inquire into the expediency of continuing the grants to the public hospitals of Dublin.

Mr. Wilson complained that the form in which the hon. gentleman's notice of motion was placed upon the paper, viz., "Dublin Hospitals," had left the Government and the House in perfect ignorance of what the hon. gentleman intended to propose. Of the reasonableness of the proposition itself he had nothing to object, and he did not intend to oppose it. Feeling the great importance of hospitals, in every large town, especially in a capital like Dublin, where so much of poverty was congregated, he must, on behalf of the Government, lay down this as a principle of the inquiry—that unless it could be shown that Dublin has special claims which did not exist in other large towns, it would be unwise to rescind the Resolution which had been passed on the recommendation of the Committee of 1847, with the view of bringing the Dublin Hospitals into harmony with the other hospitals of the kingdom. The Resolution of the Committee on Miscellaneous Estimates in 1847 was to the effect that the Government grants to the Dublin Hospitals should be reduced by annual instalments until they were extinguished altogether.

Mr. Vance spoke in favour of the Motion.

Mr. V. Smith appealed to the House to uphold the decision of the Committee of 1847-48, and referred to a letter from the Lord Lieutenant of Ireland of that period, declaring that public grants for such purposes had a tendency to destroy private benevolence.

Mr. O'Brien remarked, that of the 142,000*l.*, which the revenue of the London Hospitals amounted to, only 31,000*l.* was derived from voluntary sources.

Sir J. Young thought the Committee might be useful to inquire, whether or not there were any peculiarities in the case of the Dublin Hospitals which should exempt them from the principle which applied to similar institutions in other places, and that, if not, the grants should be withdrawn. There were fourteen hospitals in Dublin, many of which received no aid from the public funds, and it would be a very proper question for inquiry, he thought, whether so large a number was necessary, and whether, if they were united, private benevolence would not be sufficient to maintain all the Hospitals that were needed.

Mr. J. O'Connell denied that the effect of the Government grants to the Dublin Hospitals interfered with private benevolence, and contended that there was as much of private benevolence in Dublin as in any town in the United Kingdom.

The Motion was then agreed to.

Naval Surgeons.—A Petition was presented by Mr. Deedes, from Medical Practitioners of West Malling, Kent, praying for better accommodation on board Her Majesty's ships for Naval Surgeons.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 17th instant:—

Amesbury, Samuel Cornwallis, H.E.I.C.S., Bengal.
Benson, James, Australia.
Ellis, Phineas Samuel, Crowle, Lincolnshire.
Fernie, William Thomas, Yelden, Bedfordshire.
Horley, William Lewis, Hoddesdon, Herts.
Pittock, George Mayris, Deal.
Stretton, Samuel, Leicester.
Williams, Eubulus, Williton, Somerset.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Feb. 16:—

Heirman, Henry Biffen, Curry Rivell, Somersetshire.
Manley, John, Crediton, Devon.

APPOINTMENTS.

Naval.—Surgeons Charles A. Anderson, M.D. (1849), to the Blenheim screw steamship, at Portsmouth; Andrew Graham, M.D. (1847), to the Majestic, 81, screw steamship, at Sheerness; Thomas Nelson, M.D. (1849), to the Pique, 40, at Devonport. Acting Assistant-Surgeon Frederick V. Sandford to the Monarch, 84, at Sheerness.

Military.—Scots Fusilier Guards: Battalion-Surgeon Thomas Richardson to be Surgeon-Major, vice William Henry Judd, who retires upon half-pay; Assistant-Surgeon John Ashton Bostock, M.D., to be Battalion-Surgeon, vice Richardson; Assistant Staff-Surgeon Arthur Guy Elkington to be Assistant-Surgeon, vice Bostock.

Militia.—King's Own, Staffordshire, Charles Edward Elliot Welchman, Esq., to be Assistant-Surgeon, vice Astle, resigned.

PROMOTIONS.

Naval.—Deputy-Inspector of Hospitals Edward Hilditch, at present stationed at Bermuda, is promoted to be Inspector of Hospitals, and appointed in that rank to continue his services at that station. Deal Hospital.—Deputy-Inspector of Hospitals James Wingate Johnston, M.D., and Assistant-Surgeon Charles Roberts. This establishment has not been in use since the end of last war, with the exception of a short period, when the cholera prevailed in 1832. It is a very commodious building, and capable of making up about 400 beds for patients, with every convenience for sick quarters.

VACANCIES.

King's College. — The offices of Demonstrator in Chemistry and Curator of the Laboratory are vacant.

Colney Hatch Lunatic Asylum.—An Apothecary is wanted in the Male Department. Election, March 8.

Western General Dispensary.—A Resident Surgeon and Apothecary, and an Assistant to the Resident Surgeon, are required for this Institution.

St. Bartholomews' Hospital.—A Dispenser of Medicine is required in the Apothecary's Department.

DEATHS.

Cary.—Nov. 7, 1853, at Melbourne, Victoria, Samuel Cary, M.D., aged 43.

Hiron.—Feb. 16, at Chipping Campden, Gloucestershire, William Hiron, Esq., Surgeon, aged 39. M.R.C.S.E. 1838; L.S.A. 1837; Med. Off. Shipston-on-Stour Union.

Sheppard.—Feb. 20, at Worcester, deeply regretted, James P. Sheppard, Esq., Senior Surgeon to the Worcester Infirmary, aged 66. F.R.C.S. (nom.) 1843; M.R.C.S.E. 1808; M.S.A. 1813.

At Her Majesty's Levee, held on Wednesday, Sir Benj. C. Brodie and Mr. Lawrence were present in the general circle. The following members of the Profession were presented:—Dr. A. Gordon and Dr. Pickford, (on his appointment as Deputy-Lieutenant of the county of Sussex.) Among those present were:—Sir James South, Sir Henry Holland, Dr. Rowland Hill Mackenzie, Dr. Faraday, Dr. M'Cann, Dr. Ruttledge, and Professor Owen.

The London Hospital.—A brisk contest is going on

for the appointment of Assistant-Physician to this Hospital, now vacant by Dr. Cobb's resignation. Dr. Clarke, Dr. Barnes, and Dr. Ramskill are the candidates.

City of London Hospital for Diseases of the Chest. — The Anniversary Festival of this charity took place on Wednesday, at the London Tavern, Lord J. Russell presiding. Among those present were: Sir Wm. Clay, Bart., M.P.; S. M. Peto, Esq., M.P.; H. E. Gurney, Esq., Treasurer; J. D. Powles, Esq.; Edward Ladd Betts, Esq.; T. A. Gibb, Esq.; Captain Gibb; Henry Tucker, Esq.; John Dillon, Esq.; J. Greatorex, Esq.; John Williams, Esq.; Benjamin Kilburn, Esq.; James Luke, Esq.; Samuel Solly, Esq., F.R.S.; Dr. Peacock, Dr. Bennett, Dr. Jeaffreson, Dr. Birkett, Dr. Bentley, John Hilton, Esq., F.R.S.; T. Spencer Wells, Esq.; Dr. Cormack; John Gay, Esq. The Committee reported that the progress of the Institution during the past year has been in every respect satisfactory. Since the first commencement of the Institution, the number of patients relieved has undergone a steady increase, aud during the last year amounted to 4,199, being 573 more than in the year 1852, aud making a total of 18,910 persons admitted to the benefits of the Charity since its opening in June, 1848. The average attendance of patients each week in the year 1853, was 632. The new Hospital is now nearly completed, the furniture is in process of manufacture, and it is the present intention of the Committee, should no uuforeseen obstacle occur, to open the building for the reception of patients in the ensuing summer, though the sum still required for the entire completion of the Hospital cannot be estimated at less than 8000*l.* It must also be remembered that the expense of maintaining the present operations of the Charity amounts to nearly 2000*l.* per annum, and will be increased to fully double that amount when the Hospital is opened for the reception of in-patients. We can cordially recommend this useful Charity to the kind cousideration of our readers. The subscriptions announced during the evening amounted to 3000*l.*, exclusive of a bequest of 500*l.* from the late Mr. J. Simmitt.

Medical Registration Bill.—A numerous and highly influential meeting of the Medical Profession was held at Anderton's Hotel on the 21st inst., to consider the Clauses of the Medical Registration Bill introduced by Mr. Brady, M.P. Francis Hutchinson, Esq., in the chair. The following Resolutions were carried unanimously:—"That this meetiug having heard from Mr. Brady, M.P., a statement of the principles of the Bill he has introduced iuto Parliameut, entitled, 'A Bill for the Registration of qualified Medical Practitioners, and for amending the Law relating to Medical Practice,' highly approves of its object, and considers it deserving the cordial and unanimous support of the Profession. That the members of the Profession be earnestly requested to send Petitious as early as possible to the Houses of Lords and Commons in favour of the Medical Registration Bill, introduced by Mr. Brady, and to obtain the support of their county and borough members to carry the measure through Parliament. That the gentlemen preseut form a Committee for the purpose of carrying out the foregoing Resolutions, and to support Mr. Brady in the very arduous task he has undertaken. That a public meeting of the Profession be called on an early day, in order that the Clauses of the Bill may be considered, and the opinion of the Profession taken thereon."

North Staffordshire Medical Society.—At a meeting of the above Society, held on the 14th instant, at Stoke-upou-Trent, it was resolved uuanimously:—"That the draft bill, prepared uuder the auspices of the Provincial Medical and Surgical Association for the better government of the Medical Profession, is, in the opinion of this Society, a measure calculated to raise the standard of Medical education, and improve the *status* of the Profession, and ought, therefore, to be approved and supported."

Enfranchisement of the University of London.—The University contains in all 838 Graduates, besides above 1000 Undergraduates; the former being thus distributed:—Doctors of Laws, 6; Doctors of Medicine, 126; Masters of Arts, 52; Bachelors of Laws, 47; Bachelors of Medicine, 118; Bachelors of Arts, 489: total, 838. It will thus be seen, that the total number of Medical Graduates is 244; while those in the Faculty of Arts number 551. The proportion borne by the Graduates in Arts to those in Medicine is annually increasing.

Dr. Edward Lund, M.D.—On Thursday evening, between fifty and sixty of the students of the Manchester Royal School of Medicine and Surgery, Pine-street, assembled at the Queen's Hotel, Piccadilly, for the purpose of presenting to Mr. Edward Lund, M.D., their Lecturer aud Demonstrator of Anatomy, a mark of their high appreciation of his uniform kindness, urbanity, and indefatigable exertions in their behalf. The presentation consisted of a very elegant and costly time-piece, to the purchasing of which every member of the school had contributed. Mr. Lund responded in appropriate terms.—*Manchester Courier.*

West Indies.—The cholera at Nevis had abated, and also at St. Thomas. At Tortola it was still raging. At Antigua yellow fever of a mild type had presented itself. At Jamaica no epidemic disease prevailed. St. Kitts and the other islands are reported as healthy.

Stockholm has been declared free from cholera.

Preparations for War.—A large order has, we are informed, been given by the Army authorities to Mr. Weiss for prepared wire sheeting, to be used for splints, in the manner recently recommended by Mr. Startiu. The great case with which these splints may be fitted to any part, their lightness and ready portability, will make them very valuable on the field.

Army Medical Service.—The consolidation of the Army and Ordnance Medical Departmeuts has now been ordered to be carried out by the Master-General. His Lordship, with that view, has further directed, that commanding officers of artillery, at home and abroad, where Medical officers are stationed, shall be instructed to direct, that all commuuications having refereuce to Professional subjects be in future addressed "To the Director-General of the Army and Ordnance Department," and that henceforward the principal Medical officers on foreign stations are to inspect the Ordnance Hospitals, and interfere wheu they think uecessary, as they have been hitherto accustomed to do in the case of hospitals of the line.—*United Service Gazette.*

Favourable Reviews Wanted.—The Editor of a most respectable periodical (published a few miles from London) reccived, with some pamphlets, the following impudent *morceaux:*—"General Advertising and Newspaper Press Directory Office, Red Lion-court, Fleet-street. C. Mitchell forwards herewith a series of pamphlets, bearing upon a most important discovery by Dr. Pattison, a gentlemau of high standing in the Medical Profession. The REMEDY has already as [we are aware] caused a great sensation, and must not be classed among those geuerally advertised. *** C. Mitchell will send ADVERTISEMENTS upon the subject *immediately after a notice.* [Favourable, of course.] To the Editors of the ———." The pamphlets, accompanying this very modest proposal, were five in number, on cancer; lupus, acne, and sycosis; ulcers and caries; cancer, lupus, and ulcers; with remarks on Dr. Pattison's uew treatment of caucer, lupus, and ulcers, by Archibald William Cockburn, M.D., F.R.C.S.E. His pamphlet is addressed from the same establishment as the Dr. Pattison "*of high standing in the Profession.*"

Mortality Notabilia.—The rate of mortality has recently undergone no material variation; but a decrease, though not great, indicates an improvement in the public health. The deaths registered in the Metropolis, which, in the week that ended February 4th, were 1204, declined, in the week following, to 1178, and last week to 1154. In the teu corresponding weeks of the years 1844-53, the average number of deaths was 1085, which, if raised in proportion to increase of population, becomes 1194. The number returned last week is, therefore, less by 40 than the estimated amouut. The mortality from hooping-cough continues high, and 83 children, which is nearly double the average, were carried off by this complaint last week. Scarlatina was fatal in 35 cases,—an amount which is not excessive, though the disease appears to have been severe in some families.

Births.—Last week the births of 775 males and 764 females, in all 1539 children, were registered iu London. In the niue corresponding weeks of the years 1845-53, the average nuumber was 1452.

Meteorology.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·757 in. The highest mean was 30·451 in. on Monday; the lowest 29·460 in. on Friday. The mean temperature of the week was 35·1°, which is 3·7° below the average of the same week iu 38 years. On Friday, the greatest pressure of the wind was 13 lbs. to the square foot; on Saturday it was 17lbs. The amount of horizontal movement of the air on either of these days was about 290 miles. The amount of rain in the week was only 0·21 in. On Saturday the air was remarkably dry. No electricity shown.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending February 18 :—

	Males.	Females.	Total.
Workhouses...	67	57	124
Military and Naval Asylums ...	...	...	...
General Hospitals	21	18	39
Hospitals for Special Diseases ...	3	4	7
Lying-in Hospitals	1	...	1
Lunatic Asylums	7	8	15
Military and Naval Hospitals ...	6	...	6
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	3	...	3
	108	87	195

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 18, 1853.

CAUSES OF DEATH.	FEB. 18. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	588	339	227	1154	10854
SPECIFIED CAUSES	587	338	227	1152	10782
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	199	38	11	248	2091
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	5	20	18	43	488
3. Tubercular Diseases	81	110	13	204	1821
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	72	34	38	144	1262
5. Diseases of the Heart and Blood-vessels	4	17	14	35	431
6. Diseases of the Lungs and of the other Organs of Respiration ..	98	55	64	217	2306
7. Diseases of the Stomach, Liver, and other Organs of Digestion	32	32	13	77	602
8. Diseases of the Kidneys, etc. ..	3	5	..	8	112
9. Childbirth, Diseases of the Uterns	1	9	..	10	117
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	3	1	5	91
11. Diseases of the Skin, Cellular, Tissne, etc.	..	2	1	3	12
12. Malformations	5	..	..	5	32
13. Premature Birth and Debility ..	32	5	1	38	252
14. Atrophy	31	1	5	37	194
15. Age	..	..	42	42	568
16. Sndden	5	3	2	10	109
17. Violence, Privation, Cold, and Intemperance	18	4	4	26	294
CAUSES NOT SPECIFIED	1	1	..	2	72

BOOKS RECEIVED.

Reports on Epidemic Cholera, drawn up at the desire of the Cholera Committee of the Royal College of Physicians. By W. Baly, M.D., and W. W. Gall, M.D. London: Churchill. 1854.

The Elements of Natural Philosophy. By Golding Bird, M.A., M.D., F.R.S., and Charles Burke, M.A., M.B., F.R.S. London: Churchill. 1854.

L'Ateneo Italiano. No. I. October, 1852. Turin.

The Upper Canada Journal. November, 1853. Toronto.

A Lecture on the Sanitary Condition of Chorlton-upon-Medlock. By John Hatton, Esq. Manchester, 1854.

The London Corporation Coal-tax. By John Dickinson, Esq., F.R.S. London: Longmans. 1854.

Foul Air and Fever, as Cause and Effect. By T. Herbert Barker, M.D., London. London: Hamilton, Adams, and Co. 1854.

The Museum of Science and Art. Part II. London: Walton and Maberly. 1854.

The Question Considered: Is it Justifiable to Administer Chloroform in Surgical Operations, after its having already proved suddenly fatal in upwards of fifty cases, when pain can be safely prevented, without loss of consciousness, by momentary benumbing cold? By James Arnott M.D. London: Churchill. 1854.

On the Thickness of the Articular Cartilages at Different Periods of Life in the Human Subject. By P. Redfern, M.D. Lond. Reprint.

A Clinical Introduction to the Practice of Auscultation, and other Modes of Physical Diagnosis. By H. M. Hughes, M.D. Second Edition. London: Longmans. 1854.

The Edinburgh Medical and Surgical Journal. Edinburgh, January, 1854.

The American Medical Monthly. February, 1854.

TO CORRESPONDENTS.

Fiat Justitia.—Every duly qualified Practitioner should certainly be recognised as a public vaccinator.

Mr. Richardson, of Mortlake, requests us to state that at the meeting of the Metropolitan Counties Branch last week, his correction of Mr. Ansell, as to the number of biographies circulated, was intended as a question, not as an assertion.

Damocles.—We are sorry to find, that in the reply to our correspondent "Damocles," in our last Number, we have stated circumstances which turn ont to be incorrect. The damages awarded by the jury in the case referred to, were paid and accepted in the ordinary course, and no such interview between the plaintiff and the defendant's counsel, as is mentioned in our notice, took place, nor was any such threat used as is there stated. We, therefore, hasten to make these corrections to our former answer.

Dens.—Neither of the Bills will have any retrospective action on Dentists.

An Illegal Practitioner.—We cannot admit that foreign degrees can give a legal right to practise in Great Britain or Ireland.

A Scottish Graduate has quite misunderstood Mr. Brady's Bill. If he will look to the last Clause, he will see that he cannot be injured by it.

Semper Vigilans would have a perfect right to register under Mr. Brady's Bill.

J. Lucy, Esq., Leyburn.—The letter shall be attended to.

An Assistant-Surgeon and Subscriber.—The *Gazette* is not published on Friday until after our Number for that week is printed.

Omega.—As the Bill would prevent any one from practising medicine or surgery without being registered, and impose a penalty on conviction before the nearest magistrate, it would check illegal practice as much as possible.

W. S.—The salaries are about the same, from 30*l.* to 50*l.* a-year, with board and lodging.

Mr. Beale's review of 700 cases in midwifery practice shall be published soon.

Mr. Wade's paper on Stricture has been received, and shall appear shortly.

An Old Surgeon.—A M.R.C.S.E. of your standing must deliver to the Secretary a declaration that you do not sell or supply drugs or medicines, otherwise than in the due exercise or practice of your profession as an Apothecary, with a certificate, signed by six Fellows, to moral character and professional attainments, that you are deserving of the honour, and that you do not sell or supply drugs or medicines (as above).

A Constant Subscriber.—1. The number of beds in the Royal Infirmary is 550. 2. Yes. The Barony Poor's House Asylum, Burnhill, near Glasgow; the Royal Lunatic Asylum, Gartnavel, near Glasgow; and Towns Hospital, Parliamentary-road. There are also two private houses.

Mr. Meade.—The omission has been entirely accidental.

J. B. B.—We will make inquiry.

Dr. Black.—We regret that we have not space to insert the letter this week. It shall appear next week.

In alluding to Dr. Brinton last week as "intimately connected with the conductors of the *Lancet*," we merely implied, that he was a colleague of some other gentlemen named with him, and an occasional contributor to that Journal.

[To the Editor of the Medical Times and Gazette.]

SIR,—I do not know whether it is really necessary to do so, but as I am unknown to many members of the Profession, it is, perhaps, as well to say, that I am not the author of the scandalous advertisement bearing my name in the *Lambeth and Southwark Advertiser.*

I have discovered the scamp, and placed the matter in the hands of my solicitor.

I am, &c.

W. E. HUMBLE, 66, London-road, Southwark.

St. Thomas's.—Mr. Carpenter, like Mr. Lowe, of Congleton, has stated that there was nothing in his letter relating to the subject mentioned in the reply of the Editor of the *Lancet* in his Notices to Correspondents last week.

Erratum.—In our leading article last week, on Mr. Brady's Bill, the words "if unregistered," were accidentally omitted from the fourth line of the third paragraph, after the words "directly or indirectly."

COMMUNICATIONS have been received from—

W. R. WILDE, Esq.; CÆSAR HAWKINS, Esq.; Dr. BUDD; W. B. KESTEVEN, Esq.; SECRETARY OF GEOLOGICAL SOCIETY; G. L. COOPER, Esq.; JOSEPH WALKER, Esq.; W. F. MORGAN, Esq.; Dr. RAMSBOTHAM; Dr. SIBSON; Dr. COGSWELL; I. BAKER BROWN, Esq.; Dr. SEATON; Dr. E. SMITH; Dr. J. H. WILSON; Dr. RAMSKILL; B. W. RICHARDSON, Esq.; BARNARD HOLT, Esq.; Mr. HOLMES; Dr. WOODFORDE; Mr. MORRISS; J. BARRON, Esq.; A STUDENT, Manchester; W. J. ANDERSON, Esq.; E. SIMPSON, Esq.; W. SWEETING, Esq.; Mr. COATES; Mr. PALMER; Mr. HUMPHRIES; HAYNES WALTON, Esq.; Dr. REDFERN; GEO. LOWDELL, Esq.; JAMES OLDHAM, Esq.; EDITOR OF "EDINBURGH MEDICAL AND SURGICAL JOURNAL;" Dr. CUMMINS; FIAT JUSTITIA; DENS; AN ILLEGAL PRACTITIONER; A SCOTTISH GRADUATE; SEMPER VIGILANS; J. LUCY, Esq., Leyburn; AN ASSISTANT-SURGEON AND SUBSCRIBER; OMEGA; W. S.; Mr. BEALE; Mr. WADE; AN OLD SURGEON; A CONSTANT SUBSCRIBER, ETC., ETC.

ORIGINAL LECTURES.

CLINICAL LECTURE

ON

COUGH IN GENERAL, AND ON HOOPING-COUGH IN PARTICULAR.

DELIVERED AT

King's College Hospital (a).

(Tuesday, Jan. 18, 1853.)

By ROBERT B. TODD, M.D., F.R.S.
Physician to the Hospital.

Gentlemen,—There being in the house two children suffering from hooping-cough, I wish to-day to address to you a few observations on the pathology of cough,—one of the most frequent, sometimes one of the most important, and occasionally one of the most distressing symptoms with which we have to deal in our capacities as Medical Practitioners; one, too, which is produced by a great variety of conditions, and which may be the more interesting, inasmuch as we are all apt to suffer from it, in its milder or severer forms, at some period or another of our lives.

Cough, which, as you are aware, is a symptom of many different diseases, is one to which we frequently, and in general most justly, attach considerable importance; but the information which it affords varies greatly in different cases.

Cough may be defined to be "a sudden convulsive expiratory effort," having for its object the expulsion of something the presence of which tends to irritate the air-passages. The irritating agent may be of an aeriform nature, as in the case of carbonic acid gas, deutoxide of nitrogen, &c.; or the inspired air may be loaded with something which, by its mechanical properties, is capable of exciting irritation,—such as minute particles of dust, or other foreign substances, which have obtained accidental entrance into the air-passages, as crumbs of bread, etc.; in either case, cough equally is the result. Anything causing irritation of the gastro-pulmonary mucous membrane—that is, the great tract of mucous membrane which lines the stomach and lungs, but especially the pulmonary portion, is capable of giving rise to this expulsive effort called *cough*.

It is curious, that irritation of the nasal mucous membrane, such, for instance, as is caused by the application to this highly-sensitive surface of many substances in a minute state of division, as the taking a pinch of snuff by a person who is not accustomed to it, likewise produces a sudden, convulsive, expulsive effort, but one which does not specially affect the lungs. This effort, I need scarcely say, is "*sneezing*." *Cough* and *sneezing* are analogous in these points, that they are both expulsive efforts; both have for their object the ejection of some irritating matter, and both are excited by the application of an irritating agent to some portion of the sensitive surface of the great gastro-pulmonary tract; but they differ as to the position of the mucous membrane, the stimulation of which is necessary for their production; for, whereas irritation of any portion of the nasal mucous membrane gives rise to the phenomena of sneezing, so a similar irritation of any part of the mucous membrane below the posterior aperture of the nasal passages—the mucous membrane, that is, of the pharynx, larynx, trachea, and bronchial tubes, to their most minute ramifications—is apt to cause the phenomena of cough.

You will find it interesting to notice further, that the first portion of the great mucous tract which I have already referred to is supplied by sentient branches of the fifth nerve; while the other portion derives its nerves from branches of the vagus; and it has been shown experimentally, that irritation of the vagus nerve in any part of its course, even of the trunk of the nerve, provided the irritating agent be applied above the giving off of its pulmonary branches, will produce cough, similar in its characters to that which occurs in various diseases of the respiratory organs.

The production of cough and sneezing according to the situation of the affected mucous membrane, is well illustrated in the case of common catarrh, which, as you know, is an inflammatory affection of the respiratory mucous membrane. The inflammatory process frequently begins at the nose, and it then gives rise to sneezing; but in the course of a day or two, or it may be less, it passes downwards (for it is one of those inflammations which, like erysipelas, is very prone to spread) to the larynx, trachea, and sometimes even to ramifications of the bronchial tubes, and then the phenomena of cough are produced; but so long as the inflammatory condition is limited to the nasal mucous membrane, sneezing alone occurs. Sometimes the inflammatory process begins in the mucous membrane of the bronchial tubes and trachea, and subsequently spreads upwards to that of the nose; in such a case the sneezing is usually preceded by cough; and as a general rule we may conclude, that when sneezing is the prominent feature of the complaint, it is the mucous membrane of the nose, which is affected, but that, when cough prevails, it is the lining membrane of the larynx, trachea, or bronchial tubes, which is the seat of the inflammatory process. The irritating agent in common catarrh is most probably some atmospheric poison, for catarrh is a disease, which frequently lays hold upon whole households at once, or in very rapid succession, and does not seem to be communicated from one member of it to the other in the same manner, that ordinary contagious diseases usually do. Catarrh, moreover, frequently occurs in the epidemic form, but it is also often met with as an undoubtedly sporadic affection; and in this case we must suppose that the subject of the disease is, in some way or other, peculiarly predisposed for the reception of the atmospheric poison.

The presence of a foreign body in the larynx, trachea, or bronchial tubes is capable of giving rise to cough, and everybody is well acquainted with the violent cough which is excited by a crumb of bread "going the wrong way," as it is termed; so, also, any irritation of the laryngeal mucous membrane, such, for example, as may be produced by elongation of the uvula, will excite cough of a more or less severe character. All these statements may be readily verified by actual experiment in the ordinary examination of a patient's throat; for if we apply some stimulus, such as the point of a camel-hair pencil, to the mucous membrane about the rima glottidis or the epiglottis, cough is instantly excited; so also it may be, and especially in excitable persons, when the stimulus is applied to the mucous membrane of the isthmus faucium, and at the back of the pharynx, but still less promptly and easily than in the first experiment; and if the pencil stimulate that part of the pharyngeal membrane which passes up to the nasal passages, sneezing will result.

It is well known that asthmatic cough and breathing, especially in nervous, susceptible persons, is liable to be excited by the presence in the air of substances of an irritating nature in a state of minute division, such, for instance, as powdered ipecacuanha, and certain matters having their origin in, or at all events, very intimately associated with, newly-made hay, or even the particles emanating from plants in flower. There are many persons who cannot remain in a room in which ipecacuanha is being powdered without suffering considerable distress. Asthma and irritative cough and coryza are not unfrequently excited in the hay season in persons who appear to possess a peculiar susceptibility to this disease, by their proximity to newly-made hay, and the paroxysms thus produced cannot generally be relieved, except by the removal of the patient altogether from the locality of the noxious influence. Ipecacuanha, indeed, seems to exercise a special influence upon the vagus nerve; if it be inhaled with the air, cough is excited; if it be introduced into the stomach vomiting ensues, most probably from the irritation, which it produces in the gastric branches of the vagus; in other words, this agent, if brought to bear on the branches of the vagus in the bronchial tubes, pro-

(a) Lecture XL., reported by Mr. Conway Evans.

duces cough; if on the branches of the same nerve distributed to the stomach, it excites vomiting. A somewhat similar influence is exercised by emetic tartar; for this substance, when injected into the veins, or introduced into the stomach, produces vomiting; and that it acts upon the pulmonary nerves seems probable from the sedative effect, it may produce on the lungs, when carefully administered.

There are other instances of irritation of the nerves distributed to the bronchial or pulmonary mucous membrane exciting cough, of which it is important I should remind you of. A common cause of cough—indeed, a much more common one than is generally supposed—depends on irritation of the pulmonary branches of the vagus, consequent on the pressure exerted on them by enlarged bronchial glands. Tumours, also, of various kinds are capable of exciting cough in a similar way, and the development of tubercles in the lungs may produce the same effect. Aneurisms not unfrequently give rise to a cough, which may baffle us in our endeavours to account for its production; and, indeed, cough is often a very important symptom in the diagnosis of aneurism, and one from which we frequently derive assistance in localising the disease. An aneurismal tumour may press upon the branches of the vagus distributed to the trachea and bronchi, and thereby excite the most severe paroxysmal cough. Of this there is an excellent example now in Fisk Ward. The patient is a man, who was admitted for cough of this character. We carefully examined his chest without being able to discover any indications of disease in the lungs; but at length we obtained evidence of the existence of an aneurismal tumour, which, most probably by pressing upon some branches of the vagus, excited the violent cough, that constituted so prominent a feature in the case.

So, again, inflammatory ulceration of the trachea, whether primary or secondary, resulting from the pressure of an aneurismal tumour, especially about its bifurcation, where there are many branches of the pulmonary nerves, may cause a very distressing cough.

Thus, then, in reviewing the various circumstances under which cough may occur, you may enumerate the following kinds of this affection:—1st. The throat cough, the exciting cause of which may be either in the fauces or in the larynx. 2ndly. The tracheal or bronchial cough, when the trachea or primary bronchi are the irritated parts. 3rdly. The pulmonary cough, when the smaller ramifications of the bronchial tubes or the lungs are the seat of irritation. 4thly. Practical men will admit, I think, the existence of a cough dependent on gastric irritation; and, lastly, in persons of highly nervous temperament, there is the nervous cough, which, in most instances, is no more than a convulsive affection of the throat muscles.

Of these forms of cough, those which most frequently come under our observation are, the throat cough and the pulmonary or lung cough. Both are very prevalent at this time of the year. The former is the common cough of ordinary colds, and may be readily distinguished by the absence of all abnormal phenomena, connected with the breathing sounds, and by the swollen and red condition of the mucous membrane of the fauces, and more or less of hoarseness. In more chronic cases, this membrane is less or not at all swollen, and assumes a dusky red hue and a lax condition. Coughs of this kind are repeatedly mistaken and treated for pulmonary coughs, and the patients condemned to take large quantities of nauseous drugs; whereas many of them are easily curable by local treatment. This kind of cough is often exceedingly violent and distressing, and is not generally accompanied by any other sputa than throat mucus and saliva.

The more common form of lung-cough is that which attends bronchitis. This occurs generally in paroxysms; it is accompanied with expectoration, which is the more abundant in proportion to the extent and severity of the bronchial affection. We find it likewise in connexion with tubercular or other disorganisation of the lung, and the more severe in proportion to the extent of pulmonary destruction and consequent bronchial irritation. Under these circumstances, an expectoration, generally copious and purulent, follows the cough; and, indeed, the presence of this matter in the bronchial tubes very frequently aggravates the cough. Another form of lung-cough is short and dry, or accompanied by little or no expectoration, and apparently kept up by some permanent irritant in the lung's substance, as crude tubercles scattered among the bronchial ramifications. Such a cough is a common precursor of confirmed phthisis, or, more correctly, an attendant on its early stages.

Hooping-cough.—Such are the ordinary causes and forms of cough. There is yet one other form so peculiar and so characteristic, that it must be dealt with *per se*, constituting as it does not alone a symptom, but in truth a disease. The hooping-cough, so called from its peculiar final whoop, which is a sign that the patient is again taking breath, is not often brought under our notice in the wards of an hospital. It is much more common among the out-patients of an hospital than among the in-patients.

Of the two examples of hooping-cough now in the Hospital, one case is that of a girl, named Elizabeth Griffin, who was admitted into Lonsdale Ward, on December 21, 1852; the other is a brother of this patient, named John Griffin, who was brought into the Hospital on the 11th instant; and both cases well illustrate the clinical history and the main points connected with the pathology of hooping-cough.

The great and all-absorbing feature of the disease is, that it is essentially "a cough;" it begins with a cough, and, until the malady is fairly worn out, this symptom continues to be present in a more or less severe form. The cough consists of a rapid succession of the most powerful expiratory efforts; so powerful, that some parts of the lungs must be as completely emptied of air by them as the mechanical arrangements of these organs will admit of. It appears probable that some lobules get quite emptied of air in this way, and thus is explained the condensation of portions of the lungs, occurring in this disease; but to this point I shall refer presently.

The violence of the cough, also, often excites vomiting, by means of which the stomach gets completely emptied of its contents, the paroxysm is stopped, and the patient experiences perfect relief for the time; if he be a child, he returns to his play, or, if seized while eating, he goes back to his food, (the appetite being generally very good, oftentimes voracious,) until, by and by, a fresh accumulation takes place in the stomach, the same train of expiratory efforts and vomiting is again gone through, and complete relief is again afforded.

There is one circumstance connected with this cough by which it differs from all other coughs, namely, that the series of expiratory efforts are so powerful, and expel the air so largely from the lungs, that there follows upon them a long, protracted *inspiratory* act, which is accompanied by the well-known whooping sound, so highly characteristic of this disease. To explain the mode of formation of this peculiar and characteristic sound, let us briefly consider what the precise condition of the air-passages is just at the moment of inspiration. In the forcible efforts to expel the air from the lungs by coughing, the larynx, trachea, and whole bronchial tree, are narrowed to their utmost extent, so that the inspiratory effort sometimes occupies a long time in the attempt to draw in the air, through the now constricted passages, while, above all, the glottis is closed, and a looker-on cannot but fear, that this spasmodic closure will produce the death of the patient; and sometimes, indeed, death does actually result from this cause, the closure of the glottis being quite as perfect as when an attempt is made to inhale carbonic acid. But at length the inspiratory effort succeeds, and, while it is taking place, the inward rush of the air through the narrowed and constricted fissure of the glottis produces the whooping sound which is truly pathognomonic of this disease.

Thus the whoop, which alarms the ignorant, is, to those who understand its mode of production, the signal of the child's safety, as the sound of thunder announces that the danger from the lightning-flash has passed.

There is no other symptom, besides this peculiar sound accompanying inspiration, which may be taken as certainly diagnostic of hooping-cough; and, when you are called to see a patient, supposed to be labouring under this complaint, it would not be safe to pronounce, that this is the malady, unless you have distinct evidence of this characteristic whoop. This peculiar sound, it is true, is sometimes imitated by other coughs, but it is never anything like so well-defined, so far as my experience goes, in any other affection, as it is in this.

To be enabled to understand the pathology of hooping-cough it is necessary to have some insight into the most important points in its clinical history.

Hooping-cough affects children mainly; indeed, it may be regarded as essentially a disease of childhood. There are some affections of the laryngeal organs, chiefly spasmodic affections of the muscles of the glottis, which appear to be in a great measure peculiar to this early period of life. To these affections, among which spasmodic croup, or laryngismus stridulus, occupies a prominent place, hooping-cough bears some analogy. It generally occurs at the early periods of childhood, but it is by no means limited to these ages; indeed, of the cases now in the hospital, the one patient is ten, the other fifteen years of age. It is rarely met with in adults, and it still more rarely attacks persons in the advanced periods of life; but that it sometimes does so, may be known from the fact, that, among the most

recent cases of hooping-cough which I have witnessed, it occurred in the persons of an old married couple, aged eighty and seventy-two years respectively, and they got safely through this trying malady.

Another feature in the clinical history of hooping-cough is, that it is a contagious disease. This is exemplified in the cases now in the Hospital, one of which I will briefly read to you:—"Elizabeth Griffin, aged 15, admitted Dec. 21, 1852. She has always had very good health, and was never laid up until her present illness, which commenced six weeks previous to her admission, when her brother caught the hooping-cough at school, and came home with it; immediately after this she was seized with hooping-cough, and has it severely." Now, this is the general history which we continually hear in cases of this complaint. One member of a family gets the disease, and it then spreads through the whole household, just like other contagious diseases, as measles, scarlatina, etc.

Hooping-cough has certain stages, which it is necessary we should describe more at length.

In the first stage, the symptoms are febrile and catarrhal, and the disease often passes for an ordinary cold. This state continues for ten or twelve days, and is then succeeded by the cough, the peculiar feature of which is, that it occurs in paroxysms, lasting some time, and following each other at variable intervals, and constituting the second stage of the disease; but, during the intervals between the paroxysms, the patient feels quite well, and one would hardly imagine there was anything the matter with him, except in the advanced periods of the complaint. The complete remission, which takes place, in many cases, between the paroxysms, is not the least curious feature of the disease. A minute or two after a violent fit of coughing, which you would imagine seriously jeopardised his life, you will see the child resume his play as merrily as if nothing had happened, and so he will go on.

The third stage varies considerably in different cases; the patient may either gradually recover, the symptoms becoming less and less marked, or certain changes may take place in the lungs and circulating system, which may lead to a fatal termination.

Let me direct your attention to these secondary changes, which occur in the lungs and vascular system, after the disease has lasted for some time. At first, the lungs are not at all affected; so that hooping-cough can no more be considered a disease of these organs, than can an aneurismal or other tumour pressing upon the vagus nerve, and, in this manner, exciting cough, be so regarded. After the cough has continued a long while, however, changes take place, as I just now stated, affecting the lungs and the general appearance of the patient. The countenance becomes full and bloated, and the capillaries distended, especially those of the conjunctivæ, which look watery and swollen; and some of these minute vessels often burst, giving rise to some chemosis. From this state of countenance, a practical eye can generally at once recognise the nature of the malady, under which the patient labours.

All these changes result from the circulation in the capillaries being retarded, in consequence of the violence of the cough. At the same time, and for a like reason, the pulmonary circulation becomes similarly affected; the secretion of the bronchial tubes becomes altered; these tubes pour forth more freely than natural a watery mucus; the lungs become congested and œdematous; more or less crepitation is heard in different parts of these organs, according to the amount of fluid in the tubes or œdema present; and this crepitation is usually most audible towards the lower part, being sometimes more distinct in one lung than in the other. Both the patients in the Hospital exhibit these changes to a considerable extent. The sound on percussion over the base of the lungs is duller than natural; and this arises mainly from the œdematous state of these organs, but in part, also, from the quantity of mucus present in the bronchial tubes, and from the expiratory efforts having emptied some lobules of air more completely than others, (some lobules being, perhaps, perfectly emptied in this manner, and, consequently, quite collapsed); and, lastly, from the altered bronchial secretion plugging up the entrance to one or more lobules, and in this way preventing the free ingress of air. This condition of lung, in which the ingress of air to certain portions is prevented, and of which certain other portions have also been completely emptied of the contained air, has been long known to pathologists under the name of "carnification." A carnified lung has a fleshy look, does not crepitate under pressure, and sinks in water; and this condition may be induced by anything which causes the complete expulsion of the air out of the lung, or which entirely prevents the ingress of air into a lung previously devoid of air, as one which has never respired; and it is best seen in the lung of a fœtus which has never breathed. The most common cause of it, and that which, perhaps, developes it most completely, is the accumulation of fluid in the pleural cavity, by the pressure which it exerts on the adjacent lung. Carnification of the lung is carefully to be distinguished from hepatization. The former has nothing to do with inflammation, but merely consists in a condensation of the original pulmonary structure; the latter results from the effusion or exudation of an albumino-fibrinous material into the air-cells and finest bronchial tubes, by which the organ is rendered specifically heavier.

It was formerly supposed, that lobular pneumonia took place in hooping-cough. That pneumonia, just as bronchitis, may occur in the course of hooping-cough is certain; but the signs which used to be considered as produced by lobular inflammation, are, in reality, due to the simple exclusion of air from one or more lobules.

In the third stage of hooping-cough, if the case goes on favourably, there is a gradual abatement of the cough; the paroxysms become fewer and less severe, and the patient gradually returns to his normal state of health. But if, on the other hand, the progress is unfavourable, the symptoms become aggravated, the paroxysms more frequent, the bronchial tubes enlarged, the secretion of their relaxed mucous membrane increased, and, at length, the patient dies completely worn out and exhausted. If tubercles previously existed in the lungs in a quiescent condition, they are thrown into a state of activity, and symptoms of phthisis manifest themselves. Convulsions and coma, also, frequently accompany hooping-cough, especially in ill-nourished, badly-fed children, as the disease approaches its fatal termination. In these subjects, too, hooping-cough sometimes becomes complicated with an effusion of fluid into the lateral ventricles of the brain, and the phenomena of hydrocephalus are developed.

Causes.—In entering into the consideration of the causes of hooping-cough, one of the first questions that suggests itself is, whether the malady has its seat in the lungs. That hooping-cough is clearly no disease of the lungs, is shown both by its clinical history, and by the fact, that auscultation can detect nothing abnormal in the voice or breath-sounds of a patient in the earlier stages of the complaint.

Its cause does not depend upon any peculiar state of the larynx or trachea; for there is no permanent affection of the voice, nor of the laryngeal muscles, nor of the glottis, nor are the symptoms such as diseases of the larynx or trachea usually give rise to.

Does the disease depend upon any morbid condition of the bronchial glands? The bronchial glands are often considerably enlarged, without such a cough as the peculiar, paroxysmal one of this disease. Nor would the patient enjoy the complete freedom from distress which so often exists between the paroxysms of cough.

Having, then, set aside all these so-called causes of hooping-cough, the only supposition now left us as to the true cause of the disease is, that it depends upon some peculiar irritation of the vagus itself. In fact, hooping-cough is a special disease of this nerve, the irritation being quite as complete as when the exposed nerve is mechanically stimulated. But the cough differs from that which is produced by mechanical irritation of the nerve, in its coming on in paroxysms at longer or shorter intervals from each other, the patient's health during the intervals being very good. This paroxysmal character of the disease, with the complete state of health in the intervals, except when the constitution or the lungs have become damaged by the effects of the cough, associates hooping-cough with other diseases, the peculiar phenomena of which depend upon some poison in the blood, manifesting its presence by the specific action, which it exercises upon some particular tissue, and by the interference, which it seems to offer to the due performance of healthy function. For certain poisons undoubtedly appear to have a peculiar affinity for certain tissues; thus the poison of measles appears to have a special affinity for the mucous membrane of the bronchial tubes and bowels, that of scarlatina for the throat, and so on of the other acute specific diseases. In like manner the poison, which gives rise to the phenomena of hooping-cough, seems to have a peculiar affinity for the vagus nerve; but whether throughout the whole course of that nerve, at its centre or its periphery, it is impossible, in the present state of our knowledge, to affirm with any degree of accuracy. It is no valid objection to this view of the nature of the disease, to say, that after death, no structural alteration of the vagus can be distinguished, although Autenrieth and others state, that in cases of hooping-cough examined after death, they have found

the vagus in a congested condition. But congestion is much more frequently the effect, than the cause of a disease; and it may be especially so in this case. In many nervous affections, as for instance in those distressing cases of neuralgia, in which the most intense pain has existed during life, no appreciable morbid condition of the nerves supposed to be the seat of the pain can be detected on the most careful examination after death. The poison in hooping-cough, whatever it be, produces no structural lesion in the nerves, and leaves nothing behind it, of which our senses can take cognizance.

Hooping-cough, then, as far as present knowledge enables us to speak, is a disease which runs a certain course, can be communicated from one person to another, and is probably due to the influence of a poison which gets into the system, and produces its local manifestations on the vagus nerve. It is not an inflammatory affection of any part, being simply dependent on a morbid state of the blood, caused by the introduction into it of some poison from without; and whatever inflammations may occur in the course of it must be regarded in the light of complications of the disease.

Having advanced this view of the nature of the disease, let me make a few observations upon its rational treatment, as founded upon these opinions.

Assuming hooping-cough to be a disease, depending on the presence of a morbid poison in the blood, (which is the most reasonable view of its pathology,) to cure the affection perfectly, we ought to find an antidote for the poison, which produces it. If we could find some material which, when introduced into the system after it had received the poison, would neutralise that poison, then we should have the same power over this malady, as we now possess over intermittent fever, which, as you know, is also a paroxysmal disease, depending on the presence of some morbid poison in the system, and for which an antidote has been found in bark. But since, unfortunately, no antidote for hooping-cough has as yet been discovered, it should not be our practice to look on in silence, and let the patient cough it out; but our aim should be to find the means of guarding him against the bad consequences of the cough, and to protect him from all those complications, to which I referred at the commencement of the lecture.

As the disease does not consist in an inflammatory condition of any part, we may at once dismiss all so-called antiphlogistic plans of treatment. That plan, indeed, has had a fair trial; and if it had any real power over the disease, we should have, long ere this, accumulated abundant evidence to prove its superiority. The tendency of all the usual antiphlogistic measures is to weaken the nutrition of the lungs and the nervous system, and to impoverish the blood; to reduce the quantity of its colouring-matter, to favour the accession of convulsions, and, by the watery parts of the blood filtering through the walls of the blood-vessels, to promote the tendency to hydrocephalus.

The first point in the treatment is, carefully to guard the patient against the occurrence of bronchitis and pneumonia, as complications of the disease. Now, there is nothing which is so fertile a cause of bronchitis, as the admission of cold air to the bronchial mucous membrane. Consequently, the patient should be kept in a well-regulated temperature; if his illness occur in the winter, he should stay in-doors, in a roomy, well ventilated apartment, which is not too warm, but of a uniform heat. He should be kept in this apartment, and not allowed to run about the house into rooms, or upon lobbies or staircases, which must present great variety of temperature. Early and close attention to this maintenance of a uniform temperature of the atmosphere in which the child resides, may save much subsequent mischief.

The second point is to uphold the general nutrition—to keep the patient well nourished. I do not mean, that the patient should be crammed or over-fed, but that his diet should be well regulated, and sufficient food of all kinds supplied, not only to satisfy the appetite, but also—and what is far more important—the real wants of the system. On this account, I object to keep children in this disease without animal food, as some so much insist on, though why they do so I cannot tell; for meat, in regulated quantities, and properly masticated, is more easily digested than almost anything else; and it differs from other alimentary substances, in the fact that its digestion consists in a simple process of solution in the stomach.

Another practice which exercises a most favourable influence on the nervous system, (and it is this that we must look to after all,) is sponging the chest with *cold water* once or twice a-day. The parents of weakly, delicate children often object to this plan of treatment; but by ordering a little spirit to be mixed with the water, you not only may overcome their scruples, but in giving a stimulating quality to the application increase its efficacy. This sponging of the back and front of the chest, night and morning, exercises a bracing and tonic influence on the nerves, and in this way often acts very beneficially in this disease. Spirituous embrocations often do good in a similar manner.

In a large number of cases, one can get on very well without having recourse to drugs. Those which you will find most useful, and which I would recommend to your notice, are sedative and antispasmodic remedies, in virtue of the power which they possess in allaying irritability of the nervous system generally, such as the various preparations of opium, henbane, conium, belladonna, and hydrocyanic acid. The non-nauseating expectorants, such as chloric ether, ammonia, and perhaps senega, may be also used; and astringents, to check excessive bronchial secretion, such as alum, sulphate of zinc, tannic and gallic acids, are sometimes necessary. But you must bear in mind, that such remedies should be used with caution, especially opiates, which in infancy and childhood are at all times to be given with great care, and more particularly if the lungs have become congested. The drugs which I would recommend you to avoid, are those which have a depressing and lowering tendency, such as tartar emetic and ipecacuanha. Many children, I am quite satisfied, while suffering from hooping-cough, have died from the too free and slovenly exhibition of these emetics.

If I had an opportunity of treating hooping-cough on the large scale, I would, in cases in which the paroxysms are very frequent and very severe, and when, as yet, the lungs are free from congestion, but not otherwise, give a fair trial to the careful inhalation of chloroform, with the view of endeavouring to cut short the paroxysm. We know that we can arrest the paroxysm of asthma in this way; why, then, should we not be able to do the same, with that of hooping-cough? I have also known laryngismus stridulus relieved by the use of chloroform; and it is now well proved that other convulsions of children may be checked by its means.

In the cases of delicate children, where there is great reason to fear that damage may be done to the lungs by the cough, this practice may prove very useful. But, with reference to the administration of chloroform, this fact should always be borne in mind, and it cannot be too frequently reiterated, that due provision should be made for the simultaneous free admission of air, along with the vapour of chloroform. There is no point upon which some men seem to be more foolhardy than on this one; and it is by the neglect of attending to this, that the reputation of one of the most valuable remedies that has ever been applied to the relief of human suffering may be seriously damaged. I do not advise you to give chloroform, so as to produce its full effect; it may be inhaled in small doses of ten or fifteen minims, which may be repeated at intervals, according to the severity of the paroxysms. When children are already in an exhausted and very depressed state, chloroform ought not to be administed by inhalation, or it should be given only in the smallest quantities.

Another remedy in the treatment of hooping-cough, to which I should very much like to give a fair trial, is the application of cold water, on the splashing plan, two or three times daily, with or without the inhalation of chloroform. Such a practice must be pursued with proper precautions; first, to maintain a warm temperature of the room in which it is done; and, secondly, to have the water thrown over the child rapidly, and not so as to wet the head. To let the back and chest receive the brunt of the splash. These measures combined, would tend to diminish the severity of the paroxysms, ward off the occurrence of bronchitis and pneumonia, as complications of the disease, promote the general nutrition, stimulate the nervous system, and thus protect the patient from the damaging effects of the cough. (a)

(a) This Lecture was given in January, 1853. A Paper appeared in the *Edinburgh Monthly Journal*, for August, 1853 (which I have only seen as quoted in "Ranking's Abstract," for December, 1853), in which Dr. Fleetwood Churchill gives the weight of his high authority to the trial of chloroform, and relates cases in which it has been employed with excellent result. I am sure, that the more hooping-cough is treated as a *spasmodic* rather than an *inflammatory* affection, the greater will be the success of our practice, and the less the mortality from that disease. Three children were admitted into the Hospital in the early part of the present winter, with this disease in an advanced stage, and in a very much depressed state, with the lungs much congested, and a copious bronchial secretion. The general plan of treatment recommended in the lecture was carried out with good effect; and, in one of the cases, the chloroform inhalation had a manifest influence in diminishing the number and violence of the paroxysms. In one, it seemed to depress: and in the third it produced no marked effect, beyond that of tranquillising the child for a short time.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVII.

CASE OF SUDDEN DEATH FROM DISEASE OF THE HEART.

By GEORGE MACKAY, M.D.
Surgeon of H.M.S. Bellerophon.

J. C., aged 40, able-bodied forecastleman, after finishing the duty of heaving up from the fore-cockpit to the deck above the men's bags, (each weighing about sixty pounds,) went to his mess-place, took his hat, and went on deck to go to the "head;" and, while stepping into the "head," and asking the question, "if there were room enough for him," was observed to stumble and turn pale. The men in the "head" immediately carried him into the "sick bay," where he had scarcely arrived when life was found to be extinct. An unsuccessful attempt was made to bleed him from the arm.

A *post-mortem* inspection, three and a-half hours after death, showed the countenance pale and placid; the body muscular and well developed. On opening the thorax, the lungs subsided in the cavities, and appeared natural and of the usual greyish blue colour; there were some slight and old adhesions at lower and posterior part of right lung. On opening the pericardium, which was healthy on its external surface, there were found about three drachms of a clear reddish serum; no adhesions, nor deposit of lymph, excepting a few patches on right auricle, apparently of some standing. The heart itself appeared much enlarged; but, on removing it, with the intention of weighing it, a quantity of coagulated and fluid blood escaped, on which it fell into a flaccid state; it weighed, however, fifteen ounces. On opening the left ventricle, the walls of which were three-quarters of an inch thick, there appeared some small patches and strings of lymph, also apparently of some standing. A long string of lymph, thickened by the addition of coagulated blood, extended from among the columnæ carneæ of the left ventricle, where it was attached to the aorta. The end in the aorta was free, and easily pulled down. The lining membrane of left auricle was much paler than that of right; and there was a thin layer of firmly-adherent lymph in the aorta, immediately above the valves; this lymph could be torn off in patches. The valves themselves appeared healthy.

No other viscera were examined.

It takes a man forty-five seconds to walk from the place where he stood when throwing up the bags, to the "head;" but, as he also went to his mess on the lower deck for his hat, before going on deck, this may have occupied thirty seconds more. His messmates think that about three minutes elapsed between the period of his leaving the cockpit to go to the head, and his death.

He was of intemperate habits, and was in a state of *delirium tremens* when he first joined this ship at Portsmouth, in October, 1851. His last attack of sickness was between the 14th of July and 7th of September, 1853, during which he first suffered from headache and dyspepsia, then irritability of bladder, and lastly rheumatism of the knees, and shoulders, and fingers; but on no occasion were the symptoms severe, or did there appear enlargement or inflammation of the joints. He did not complain, while in the list, of any uneasiness in the region of the heart; but his messmates say, that he latterly complained of uneasiness there, which he attributed to stricture of the urethra, from which he fancied that he suffered at one time.

Dr. Fisher, one of my assistants, found that the blood under the microscope appeared to arrange itself into the form of a basement-membrane, the corpuscles assuming an hexagonal form.

H.M.S. Bellerophon, Beikos-bay, Bosphorus, Dec. 11, 1853.

APHORISMS AND OBSERVATIONS UPON CERTAIN RARE OR PECULIAR DISEASES OF THE ORGAN OF SIGHT.

By W. R. WILDE, F.R.C.S.I.,
Surgeon to St. Mark's Hospital, Dublin,

(Continued from page 32.)

VESICLES OF THE CORNEA.

Besides the more frequent and generally understood diseases of the cornea, the result of,—inflammation, either circumscribed or diffuse, of any of its layers; accidents and their consequences; the long-continued action of certain sources of irritation; or the application of injudicious remedies,—there are other diseases of this portion of the eye that have not yet been accurately described.

One of the most remarkable of these consists in slight vesications of the conjunctival layer of the cornea, in which this very delicate expansion of mucous membrane is elevated into small discs, containing a transparent fluid, and varying in size from that of one to three pins' heads.

The three following cases, of which the mere outlines are given, will serve to illustrate this disease, as well as to describe the varieties of it, with which I am familiar.

A. B., a healthy young clergyman from the North of Ireland, consulted me, last summer, on account of some dimness of vision, and unpleasant, but comparatively painless, sensation in his eye. He had been a patient of Dr. Miller's, of Londonderry, who had treated his case with much skill. Towards the centre of the left cornea, there were three or four vesicles; and, around its margin, some zonular vascularity of a pinkish hue existed. There was no appearance of disease in the conjunctiva, and the internal structures of the eye were normal. With a fine needle, I opened the vesicles, tearing through the elevated conjunctiva, and allowing the contained fluid to escape. After the lapse of a few minutes, I touched the sites of these vesicles with a camel-hair pencil, moistened with a solution of nitrate of silver. A blister issue was established on the neighbouring temple, and a course of tonics was prescribed. I have lately had the satisfaction of hearing that this patient had quite recovered his vision, and that all appearance of vesication of the cornea had ceased. I have seen two or three cases similar to the foregoing, in all of which the persons recovered.

About twelve years ago, C. D., a country gentleman, aged 46, became affected with cataract. The operation for solution was attempted on the right eye, although I have reason to believe the lens was very hard. The process of absorption, as might be expected, was very slow, and the eye suffered from repeated attacks of internal inflammation. The amount of vision obtained was so slight, and his health so much impaired by the treatment and long confinement, that he was obliged to give up his Parliamentary duties. In the course of a twelvemonth, Mr. Alexander successfully extracted the cataract upon the other side.

I first saw this gentleman about five years ago. He consulted me on account of a painful affection of the right eye, that upon which the operation for solution had been attempted. He stated, that, with certain intervals, varying from three to ten days, he was seized with an uneasy sensation in his eye, as if it was irritated by a foreign body, and that this increased in a few hours, when the pain became so intolerable, that he had to retire to bed, and remain there until—to use his own expression—"the blisters burst," when he got immediate relief. I found the globe slightly enlarged, and much more tense than natural, as if affected with hydrophthalmos. The cornea was somewhat globose, although transparent; and, upon its surface, occupying its inferior half, were several large, transparent vesicles, which he denominated "blisters." He was at the same time suffering severe pain, attended with lachrymation and intolerance of light. Upon my tearing open their conjunctival envelope with a fine needle, he experienced instantaneous relief. He remained in town a few days, to enable me to observe the formation of the vesicles; and I remarked, that, immediately preceding their appearance, the eye became more tense. I accordingly determined to evacuate some of its contents; and, for that purpose, passed a broad, flat needle through the cornea, and, giving it a half turn, so as to leave an aperture between its blade and the wound, a jet of hot fluid, of a peculiarly saline taste, was projected to a considerable distance. This gave him immediate relief, and prevented the formation of the vesicles upon that occasion. For many months afterwards, as soon as he perceived the premonitory symptoms of fulness and distension in his eye, he immediately came to Dublin, when I evacuated the fluid, and he returned home by the next train. In the year 1848, the late Mr. Dalrymple and I consulted upon his case; and that gentleman followed out the same plan of treatment, tapping the eye occasionally during C. D.'s residence in London. At the end of eighteen months, the cause of irritation had ceased.

E. F., the wife of a Medical Practitioner in Dublin, consulted me for lenticular cataract of a greyish amber colour, and evidently hard. She was so excessively nervous and timid, that I feared to attempt extraction, although it was the operation decidedly indicated in her case. As, however, she was in good health, and only 45 years of age, I resolved to give her the chance of absorption. During the two operations which were performed upon her with the needle, she screamed and struggled

violently. Some inflammation followed both operations, and slight adhesion took place between the margin of the iris and the lens. At the time of the third operation she struggled so much, and the spasm of the eye was so great, that the greater portion of the aqueous humour escaped by the side of the needle, and the lens was slightly dislocated, its outer margin bulging through the pupil. I had also learned that the lens was of a dense hardness, and the instrument made but little impression on it. Taking all these circumstances into account, I determined at once to extract; and, having the necessary instruments for that purpose with me,(a) I forthwith proceeded to make the downward and outward section. This was effected with tolerable ease and safety, but the incision required to be enlarged inferiorly with a scissors. The lens bulged through the section, but, owing to the attachment of the iris on the inner side, would not advance further. The adhesions were broken up with the curette, and the lens eventually drawn out, without loss of vitreous humour or protrusion of iris. The operation was tedious and difficult, owing to the exceeding timidity of the patient and the pain, contraction of the lids, excessive lachrymation, and intolerance of light experienced. Those only who have had to deal with similar cases will understand or appreciate the anxiety, risk, and perplexity attendant on such operations. She recovered, however, with rather less inflammation than after either of the former operations, and now can read small print with facility. She has, however, a rather broad cicatrix, owing to adhesion of a portion of the lower segment of the iris to the section.

Several months afterwards she again consulted me on account of an exceedingly painful affection of the eye "as if a lash had got into it." There was some redness of the sclerotic, great intolerance of light, and profuse lachrymation. I found a large semi-lunar vesicle, nearly the size of a small split pea, occupying the site of the corneal cicatrix. Every time the edge of the lower lid touched this, she experienced a spasm of acute pain. With some difficulty, and not a little trial of patience, I persuaded her to let me open it with a needle. As soon as I had effected this all pain ceased, and she returned to her house in half an-hour perfectly well. The same circumstance, and attended with the same symptoms, recurred again and again for nearly a year. Sometimes after enduring great agony for several hours, the vesicle burst spontaneously, and she was relieved. The treatment consisted in opening the vesicle after the manner already described, not by a single puncture, but by passing a needle obliquely through it, and drawing the instrument downwards, so as to cut through the envelope; touching the site of the vesicle with a solution of nitrate of silver; and also giving tonics, and removing her to the country. She had one attack during the past year.

G. H., aged 60, a servant, at present in attendance at St. Mark's Hospital, exhibits the most marked character of this disease which I have yet observed. The right eye is normal both in function and appearance. He has had impaired vision for a long time in the left; the result of the disease known as glaucomatous cataract. The lens is of a dull amber green. The iris has lost its natural hue, and is of a muddy slate colour; it it is also slightly retracted, which, with an over convexity of the cornea, leaves the anterior chamber of an unnaturally large size. The entire external surface of the cornea is studded over with minute transparent vesicles, which reflect the light in a very peculiar manner. Each vesicle is about the size of a small pin's head, and is filled with a clear fluid. The slight elevations occasionally disappear, and then the cornea looks somewhat crumpled upon its external surface; but, after a while, they again fill, and the eye feels remarkably tense. Upon evacuating a portion of the aqueous fluid the vesicles collapse. Vision has long since been lost in this eye.

The foregoing cases afford additional pathological proof that the conjunctiva covers the cornea; and they are interesting from their comparative rareness, and the variety of causes by which they seem to be induced.

Mr. Tyrrell, in his truly practical work on the Diseases of the Eye, described the affection under the name of "inflammation of the cornea with vesications;" but his description is in many respects very meagre. The attacks, he says, "are gradual in their approach, being preceded by slight uneasiness; but they subside suddenly, leaving only a dull, aching pain, which is augmented towards evening. There is not any useful vision between the paroxysm;" but in two of the four cases I have related, vision was perfectly restored. Mr. Tyrrell's treatment consisted for the most part of the warm bath.

(a) An operator should be ready and prepared to extract when he commences to break up.

CLINICAL REPORTS ON PRACTICAL MIDWIFERY.

No. II.

TWO CASES OF LABOUR TERMINATED BY THE FORCEPS.

By FRANCIS H. RAMSBOTHAM, M.D. F.R.C.P.
Obstetric Physician to the London Hospital, etc. etc.

I have deemed the two following forceps-cases, that have recently occurred in my practice, worthy of publication, because of the contrast which they supply; the one woman, who recovered perfectly well, having been in labour for six days with her first child, and the membranes having been ruptured seventy-five hours before delivery was effected; while the other, who died, had borne nine children before, and in her case the liquor amnii had been evacuated only five hours. I may add, that in both the head was extracted with less than the ordinary degree of difficulty.

Case 1.—*Forceps: Fatal.*—At 9 a.m., on Thursday, Nov. 3, 1853, I was sent for by Mr. Houghton to Mrs. W., Nelson-square, Blackfriars-road, a very stout woman, of leuco-phlegmatic temperament, weak powers, and unhealthy constitution, in labour of her tenth child. She had been taken ill during the preceding evening; and the membranes had broken at four in the morning. Since that time, however, the uterus had been acting with great power, and the attendant pain had been unusually severe. Although her husband had driven rapidly to my house, and I obeyed the summons immediately, her first exclamation when I entered the room was, "How long you have been coming;" for she had been promised delivery as soon as I should arrive. I found the os uteri perfectly dilated, the vagina very lax, the bladder empty, a great part of the head in the pelvic cavity, the base being still above the brim, and the face turned towards the left groin. The cause of delay was evidently a contraction in the conjugate diameter at the brim; but as I judged the space to be at least three inches and a quarter, I expected to meet with little difficulty in extraction by the long forceps. The uterus was contracting very strongly and almost incessantly, the abdomen was very pendulous, and the whole of the uterine tumour so tender, that she would not bear the least pressure upon it. The pulse was very rapid, the countenance suffused and much distressed, and there was very frequent, indeed almost constant vomiting, everything she took being instantly rejected; there was, however, no black or coffee-ground like matter. I immediately applied the long forceps most easily, one blade being passed up to the right eye-brow, and the other behind the left ear. With two efforts I brought the head into the pelvis, and, owing to the distensibility of the soft parts, extraction was very easily accomplished. The shoulders, however, gave me considerable trouble, and I was obliged to use a blunt hook for their liberation. The child was dead; it weighed twelve pounds and a-half. The placenta passed naturally, without hæmorrhage, in about ten minutes. I was in hopes that both the vomiting and the uterine tenderness would cease on delivery; but in this I was disappointed, for in neither respect did any material amendment take place. On the next day, however, she was rather better, and I began to entertain some hopes of her recovery. In consequence of being obliged to go some distance into the country on that evening (Saturday), I did not see her again till early on Tuesday morning. She was then in a state of most urgent danger, all the symptoms being aggravated; the vomiting was almost constant, and the egesta of a dark colour; the abdomen also was tympanitic. On Wednesday she was even worse, and she died at ten o'clock on Thursday morning. No *post-mortem* inspection was allowed, but I have little doubt that the uterus had injured itself by the violence of its action after the membranes broke. There were none of the local indications of laceration present, indeed; but the peritonæal covering might have split, as it sometimes though rarely does, or the mucous membrane and a portion of the substance might have given way without any communication being made with the abdominal cavity, under either of which circumstances, of course, no recession would take place of any part of the child.

This is a kind of case in which, no doubt, chloroform would have been useful, and I should have administered it myself had I not been anxious to effect delivery without delay, and certain that I could do so with great facility.

Case 2.—Forceps.—Recovery.—On Saturday, Dec. 30, 1853, at 10 a.m., Mr. York called me to Mrs. S., in the Edgeware-road, aged 41, in labour of her first child. Mr. York had been sent for to her on the Sunday before. She was then suffering from periodical pains, like those of labour, and they had continued without intermission more or less severely ever since. The membranes broke spontaneously on Wednesday morning, since which time the uterus had been acting regularly, as well as more powerfully than before; the pains, however, had never been of an expulsive character till lately. I found the os uteri almost entirely dilated, but to be felt all round, soft, thin, and distensible. The head was not fully in the pelvis; it was detained apparently by a want of space above the brim, in the conjugate diameter, owing to the last, or the two lowest lumbar vertebræ projecting too far forwards. The promontory of the sacrum was quite out of the reach of the finger, and yet there evidently existed some mechanical impediment, which must have been situated higher than the brim, to the head's descent. The head itself was perfectly free and unimpacted, and the face was looking towards the right groin. There was no distress in the system; the pulse was under 100; the tongue was clean, the mouth moist, the countenance placid, the urine passed freely, and the patient took a sufficiency of nourishment, and had all along obtained a good share of rest at short intervals. There was no tenderness of the uterine tumour externally, nor of the vagina within. The uterus was acting expulsively every four or five minutes, and the child's head was bearing upon the os uteri with each return of pain. I considered that it would have cleared the orifice long before the time I saw her had it not been for the resistance noticed above.

Both the patient and her friends were very desirous that I should terminate the labour at once. Nor is this to be wondered at, considering the length of time that it had already lasted; but as delivery could only have been effected at that time by sacrificing the child, and as such a proceeding could not possibly be entertained, Mr. York assisted me in persuading them of the propriety of postponing any instrumental means for the present. I saw her again at 5·15. Both she and her friends had then become very importunate. The head was much elongated; it was somewhat distending the perinæum, and the vertex was being partially protruded with each contractile effort, though it had not completed its turn. The pains were decidedly expulsive, but still not violent. The external parts were rigid, and giving way slowly; there was no urine in the bladder; the pulse was rather more frequent, and the lady was altogether more anxious about herself than in the morning; still there were no very urgent symptoms. Taking into account, however, the length of time that had elapsed since the membranes broke, the want of progress that was then being made, (although the head had descended considerably since my first visit,) together with her own and her friends' urgent solicitations, and the ease with which delivery could be effected, we thought it better, for the child's sake as well as her own, not to allow the labour to proceed any longer. I, therefore, introduced the blades of the forceps upon the head laterally as regarded the pelvis, not being able to feel an ear, and extracted it in two or three minutes. It escaped quickly as soon as the turn was completely made; one limb of the instrument was adapted over the left brow, the point reaching to the orbitar ridge, and the other behind the right ear. The child was alive, and its face quite livid; it soon, however, recovered its natural colour. The trunk passed easily. The umbilical cord was more than four feet in length, but was not twisted round any part of the child's body. The placenta was expelled in fifteen minutes, without hæmorrhage. The next day she was as well as if she had gone through the most natural labour; she has progressed satisfactorily, and is able to nurse her infant.

The foregoing may be taken as strongly-marked examples of two different types of cases, though terminated by the same instrument with ease; the one for the absence of constitutional distress in a labour that had lasted six days; the other, for the supervention of highly dangerous, indeed fatal, symptoms after the lapse of a few hours. They show how little time must be taken into account when agitating the question of the necessity of artificial assistance; how much more requisite it is to regard present symptoms, and to be guided by the patient's actual condition.

7, Portman-square, Feb. 20, 1854.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

DISLOCATION OF THE FOOT FROM THE ASTRAGALUS.—REDUCTION.

[Under the care of Mr. PAGET.]

Cases in which the whole of the rest of the foot is dislocated from its relation with the astragalus, the latter still retaining its normal site, are so rare, as to have been scarcely mentioned by systematic writers. No notice of them as a class is to be found in the works either of Sir Astley Cooper, of Chelius, or of Samuel Cooper. The following well-marked example occurred, a fortnight ago, at St. Bartholomew's.

Owen Connor, an Irish labourer, aged 43, and of good muscular development, was admitted in the afternoon of Saturday, February 11. He had been engaged at work in a sewer, and the plank frame-work on which he stood had fallen with him, and injured his left foot. It was impossible to ascertain precisely the direction in which the violence had been applied, or whether, indeed, it had resulted from a blow from a piece of wood or from the fall itself. On examining the foot, Mr. Humphrey, the House-Surgeon on duty, at once detected the nature of the lesion. The foot was not in the least swollen, and did not appear to have been much contused, so that the outlines of the parts involved were very distinct. The axis of the foot, from toe to heel, was not broken, but placed obliquely, the great toe pointing towards the lower part of the opposite instep; the outer edge of the foot looked in a slanting direction downwards, and there was a distinct depression below and in front of the external malleolus. The margins of the astragalus on the outer side could be distinctly seen and felt; and, although the displaced foot was firmly fixed in its position, yet there was moderate movement in the ankle-joint itself. The man having been taken into the operating theatre, Mr. Paget pointed out the peculiar features of the distortion to those present, and then proceeded to its reduction. This was accomplished very easily by grasping the heel in one hand and the foot in the other, and, while drawing down, giving them a twist outwards. A loud snap attended the return of the bones to their natural position, and the contour of the foot was perfectly restored.

Mr. Paget remarked, that in a case of similar character which he had seen some years ago, it had been found impracticable to prevent the repeated occurrence of the dislocation from the slightest causes ever after; and he accordingly directed, that, in the present, the greatest care should be taken to secure the parts from strain during the process of healing, in order to insure, if possible, union of the ruptured ligaments. The patient had splints applied for the first few days, and subsequently a starch bandage. He is still kept in bed; but, there being nothing the matter with the foot as far as he can see, the strictest orders have been ineffectual to prevent him from getting out and standing on the injured member. He appears to have perfect use of it; and, as yet, no injury has resulted from his carelessness.

The only recorded cases of which we are aware resembling the above in the circumstance, that the astragalus was dislocated from the rest of the tarsus, at the same time retaining its position in relation with the tibia and fibula, are the following:—

1. The case of Mr. Carmichael, the celebrated Dublin Surgeon, in whom the accident occurred in consequence of his horse falling suddenly. The displacement of the foot was outwards and backwards, and the reduction, although undertaken within an hour of the accident, was accomplished by means of the pulley, and with great difficulty. The skin had been much stretched, but not lacerated. Mr. Carmichael recovered good use of his foot. The case may be found at length in the *Dublin Journal of Medical Sciences*, Vol. IV., p. 235.

2. Case C. C. in "Cooper on Dislocations, &c., of the Joints." An Irish labourer, aged 45, admitted under Mr. H. Cline into St. Thomas's Hospital, in March, 1815. His foot had been crushed by a heavy block of stone. The foot was displaced inwards, and there was a large rent in the skin, exposing the articular surfaces of the astragalus with the scaphoid bone and the os calcis. Reduction appears to have been easily effected. Erysipelas and abscesses followed, but in September the man left the Hospital "able to walk pretty well with a stick."

GUY'S HOSPITAL.

CASES OF DISLOCATION OF THE FEMUR—REDUCTION WITHOUT PULLEYS.

[Under the care of Mr. BIRKETT.]

It is now some twenty years since Mr. Morgan proved, by his practice in Guy's Hospital, that the use of pulleys for the reduction of recent dislocations of the femur is, in most cases, quite unnecessary. The plan recommended by him, which is on the same principle as that usually adopted in dislocations of the humerus, and consists in placing the heel between the thighs, and then making extension downwards, does not appear to have become so generally known as its simplicity and effectiveness render desirable. Putting out of view the saving of pain to the patient, and of trouble to the surgeon, the gain in point of time which would follow the habitual employment of this or any other method not requiring instruments is of the greatest importance. If pulleys are thought needful, in the majority of instances, some hours at least will be lost before the proper appliances can be got in readiness; whereas, if the surgeon require no instrumental aid, but have in his own person all he wants, reduction may be set about at the first moment the patient is seen—a time when it may usually be effected with a tithe of the force necessary at a later period. In not a few cases it has also been found that reduction may be very advantageously accomplished by flexing the affected limb with the knee bent on the body, and at the same time making forcible rotation. This plan, of which one instance is mentioned by Sir Astley Cooper, in his work on dislocations, has even succeeded in cases where attempts by means of extension had failed. As illustrations of these improved modes of practice we will briefly quote several cases recently treated by Mr. Birkett, and before doing so, may premise, that they have now succeeded in almost all forms of the dislocation; and further, that the special rules laid down in books as to the direction of traction to be observed in each have not been found of so much practical importance as they had been assumed to be.

Case 1.—*Dislocation of the Femur into the Ischiatic Notch.—Reduction shortly afterwards under Chloroform and without Pulleys.*—William Wilson, aged 56, a very muscular man, admitted Feb. 21, 1850, with the usual symptoms of displacement of the right femur into the ischiatic notch. There was much bruising about the injured hip. Chloroform having been given, a towel was fastened round the lower part of the thigh, and Mr. Birkett directed one of the dressers to place his foot between the thighs so as to press against the inner aspect of the injured limb. The knee was then flexed, and, extension being applied, Mr. Birkett rotated the limb slightly inwards and outwards alternately. In about a minute the head of the bone glided into the acetabulum, its movement being perceptible to the manipulator, but not to the bystanders, as no jar occurred.

Case 2.—*Dislocation of the Femur into the Foramen Ovale.—Reduction without Pulleys.*—Edward Izod, aged 23, a tailor, of moderate muscular development, was admitted on Jan. 6, 1854. While intoxicated, he had been run over by a heavily-laden cart, the wheel of which had crossed his hips. He was soon after taken to the Hospital, and Mr. Birkett saw him about three-quarters of an hour subsequent to the accident. There were then present all the usual appearances of dislocation into the thyroid foramen, but manipulation was tolerated so badly, and so much pain was complained of, that the suspicion of a fracture of the pelvis also was excited. This conjecture, which the nature of the accident tended rather to support, was at once removed by examination during insensibility from chloroform. Mr. Birkett then found that he could distinctly feel the globular head of the bone in its unnatural position, and that, by no movements of the limb could any abnormal motion or crepitus in the bones of the pelvis be produced. Attempts at reduction were accordingly at once commenced. Mr. Summers, the dresser of the patient, placed his foot against the ramus of the pubis, and made extension by a towel round the lower third of the thigh. This having been kept up for a few minutes without success, Mr. Birkett took charge of the limb himself. Grasping the leg just above the ankle with his right hand, and the knee with his left, the leg was first flexed on the thigh, and then the latter on the trunk, adduction of the limb being made at the same time. During this, a peculiar grating sensation was felt by the operator, and distinctly heard by those around; it did not, however, much resemble the crepitus of bone. The thigh, still held as just indicated, was next forcibly pressed inwards and towards the abdomen, when suddenly a slight jerk was felt, and the head of the bone slipped back into the acetabulum. Considerable ecchymosis about the hip remained for a few days, but was soon removed, and on the tenth day the man walked out of the Hospital.

Case 3.—*Dislocation of the Femur on to the Dorsum Ilii, in a Boy.—Reduction, without Pulleys, five days afterwards.*—John Bourne, aged 13, a delicate-looking boy, admitted on August 22, 1853, having met with an injury to his right hip five days previously. He stated, that he had fallen down with his foot and leg bent in front of him; that he was much hurt at the time, but had managed to continue at work during the three following days. Although lame, the pain during walking had not been severe, but when in bed it had kept him from sleeping. On examination, Mr. Birkett found well-marked indications of dislocation on to the lower part of the dorsum of the ilium. As in the foregoing case, a short attempt at reduction by extension failed, although the boy was completely under the influence of chloroform. Mr. Birkett then tried manipulations almost similar to those previously described; the limb, with the knee flexed, was carried up towards the abdomen, and forcible rotation outwards practised; during one of which movements the head of the bone slipped into its place. No jerk was noticed at the moment of reduction, but on bringing the limb down by the side of the other, it was found that symmetry had been perfectly restored. The boy recovered the use of the limb without any drawback whatever, and left the Hospital shortly afterwards well in every respect.

In commenting on these cases, Mr. Birkett laid great stress on the advantages derived from the free use of anæsthetic remedies in the treatment of dislocations. By them the profuse bleedings, the hot baths, the tartar emetic, and many other disagreeable and much less efficient measures, formerly in vogue, had been quite superseded. Under the full influence of chloroform, in a great majority of instances, the muscular system is set so completely at rest, that almost no obstacles are opposed to the effecting the reduction. Several of the Surgeons of past years, and Mr. Morgan himself, we believe, among the number, used to owe part of their success in the treatment of these cases to their dexterity in inventing expedients to distract the patients' attention from what was going on. Under circumstances in which chloroform is not at hand, or with patients to whom it is not advisable to administer it, it will be important to recollect these points. Most have heard the anecdote of a French Surgeon, who, when baffled in an attempt at reducing a dislocation, abruptly exclaimed to the lady who was his patient, "You were drunk, madam, when this happened," and succeeded in effecting reduction during the paroxysm of mental emotion which followed.

DISLOCATION OF THE HUMERUS FORWARDS, WITH FRACTURE OF THE CLAVICLE, AND ALSO OF TWO RIBS.—RECOVERY.

[Under the care of Mr. BIRKETT.]

The following case of complicated injury about the shoulder has some features of interest:—John Wells, a bargeman, aged 61, muscular, but rather fat, was admitted on Nov. 25, 1853. He had just previously fallen with some violence, and struck his right shoulder on the gunwale of a boat. On his clothes being removed, a manifest want of symmetry was at once apparent. There was a hollow under the right acromion, and the axis of the shaft of the humerus, traced upwards by the eye, seemed to lead nearly to the middle of the clavicle. The natural motions of the joint were lost; the man could swing the arm backwards and forwards a little, but could not raise it, or bring the elbow to the side. On the examiner taking hold of the arm, and raising it from the side, distinct crepitus of fractured bone was distinguished. This led to further examination, and to the discovery of a fracture of the clavicle at the junction of its acromial and middle thirds. The whole deformity, however, could not be explained by this fracture, and, on feeling for the head of the humerus, it was ascertained to be wanting in the glenoid cavity, while it might be plainly felt under the pectoral muscle immediately beneath the middle of the clavicle. In addition to these injuries, there was found to be fracture of two or three ribs on the same side, probably the fourth and fifth. Mr. Birkett having thus made the diagnosis of dislocation of the caput humeri forwards, directed Mr. Hopkins, one of his dressers, to attempt reduction in the ordinary way, by means of the heel in the axilla. The elbow was at first carried away from the patient's side, and, after the extending force had been put into full action, was then bent towards it so as to make a fulcrum of the operator's heel. The man complained loudly of the pain occasioned, and now began to assure his surgeons, that the shoulder in question had been a

deformed one for many years. Inquiries were made as to the former injury which he said he had received; Mr. Hopkins meanwhile not relaxing his efforts, and, while the man's attention was engaged in fabricating his story, the bone slipped into its place, and proved its untruthfulness. A distinct jerk was felt at the moment of reduction.

A pad was afterwards placed in the axilla, and a figure of 8 bandage applied in the usual way for fractured clavicle. The healing processes, both as regarded the clavicle and ribs, went on well, and the man was dismissed the Hospital in about a month.

The complication of dislocated humerus, with fractured clavicle, which the above case illustrates, is not common, since the one lesion is generally preservative against the other. In this instance, the fracture might probably have resulted from direct violence, and the dislocation being no doubt from force applied through the arm. The treatment must, of course, be conducted as if each of the injuries were single. No impediment to the reduction, but rather the reverse, is to be expected, since, by the heel in the axilla, the scapula may be readily fixed, and, as a consequence of the fracture, the glenoid cavity may be made to look downwards more than natural,—a direction well suited to receive the head of the bone.

THE LONDON HOSPITAL.

CASES OF ABSCESS IN THE OLECRANON, WITH NECROSIS, SIMULATING DISEASE OF THE ELBOW-JOINT.

[Under the care of Mr. CURLING.]

The following two cases are full of instruction, as illustrations of the absolute necessity there is, previous to deciding on an amputation or resection for diseased joint, to make a careful examination of each bone composing the articulation. In the former of them, the severe, gnawing pain, the general tumefaction, and the rigidity of the limb, all suggested ulceration of cartilage and implication of the joint itself; and resection had, indeed, been proposed. In the second, the symptoms were yet more deceptive; and amputation had been decided on previous to her admission under Mr. Curling, by a very excellent Hospital Surgeon consulted before. Yet in both, as we shall have to see, the disease was limited to the ulna. It is well known that a source of irritation, in itself quite local, may sometimes produce more or less of general tumefaction; and the recollection of this possibility is very important in the surgery of the joints. In Mr. Paget's case of abscess in the inner side of the tibia reported last week, there was swelling on both sides the ankle-joint, all of which has subsided since the operation, and was doubtless caused only by the local disease. The same may be remarked of the following cases. We are indebted to Mr. Langston, one of Mr. Curling's dressers, for the notes concerning them.

Case 1.—On March 15, 1853, Benjamin Smith, aged 23, a man originally of robust constitution, but much worn down and debilitated, was admitted under the care of Mr. Curling, suffering from most of the symptoms of diseased elbow-joint. His left elbow was rigidly fixed in the flexed position, generally swollen, and so painful, that no attempt at ascertaining its mobility could be made. The swelling and redness were most marked over the back of the joint, and extended especially from the tip of the olecranon about two inches and a-half in the course of the ulna. He had been engaged for some years as engine-man on the Propontis mail-steamer, and had returned from the Cape of Good Hope in the previous December, very soon after which his illness had begun without any known cause. The symptoms had been those of rheumatic fever, from which, on two previous occasions, he had suffered; and, as the affection declined in the other joints, it had gradually increased in the left elbow, until the joint was brought into the existing condition. The man himself had a strong belief that this localisation was connected with an injury to the elbow, which, when aged 2, he had received in a fall. It appeared, that he had then for many months been under Hospital treatment, and an abscess over the joint had existed; but his recovery had been complete, and, in the interval since passed, he had had perfect use of the arm. The symptoms of constitutional irritation at the time of admission were well marked; and the man complained that he suffered pain of such severity, that he had slept but very little for several weeks.

Mr. Curling ordered the repeated application of leeches to the part, followed by poultices, and that half-a-grain of acetate of morphia should be given every night.

No relief whatever ensued from these measures, and on April 3rd, the patient was put under chloroform, in order to permit a better examination of the part. There was found to be some capability of motion, and no grating sensations could be induced in the joint. Mr. Curling inferred, that the diseased actions mainly involved the ulna itself, and accordingly to liberate any tension which might there exist, an incision was made deeply through the periosteum of the ulna. This measure caused no decrease of pain, which continued so severe, especially at night, that, in spite of the administration every six hours of a grain of morphia, the man rarely slept; his debility had so much increased, that he could scarcely walk; there were profuse night-sweats and entire loss of appetite.

On the 20th, after consultation with his colleagues, Mr. Curling determined to again cut through the periosteum of the ulna, and more freely than before. An incision of about an inch and a-half in length was accordingly made; but, as on the previous occasion, it did not give exit to any pus. The wound was afterwards dressed with wet lint, and the arm confined on an angular splint. Very little suppuration followed this measure, and, in the course of a few days, the wound was almost healed. The pain, although at times as severe as ever, had occasional intermissions during the week following.

On the 27th there was an aggravation of the symptoms, and the patient became again more feverish. A consultation was again held on his case, and it was the opinion of Mr. Luke and Mr. Curling, that from the persistent and aggravated character of the pain, very probably some pent-up matter existed within the bone. It was determined, however, at the suggestion of others, to defer any further operation, and put the patient on a course of iodide of potassium. This remedy was tried in full doses for about ten days, when its effect in producing irritation of the Schneiderian membrane was manifest, while not the least relief to the pain in the elbow had been afforded. On the 23rd, all that remained of the incision was a very minute fistulous track, from which, by pressure, a drop of pus might be forced out; on carefully introducing a probe into this, it was found to reach roughened bone.

On the 25th, it having been decided to make a free exploration of the diseased parts, and adopt such measures as might then appear necessary, the man was taken into the operating theatre, and placed under the full influence of chloroform. Mr. Curling then made a longitudinal incision over the subcutaneous part of the ulna, about two inches long, and reaching to within half an-inch of the extremity of the olecranon, and a second backwards and inwards, at right angles with the first, about an inch long. The triangular flap thus marked out was dissected up, and the bone fairly exposed. It was now found that the orifice before noticed led by a very small aperture into the bone, and a trephine having been applied at this spot, there was found a cavity in the interior of the ulna, in which were lodged two detached pieces of necrosed bone. These Mr. Curling removed, one being the size of a nut, the other of a horse-bean. No other disease was detected, and as the opening, being now free, would permit of the ready escape of any other bits of bone which might exfoliate, there was no motive for continuing the search, and the wound was accordingly covered with wet lint, and the arm again placed on an angular splint at perfect rest.

It was hoped, that by an operation which had appeared so successfully to remove the source of the disease, relief would at once be given to the severe pain which had previously existed. Such, however, was not the case. During the night following it, the pain recurred with almost its former violence; and, in spite of three grains of acetate of morphia, given in two doses, the man scarcely slept. The morphia was continued in grain doses every four hours, for the three days following, with but little effect, the limb, meanwhile, being enveloped in a poultice. It was then changed for drachm doses of the tincture of opium, given at the same intervals. Soon after the adoption of the latter form of narcotic, rapid and sudden improvement took place. The pain in the elbow quite abated, and did not return; the man regained his appetite, and began to improve in strength; what general swelling about the elbow there had been disappeared; the wound took on healthy suppuration, and filled from the bottom; and, within three weeks of the operation, the patient was sufficiently convalescent to be able to leave the Hospital. Very shortly afterwards, the wound had soundly healed, the man had quite regained his health, and, although he still complained of some stiffness about the elbow, yet Mr. Curling satisfied himself that all its motions were perfect, and that there was no remaining disease excepting the contraction resulting from having so long kept it in a flexed

position. The man was recommended to use it freely, and it would no doubt in a short time regain free mobility.

The condition of the parts found at the operation made it not difficult to explain the severe pain which had been so prominent a symptom in the above case; but why that pain persisted after the confined pus had made itself an outlet, and even after the opening had been made a larger one by the trephine, and the diseased bone removed, is much more difficult to be accounted for. The man was a nervous, sensitive subject, and a great complainer; but yet his sleeplessness, and the way in which heroic doses of opium were borne, seemed to make it certain that the suffering was in a great measure real. It is just possible that there might have been a second small collection of matter by the side of the cavity which contained the dead bone, and that this did not get relief in the operation. The way in which the pain at last ceased almost suddenly would tend to support such a conclusion.

Case 2.—Emma Simmonds, aged 20, a young woman of ruddy and fair complexion, a dressmaker, from Norfolk, was admitted on May 31, 1853. When ten years old, she had, she stated, fallen and bruised her left elbow, which afterwards inflamed, and became the seat of abscess. About two months after the accident, a surgeon made an incision into it, and let out pus; a sinus remained ever after; and, subsequently, several other small abscesses, formed by its side, broke and healed. During this stage of the disease, which extended over nine years, she did not suffer very severe pain, and had perfect use of her arm. About nine months ago, however, the symptoms became much aggravated, swelling took place, the arm got fixed rigidly in the bent position, and there was deep-seated pain of such severity as to very frequently keep her awake at night. Intermissions, however, still occurred at times, during which she was able, by resting her elbow on a pillow, to pursue her occupation with her needle. These periods of relief, however, becoming less and less frequent, she obtained admission in the end of March (six weeks ago) into one of the City hospitals, where she remained three weeks, and was about to undergo amputation of the arm, when her friends refused their consent to the measure.

Mr. Curling found, on examining the joint, that the swelling and tenderness were chiefly limited to the posterior aspect, and especially existed about the ulna. He therefore determined to explore the diseased portion of that bone before resorting to more extreme measures. On the 20th of June, accordingly, an operation almost precisely similar to that described in the preceding case was performed, and with a like result. Several portions of dead and quite detached bone were removed, and the mobility of the joint while the patient was under the influence of chloroform made it certain that the integrity of that structure was not interfered with. The bone surrounding the necrosed portions was unfortunately in a carious condition, and this circumstance much retarded the after progress of the case. The patient was, however, quite relieved of pain by the operation, and after it she much improved in health. A few weeks subsequently Mr. Curling allowed her to return home into the country, as it was evident that some other fragments of bone must exfoliate before the cure would be complete. The wound was in a healthy condition, and there was fair motion in the joint.

SCIENTIFIC LECTURES.

SYNOPSIS OF THE HUNTERIAN LECTURES ON THE COMPARATIVE ANATOMY AND PHYSIOLOGY OF THE VERTEBRATED ANIMALS WITH WARM BLOOD.

By RICHARD OWEN, F.R.S.,
HUNTERIAN PROFESSOR TO THE COLLEGE.

TUESDAY, MARCH 7.—Lecture I.—Definition of the term "Warm-blooded," as applied to the Vertebrated classes called Mammalia and Aves. Range of temperature in them. Modifications of their organization on which the power of maintaining a high temperature depends. General characters of the class Aves; primary divisions of the class according to modifications of development,—to the medium of life or action (Nitzsch and Vigors),—to the form and structure of the beak and feet (Linnæus, Cuvier). Characters of the Orders:—1. Natatores; 2. Grallatores; 3. Cursores; 4. Rasores; 5. Scansores; 6. Insessores; 7. Raptores.

THURSDAY, MARCH 9.—Lecture II.—Skeleton of Birds, essentially a modification of the Saurian type. Texture and general characters of the bones. Development and extent of the air-cells in the skeleton: ratio of pneumaticity of the bones to the power of flight. Rapid and complete ossification. Extensive anchylosis of the bones. Characters of the vertebræ,—Cervical, dorsal, sacral, caudal. Ribs and sternum. Fixation of the trunk. Length and flexibility of the neck related to want of prehensile power of the anterior extremities, to the functions of the beak and the position of the food. Analysis of the pelvis of birds; homologies of its constituent bones; advantage of the separation and elasticity of the pubic bones. Relation of the anchylosed and expanded caudal vertebræ to flight. Determination of the bones of the scapular arch; os humero-scapulare; modifications of the bones of the wing, and especially those of the segment corresponding to the hand, in relation to flight. Bones of the leg: determination of the tarsus, metatarsus, and toes. Analogy between the metacarpus and metatarsus. Numerical relations of the toe-phalanges: their constancy exemplied in the didactyle foot of the Ostrich. Summary of physiological relations of the bones of the trunk and extremities in Birds.

SATURDAY, MARCH 11.—Lecture III.—The skull: its special characters and relations to the habits and exigencies of the class. Smooth, sutureless cranium: its fossæ and foramina. Advantages of the single occipital condyle. Moveable articulation of cranium with face. Mechanism for such motion by the "ossa quadrata," "homoidea," and "communicantia" of Ornithotomists. Varieties in the size and form of the upper and lower mandibles: their relation to food and habits. Special homologies of the cranial bones of Birds. Determination of the mastoids and prefontals. General homologies of the cranial and other segments of the skeleton, and their relations to the archetype. Application of the osteology of recent birds to the restoration of extinct species. Large and unexpected accessions to Ornithology from these researches. Reconstruction of Dinornis, Palapteryx, and Notornis. Antiquity of Birds on the earth's surface shown by fossil foot-prints of "Ornithichnites."

LIST OF SCIENTIFIC MEETINGS.

This Evening, March 4.—ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——— ——— MEDICAL SOCIETY OF LONDON. *Subject:*—"On Some Diseases of Bones." By JOHN GAY, Esq. Eight o'Clock.
Monday, March 6.—ROYAL INSTITUTION. *General Monthly Meeting.* Two o'Clock.
——— ——— EPIDEMIOLOGICAL SOCIETY. *Subject:*—"Meteorological Changes in relation to Epidemic Diseases." By Dr. MOFFATT and Mr. RICHARDSON. Eight o'Clock. (The Nomination of Office-bearers for the Session 1854-55 will also take place).
——— ——— CHEMICAL SOCIETY. Eight o'Clock.
——— ——— ENTOMOLOGICAL SOCIETY. Eight o'Clock.
Tuesday, March 7.—ROYAL INSTITUTION. *Subject:*—"On Heat." By Professor J. TYNDALL. Three o'Clock.
——— ——— RUSSELL INSTITUTION. *Subject:*—"On Palæozoology, or the Natural History of Extinct Animals." By ROBERT E. GRANT, M.D. Eight o'Clock.
——— ——— PATHOLOGICAL SOCIETY. Eight o'Clock.
——— ——— LINNÆAN SOCIETY. Eight o'Clock.
Wednesday, March 8.—NORTH LONDON MEDICAL SOCIETY. Half-past Seven o'Clock.
——— ——— MEDICO-BOTANICAL SOCIETY. Eight o'Clock.
——— ——— GEOLOGICAL SOCIETY. Half-past Eight o'Clock.
——— ——— PHARMACEUTICAL SOCIETY. Half-past Eight o'Clock.
Thursday, March 9.—ROYAL INSTITUTION. *Subject:*—"On Anima Physiology." By Professor WHARTON JONES. Three o'Clock.
——— ——— ROYAL SOCIETY. Half-past Eight o'Clock.
——— ——— MEDICAL SOCIETY OF KING'S COLLEGE. Half-past Seven o'Clock.
——— ——— ABERNETHIAN SOCIETY. Eight o'Clock.
Friday, March 10.—ROYAL INSTITUTION. *Subject:*—"On the Construction and Uses of the Modern Compound Microscope." By CHARLES BROOKE, Esq. Half-past Eight o'Clock.
Saturday, March 11.—ROYAL INSTITUTION. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——— ——— ROYAL BOTANIC SOCIETY. Four o'Clock.
——— ——— MEDICAL SOCIETY OF LONDON. *Subject:*—"Observations on Lateral Curvature of the Spine." By Mr. W. ADAMS. Eight o'Clock.

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Medical Times & Gazette.

SATURDAY, MARCH 4.

THE LATE DEBATE ON THE CASE OF THE ASSISTANT-SURGEONS OF THE ROYAL NAVY.

We have long ceased to be surprised at anything that may fall from Rear-Admiral Berkeley, when the Assistant-Surgeons of the Navy are the subject of discussion. But we must confess to extreme astonishment at some of the statements made by Sir James Graham, on the occasion of Colonel Boldero's late noble effort to rescue the Naval Medical Service from destruction. No one then present in the House of Commons could but feel at heart, that the gallant Member for Chippenham was actuated solely by a desire to render justice to the Assistant-Surgeons, and to afford to our brave defenders during the approaching conflict all the aid and comfort that Medical science can suggest.

In drawing the attention of the House to the importance of the question before it, Colonel Boldero stated that our matchless fleet consisted of the finest vessels that ever floated, affording ample accommodation to every seaman and boy, and yet on board those vessels there was no adequate or becoming provision for that educated and honourable class of officers, the Assistant-Surgeons. The gallant Colonel said, that notwithstanding the standard of qualifications had of late been lowered by the Admiralty, there was a continued and increased reluctance on the part of young Medical men to enter the Naval Service,—a reluctance entirely owing to the improper position of Assistant-Surgeons on board ship. Colonel Boldero added, that, even upon economical grounds, the preservation of the life of the sailor was quite as desirable as that of the soldier; for, while the latter cost the country only 35*l.* a-year, the seaman's cost to the Crown was 45*l.* a-year. He concluded by calling upon the House to give to their Resolution (April 8, 1850) in favour of the Assistant-Surgeons, their earnest and continued support.

Sir James Graham's reply commenced with a *rifacciamento* of all former Admiralty objections, garnished with the usual professions of respect "for that most useful and learned Profession." The Right Honorable Baronet contended for the want of space for cabins, and the fitness of mates and midshipmen as the associates of the Assistant-Surgeons, as the mates were frequently 21, 22, and 23 years of age. These were common-place statements, to which we had been long accustomed; but we were certainly unprepared to hear the First Lord vehemently denying that the qualifications for Naval Assistant-Surgeons had been lowered, inasmuch as the examinations were now more stringent than ever, being conducted by a Board, instead of being as formerly in the hands of a single individual; and protesting against the assumption that there was any reluctance on the part of Medical gentlemen to enter the Naval Service. Nor did our astonishment subside when Sir James concluded by stating that there was no want of a sufficient number of Assistant-Surgeons for the Navy, for in the course of this year there had been 109 applications for appointments of this kind, and that of these thirty-five had been so appointed; and that there was every reason to be satisfied with the competence and ability of the gentlemen selected.

At the first glance over these most extraordinary statements, we began to inquire of ourselves whether all that we had believed for the last few years regarding the scarcity and inferiority of Medical candidates was a mere dream, a chimera, resting upon no substantial authority or grounds. Upon reference to *Hansard*, however, we found Mr. Hume in the House of Commons, not very long ago, asserting that no less an authority than Sir William Burnett had not only assured him of the want of candidates for the Naval Medical Service, but also of the very deficient qualifications of those few that did come forward. Sir William's words, as recorded, are: "*That he scarcely ever saw a candidate for the appointment of Assistant-Surgeon whom he should wish to see attached to the Naval Service;*" "*and that he had the greatest difficulty in getting candidates of any kind.*"

Now, we have good reason for believing, that, since this statement was made, the candidates have neither increased in numbers, nor have they improved as regards the attainments they have shown; so that we are bound to infer, that Sir James Graham was not quite accurately informed as to the real condition of the Medical Department of that great arm of the public service over which he presides. Then, as to the reduction in the qualifications required of candidates, we consulted an authority to which the Right Honorable Baronet cannot reasonably demur,—viz., the printed Admiralty Circulars, where, in that of date March 1, 1853, when compared with former Regulations, *the Hospital attendance is reduced from two years to eighteen months; and the number of patients necessary to be in the Hospitals need only be* 100, *instead of* 150. *The attendance on Botany lowered from six months to three months.* The age of the candidates, which was limited to the range between 20 and 24 years, is now extended to the age of 26 years.

As a set-off to these undeniable reductions of qualification, we are told that the examinations are now more stringent than before. To the doctrine, that the examination by a Board must of necessity be more severe or searching than by a single individual, we are by no means disposed unconditionally to subscribe; but, even supposing that we are to concede it, it surely appears an inconsistent, and we trust an unusual mode of dealing with candidates for public employment, to add to the severity of the ordeal through which they have to pass, and, at the same time, to reduce the curriculum of their studies,—to exact from them a greater amount of professional knowledge, while discouraging the means by which such knowledge can alone be acquired.

As regards the assertion, that 109 candidates have come forward during the course of the year, and that, of these, 35 have been selected, are we to infer that the Admiralty have the residue at command to be disposed as the service may require? for, in that case, the Medical Profession and the Public in general are labouring under a most erroneous impression, the general belief being, that there are many vacancies *at this moment* for Assistant-Surgeons, and no candidates to fill them. If a return were placed before Parliament to the effect, that 74 qualified candidates were still on the list, then all parties would be satisfied, and agitation of the question would be denounced as useless, absurd, and mischievous.

If, on the other hand, the general impression be the correct one, and there are no candidates whatever on the list, we must conclude that, out of the 109 who presented themselves, 35 only were found qualified, a conclusion beyond which nothing can be more damnatory of the present system, or more corroborative of what we have all along been impressed, as to the inferiority of acquirements in those recently admitted as Assistant-Surgeons of the Navy. We say "recently," for the List of Naval Surgeons, as well as of Assistant-Surgeons, presents many names that would do honour to any service; and this circumstance tends to make us the more jealous and anxious for the respectability and proper attainments of those who are now being enrolled with them.

We are desirous that the Admiralty should have, what they easily can have, at command, any number of candidates of the

highest order, in every way worthy of our unparalleled fleets, and ready to meet the most arduous and difficult calls upon their Professional knowledge, during a warfare which may be short, but which, as regards destruction, and the proportionate number of wounded in a given time, must far out-distance all former wars.

We speak advisedly, when we record our deliberate conviction, derived from the opinion of old war Medical officers, that no ship of the line should go into action, whether in the Black Sea or in the Baltic, without the former complement of Assistant-Surgeons, which was *three*, but now reduced to *two;* and that no frigate should have less than two Assistant-Surgeons.

There are, we believe, no Assistant-Surgeons on half pay who are fit to serve; and, upon a most moderate calculation, there will be required to fill vacancies, even upon the present scale, judging from the ships recently commissioned, at least twenty Assistant-Surgeons; if we are to add those that will be required to complete the Medical staff to the old war complement, not much less than eighty fresh entries of Assistant-Surgeons must at once take place.

We implore the Admiralty not longer to delay settling this great and momentous question, and trust that they will issue an order that all Assistant-Surgeons are to become ward-room officers as a condition of their entering the service. The question of cabin accommodation need not stand in the way of such an arrangement, for that in process of time will adjust itself. Sir James Graham has already rendered great public service. He has it in his power to add another laurel to his brow, and to entitle himself to the respect and gratitude of the whole Medical Profession of this country, as well as to that of its bravest defenders—*the seamen and marines of our fleet.*

COMPULSORY VACCINATION EXTENSION ACT.

The observations we have already made on the injustice done to various parties by the provisions of this Act have drawn from various Correspondents several objections, which convince us that very considerable emendations must be effected before the measure can give the satisfaction it was intended to produce.

A country vaccinator complains of the unreasonableness of being called upon to attend at stations every two months for the purpose of vaccinating children under three months old. He says:—"During the latter part of 1853, and the early part of this year, I kept myself supplied with lymph for four months... .....I am directed, upon the 2nd of March, to attend at two stations, each four miles distant. I know of only two infants in this part of my district that require to be vaccinated; and if in both instances the operation be successful, I must ride the same distance at the expiration of a week; but, if unsuccessful, the same over again, for which the remuneration is five shillings." This gentleman expresses a grievance which he shares with numerous members of the Profession, who find the office of public vaccinator one of the worst-paid offices which a professional man could be called to fill. In a district like that from which we have received this communication, no one would expect the item of vaccination to contribute much to his income; at the same time, the official vaccinator, in a very scanty population, has reason to complain that such demands should be made on his time and skill without any adequate compensation. We must be allowed to call the attention of the noble author of the Bill to the large class who are in the unenviable position of the country vaccinator.

To secure for the public all the advantages which the Act proposes, several important additions are indispensable; and many others, which, though they may seem unimportant, have a great practical value.

It is absolutely necessary that some adequate provision should be made for a sufficient supply of vaccine lymph, for which the Act has created an unusual demand. It is further necessary, in order that the purposes of the Act may be secured, that inspectors should be appointed for different large districts, who should aid in fulfilling the intentions of the Legislature. These inspectors should be properly qualified men, whose reports to Government would assist the working of the Vaccination Act, just as other important Government measures—such as Health of Towns, and Education in Schools receiving the Government grant—are aided by the inspection and the reports of properly qualified officers.

To these may be added other important changes, which may hereafter prove necessary from experience, and for which it would be found extremely inconvenient to have constantly to apply to Parliament. As the Act has been framed, there is so little discretionary power left in the office which has to direct the whole of the machinery employed, that a necessity has been created for running to Parliament for modifications which are not sufficiently important to claim the time of the Legislature.

It seems, therefore, most desirable that the Registrar-General, who has to superintend this branch of the public service, should be entrusted with power to make such modifications as may be found necessary to the discharge of the duties assigned to him. We, of course, do not propose that any public officer should be at liberty to modify the requirements of an Act of Parliament; our wish is simply that Parliament should direct a certain work to be done, and then arm with sufficient powers the public servant to whom the duty is assigned, making him at the same time responsible for its execution. If this principle were adopted in the present case, the responsible officer would have the benefit of all the practical suggestions which the members of the Medical Profession have to make to him. It would not be difficult to apply a prompt remedy to practical grievances, and Parliament would be discharged from the duty of deciding many questions which it is not always prepared or qualified to discuss.

MR. BRADY'S BILL.

In the *Times* of last Saturday there is an account of the answer of Lord Palmerston to questions put to him the night before in the House of Commons, by Lord Dudley Stuart. His Lordship stated, that "the subjects to which the questions of the Noble Lord referred were not only of great importance, but also of a very complicated nature. He had intended to introduce a Bill last Session with reference to the improvements which the Government thought desirable to be carried out, but he did not think that it would be prudent to issue any Commission on the subject. It was the intention of the Government, as soon as possible, to submit to the consideration of the House a measure of the nature to which he had referred, as also a Bill with reference to the granting of a new Charter to the Royal College of Physicians of London."

We have understood from good authority, that Lord Palmerston has taken a favourable view of Mr. Brady's Bill, and that his reply to Lord Dudley Stuart had reference to that Bill, and not to that of the Provincial Association.

A Deputation from the South London Medical Association waited on Sir William Molesworth on Wednesday, on the subject of Mr. Brady's Bill. The Deputation consisted of Dr. Challice, Dr. Humble, Dr. F. Jones, Edward Evans, Esq.; J. Evans, Esq.; Ed. Doubleday, Esq.; A. Ebsworth, Esq.; Charles Brady, Esq.; and John Brady, Esq., M.P. Sir William Molesworth cordially agreed with the principle of the Bill, and promised that it should have his most serious consideration, and that he would call the attention of Lord Palmerston to the subject.

We draw especial attention to an Advertisement convening a

Meeting at the Freemasons' Tavern, next Monday, to take the Bill into consideration; and we trust that Medical men in all parts of the country will join in sending Petitions to Parliament in its favour, and in writing to the representatives of their towns and counties, asking them to support it in the House.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

We, the undersigned Medical Practitioners of Bath, having had our attention forcibly called to the state of matters at the Royal Free Hospital with reference to the dismissal of Mr. Gay, beg to express our opinion on the following points:—

We desire to condemn in the strongest terms the publication of the biographies of living members of the Profession.

We desire to express our conviction, that there was nothing in the conduct of Mr. Gay in any way to justify his dismissal by the Committee from the office of Surgeon to the Hospital, which office he had filled with credit to himself and advantage to the patients for a considerable number of years.

We beg to express our most ardent hope, that the whole discussion which has taken place on this unfortunate matter will have the effect of proving to the members of the Medical Profession that, on reviewing the whole conduct of the *Lancet*, from its commencement to the present time, the influence of that journal on the Profession has not conduced to its honour and well-being; and that therefore it behoves all those members of the Profession who desire to see a higher tone introduced into Medical Journalism to withhold their support from that Journal.

George Norman, F.R.C.S.,	Hugh Massy,
John Soden, F.R.C.S.,	Wm. Ford Bally, M.A.,
William Davies, M.D.,	Thomas Barter, M.R.C.S.,
R. Wilbraham Falconer, M.D.,	John Crosby,
R. F. George, M.R.C.S.E.,	Evan Evans,
John Ormond, M.R.C.S.,	John Burne, M.D.,
William J. Church,	W. Robt Bayntun, M.R.C.S.,
John A. Lloyd, F.R.C.S.,	John S. Bartrum, F.R.C.S.,
J. Johnston Mitchell, M.R.C.S.,	Robt. N. Stone,
E. D. MacDermot, M.D.,	John F. Morgan,
George King,	Henry Hensley,
Wm. H. Brace, M.R.C.S.,	Samuel Blackmore, M.D.,
John Gray, M.R.C.S.,	Charles Greville, M.D.,
Ed. Ll. Bagshawe, M.R.C.S.,	Francis P. Hoblyn, M.R.C.S.,
Fred. Field, M.R.C.S.,	Joseph Lawrence, M.R.C.S.E.,
Samuel B. Cowan,	Frederick Mason,
Charles Terry, M.R.C.S.,	Chas. Alex. Harries,
Fred. Hanham,	Edwin Streate.

At a Special General Meeting of the Crewkerne and Yeovil District Medical Association, convened by a written notice to every member, the following Resolutions were unanimously carried.

Proposed by Mr. G. S. Jolliffe. Seconded by Mr. W. Walter:—

"That this meeting, while expressing its utter disapproval of the system of publishing biographies of living Medical men, is of opinion, that Mr. Gay stands fully acquitted of having, in any way, identified himself with the offensive portions of the biography published in the *Medical Circular* of March 30, 1853."

Proposed by Mr. H. Norris. Seconded by Mr. Plumtre:—

"That this meeting, having considered the circumstances as detailed by the *Lancet* and other periodicals connected with the dismissal of Mr. Gay from the office of Surgeon to the Royal Free Hospital by the Committee of that Institution, is of opinion that such dismissal was most unjustifiable."

Proposed by Mr. Harvey. Seconded by Mr. Prankerd:—

"That this meeting, after having taken into consideration the letter of Mr. Wakley to Mr. Gay, dated July 26th, is of opinion, that the part taken by the former since that time has been highly improper; and that the language used by the Editor of the *Lancet* is, and has been so grossly vulgar and so disrespectful to the Profession, that it determines to discontinue taking that Periodical, and recommends others to do the same."

Proposed by Mr. Stuckey. Seconded by Mr. G. F. Wills:—

"That this meeting is of opinion, that the conduct of Mr. Thomas Wakley, Junior, and of Mr. Weedon Cooke, was highly indelicate and unprofessional, in accepting surgical appointments at the Free Hospital, after the premeditated insults to which their predecessor had been exposed, the cause of such conduct being now so evident; and this meeting desires to express its approval of those officers connected with the Free Hospital who have in consequence withdrawn from it."

(Signed) R. W. Martyn, Chairman.

PARISIAN MEDICAL SOCIETY.

[To the Editor of the Medical Times and Gazette.]

Sir,—The insertion of the following in your journal will oblige Your obedient servant,

Paris, Feb. 27, 1854. Robert Bowman, President.

At the meeting held on the 3rd of February, it was proposed by Dr. Bowman, seconded by Dr. Barton, and unanimously carried,—

"That the circulation of the *Lancet* in this Society shall be discontinued, more particularly on account of its late conduct with regard to Mr. Gay."

The *Lancet* has been also discontinued by the Rochdale Medical Book Club.

REVIEWS.

The Diseases of the Heart and the Aorta, By William Stokes, Regius Professor of Physic in the University of Dublin, etc., etc. 8vo. Pp. 689. Dublin. 1854.

[First Notice.]

Foremost among the successors of Laennec, in the cultivation of Thoracic Pathology, and the advancement of Physical Diagnosis, stands the name of Stokes. For close upon a quarter of a-century, this name is inseparably associated with the history and progress of auscultatory science. Much that has been accomplished within this period, much of what is most original, valuable, and enduring, in this, one of the highest branches of scientific research, we owe to the labours of Stokes. But it is not alone as an eminently successful investigator himself that science is indebted to Stokes; to the capacity for great original inquiry, he unites, in a most marked and singular degree, the highest qualities of a great teacher. He has thus enjoyed the inestimable privilege of exercising a large and permanent influence on minds which, perhaps but for contact with his, would never have been awakened to a perception of the truths and beauties of science, never hopefully encouraged, or ambitiously stimulated, to the high aim of labouring for its advancement. This, perhaps, the highest of all missions of the "Masters" of science or art, has been nobly filled by him whose labours we are about to consider. In the history of science, as in that of art, it will ever be seen, that the effects of great original minds are twofold; firstly, with regard to the immediate works produced by them, and secondly with regard to the influence which they exercised on those around them, whereby the continued progress of their science or art was insured. Perhaps the latter is in all respects the highest attribute of genius; it is, as it were, the cause of germination in the seed, the fertilization, if not the generation, of intellect. What more noble, more consoling, more elevating reflection, than that of having awakened the *divinior aura* in even one young mind! How many of those that may read these lines, will not remember, with ever fresh and vivid pleasure, their student-days at the clinique of the Meath. Who can forget the calm, philosophic spirit of research which presided over the close and accurate investigation of each individual case; the comprehensive grasp of its great salient features; the ever candid and ready avowal of the imperfections of science; the clear enunciations of doubts and difficulties; the varied and fertile suggestions for renewed inquiry, and the indications for research in a new and original direction. Many a valuable memoir owes its origin to this fertile source. Many a reader of these pages, not alone in Ireland, but in England and elsewhere, will remember and acknowledge with gratitude his first vocation to the service of science, under the influences we have here recalled to his mind. In a most eminent degree has such an influence been exercised by this great clinical teacher; and thus has he been, not only an investigator of the highest order, but the creator of a school of investigators—the promoter of varied and valuable observations among others.

In the limits assigned to the Review department in a weekly periodical, it will not be possible to enter on a critical study of Dr. Stokes' work in the manner in which it deserves. We shall therefore be obliged to confine ourselves to noticing the

chief features and subjects, without entering at large into the discussion of his principles of diagnosis and treatment. This is, however, the less to be regretted in the present instance, as, from the very character of the work itself, it must be read *in extenso* to be duly appreciated. As embodying the experience of a great clinical investigator, this work is largely entitled to the confidence of all engaged in practice; and there are few, indeed, who may not consult it with profit and advantage in the doubts and difficulties which almost every important case presents.

The work opens with an article on Pericarditis, to which nearly one hundred pages are devoted. The original Memoir (*Dublin Journal*, 1834), which laid the basis of the physical diagnosis of this important lesion, will be found to have embraced, in its eleven summary propositions, all the chief pathological and diagnostic elements of the disease. To these propositions, however, the author's further experience has made many valuable additions, chiefly with regard to the latent forms; so that these propositions, presenting a most important summary of the present condition of knowledge on this affection, now extend to thirty-seven. We cite the following as examples of these valuable additions. The author states—

"12. That the vital symptoms of acute pericarditis, with the exception of pain, are to be referred more to irritation or excitement of the muscular portions of the heart, than to the corresponding states of its external or internal membrane.

"13. That acute pericarditis is often so latent as to be discoverable only by physical signs.

"14. That this latent form, however, may suddenly assume a manifest and violent character.

"15. That the cases of this disease may be divided into three great classes.

"*a.* Simple dry pericarditis, with little or no muscular excitement.

"*b.* Acute pericarditis, with liquid effusion, and with, in many cases, a greater amount of muscular excitement.

"*c.* Acute pericarditis, with effusion, and with severe symptoms of muscular suffering, as indicated, first by excitement, and secondly by paralysis."

We would recommend to the special attention of our readers the sections under which these propositions are developed at length; they embody observations of the highest practical moment.

The pathological affinities and complications of the disease are next considered, the observations thereon being illustrated by a series of carefully recorded original cases. We may take occasion to remark here, that, throughout the entire work, there will be found highly valuable illustrations of its several sections in the shape of original cases, which may serve as types and models of scientific research; they possess the powerfully graphic style of the older masters of medicine without their prolixity.

Several pages are devoted to the "treatment of pericarditis." Dr. Stokes has long been known as an antagonist of the doctrines of the antiphlogistic school, and, perhaps, in no way have his clinical labours been more eminently valuable than in so far as he has promoted a rational system of therapeutics, based on the consideration of the vital power of each case, and what we know by experience of the natural history of particular diseases.

Five and twenty years ago, Medical practice was characterised by a servile formulism which prescribed for diseases by their names. Thus "inflammation" was phlebotomised *secundum artem* in one case, mercurialised in another, or in a third starved, depleted, and ptyalised, till the struggle for life lay rather with the cure and the doctor than with the disease. Stokes was reared in a school which was ever engaged in combating the phlogistic Archæus; mercury or the lancet was the "warhorse" of the day; often, too often, both were combined. He was, however, too close and accurate a cultivator of vital pathology (as thus more forcibly distinguished from mere pathological anatomy) not soon to perceive the error of these ways; and he quickly took a leading place among the reformers of therapeutics to whom we owe stimulation in fever, in inflammation, and in general wherever the failure of vital force shall indicate it, irrespective of the nomenclature of disease or its origin in phlogistic conditions.

Speaking of the treatment of pericarditis, Dr. Stokes observes:—

"In examining this subject, we must separate the more violent cases of the primary disease, and perhaps also those instances where, in the course of a rheumatic fever, there is an explosion of pericarditis, from that large class where the affection exists as one of a group of irritations, or as a mild though intercurrent disease. In such cases, the boldness of treatment often betrays the timidity of the Practitioner; he is terrified at discovering the disease, and his mind is more occupied with its name than its nature or actual condition. In this way great mischief is done, for the debility thus produced disposes the disease to change from the dry and comparatively innocuous form to an unhealthy inflammation attended with liquid effusion."

Further on he says—

"It is my conviction, that the fatal result of some cases of pericarditis is mainly attributable to the perseverance, beyond the proper time, in the antiphlogistic treatment; the Practitioner looking at the disease merely as a case of serous inflammation, and forgetting not only the results of irritation on muscular fibre, but the effect of great losses of blood in producing reaction."

It is not to be understood that our author either overlooks or ignores the existence of cases requiring prompt and active treatment; the indications for such treatment are, indeed, fully considered, but we wish to call especial attention to the opposite class of cases, too seldom recognised by the routine Practitioner.

Besides the caution requisite in the use of antiphlogistic measures, Dr. Stokes inculcates the necessity of careful stimulation in cases where, after the great and violent symptoms of the disease have been subdued, the heart may be weakened to a very dangerous degree, and in such conditions it requires to be supported and invigorated. The following therapeutic axiom deserves attention:—

"It may be laid down as a general principle that there is no local inflammation whatever the mere existence of which should prevent the use of wine if circumstances require it. In two cases especially, namely cerebritis and pericarditis, we find the greatest timidity in practice with respect to the use of wine. Yet even in the first case it may be required, and, in the second, its employment is imperative when, as too often happens, excessive depletion has been resorted to."

With such brief indications of the way in which these most important subjects are considered, we must pass to another section.

In the chapters on valvular lesions, we find many of the most important *moral* questions of diagnosis, so to speak, broadly and openly considered; and, we will venture to say, that in no department of practice has the necessity of an authoritative guide been more largely felt. To diagnose the presence of a valvular lesion, in a great number of cases, requires but little acquaintance with auscultatory principles; but to determine what is the proper course to be pursued, either in relation to treatment, or to the statement of our opinion for the guidance of our patient, or of others in any way interested in his life, becomes a *moral* question, often of the highest difficulty and importance. Much error prevails, both within and without the Profession, as to the effect of cardiac disease on life. "Sudden death in disease of the heart," says Dr. Stokes, "is by no means so frequent as is generally supposed. In the majority of cases, death occurs in no sudden or extraordinary manner." The cases suddenly fatal, which he enumerates, are solutions of continuity, as rupture of an aneurism, laceration of the ventricles, or the breaking of the chordæ tendineæ, and a few cases of fatty degeneration of the heart, in which death takes place by sudden syncope or congestive apoplexy.

Numerous important questions connected with the discovery, by the auscultator, of a cardiac murmur, in cases otherwise latent, are considered by our author in their chief bearings; of these we select the following as examples; we have thrown them into the form of propositions:—

Progress of a Case subsequent to the Establishment of a Valvular Murmur.—Dr. Stokes considers it as certain, that disease of the heart may proceed to the extent of producing murmur, and then seem as if arrested, or progressing with extreme slowness; the patient appearing for years in the enjoyment of perfect health, undergoing fatigue and exercise, and indulging in stimulants. Such a case may exist for a long time,—in one instance, eleven years have elapsed without interference with the functions of the heart, or other organs,—and such a murmur may be discovered only by accident.

Chronic Murmur in the Heart Liable to be Mistaken for Acute in Accidental Inflammatory States.—Such a case is exposed to the possibility, under certain incidental inflammatory conditions, of being mistaken for an acute disease, and may be treated in accordance with such a view, to the great detriment of the patient's state of health. This case is graphically pictured by our author:—"Physicians who cannot help thinking aloud, or who, less excusably, are fond of exhibiting their diagnostic tact to the patient, are but too apt to commit these

errors." The case is taken for an acute disease, the patient's attention aroused to the existence of a state in which it may be said truly, "it is folly to be wise." "The discoverer of the disease, too, must now attempt to cure it." The fatal errors of such a course are well pointed out. The practice, in these cases, as laid down by Dr. Stokes, is, cautious reserve of our opinion, careful investigation of the previous history, as to evidence of cardiac complication in former lesions, attention to the habits of the individual, avoidance of all sudden changes of conditions which apparently in no way interfere with his well-being, "and, above all, we must avoid the unpardonable error of treating a fixed and incurable organic change as a recent and progressive disorganisation."

Various other important questions which arise in connexion with latent valvular disease are very fully considered. We select one other for illustration:—

Sudden Development of the Signs of a Chronic Long-existing Disease.—This subject is considered in relation to Medical examinations for life insurance, but, as well as those we have already noticed, this question likewise involves frequently some of the most delicate moral relations between the junior and senior physician, between the ordinary attendant and the Consultee. The former view is the one considered by Dr. Stokes. It may be thus stated:—An insurance is effected on the life of a person who has been subjected to a careful examination, when no sign of disease was detected, and yet, in a short time, this individual may exhibit all the signs of morbus cordis, which are supposed to indicate chronic disease; he may die within a few months, and the insurance be contested on the ground that the disease was overlooked. In connexion with such cases, the following statement is of the highest value:—

"I have known," says Dr. Stokes, "all the signs and symptoms of permanent patency of the aortic valves to occur within a few months after the effectuation of a large insurance, and yet at the period of the Medical examination, which was made by one of the best observers in this or any other country, no sign of disease of the heart existed. In the same way I have known the signs of chronic mitral disease become most strongly developed in the course of a few days."

The important cases by Dr. O'Ferrall, given further on, also bear on this subject. All the remaining chapters devoted to valvular disease are equally worthy of careful study. In perusing these sections, it will be observed that the statements of Dr. Stokes, with regard to the diagnosis of special lesions, represent a much less positive condition of knowledge than perhaps could be wished for or is inculcated by systematic writers. But, as is well stated in the Preface, the isolation of disease is too frequently assumed by those who propound rules of special diagnosis. In practice, lesions occur in combination, and not isolated; or, at all events, but very rarely so, and those rules of physical diagnosis which are applicable to the isolated forms of disease, must be used with extreme caution when we come to put them to the test in complicated cases; and hence their value is immensely diminished in the realities of practice. The scientific observer is ever prepared for the doubts, difficulties, and imperfections of science; the formulist, who believes in the fixity of rules, and expects to find stability in conditions by their very nature variable, is discontented with anything less than certainty, though it be often but the certainty of error. Dr. Stokes paints diseases as they are, not as they ought to be, and treats of the principles of physical diagnosis as they exist at present, not as they may possibly be one day, when the Science shall have acquired greater precision.

While the study of the minute pathological anatomy of the fatty degenerations does honour to the names of Quain, Ormerod, Barlow, and others of the London School, its clinical history and the basis of its rational diagnosis belong more especially to the Dublin observers. The cases of Cheyne and Adams (that of the latter was observed in 1819, but was not published till 1827) are among the earliest notices of this condition. Cases were subsequently recorded by Professor Smith and Mr. Carmichael; but the researches which most successfully tended to connect the pathological condition with symptoms observable during life were studied within the last eight or ten years in the Meath Hospital. In memoirs already published, the conditions on which Dr. Stokes bases the diagnosis of this affection have been fully considered; they are now enumerated as follow:—1. Repeated attacks of syncope and of pseudo-apoplexy; 2. Permanently slow, or irregular and feeble pulse; 3, Feeble impulse, with bellows-murmur accompanying or replacing the first sound; 4. A murmur in the aorta, not regurgitant; the second sound healthy; 5. Absence of both sounds, with a non-regurgitant bellows-murmur.

The important subject of the condition of the heart in typhus fever is considered at great length; and this section will be found to embrace much highly-original matter, in addition to what the author had already published in his monograph. We may particularly notice the observations on the occurrence of cardiac murmur in fever. With the extent to which our notice has already reached, we are reluctantly obliged to pass over for the present this and the remaining chapters on "Rupture of the Heart," Deranged Action of the Heart, and the elaborate Treatise on Aneurism. We purpose, however, in a second notice to resume the consideration of these important sections of the work.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

CLINICAL REMARKS UPON HYDROCELE.

By M. VELPEAU.

THE subdivisions of hydrocele, as established by modern research, have been recently illustrated by M. Velpeau. A female in La Salle Sainte Catherine was the subject of hydrocele in an old hernial sac. The tumour was first evacuated by puncture; but the fluid having speedily re-accumulated, an incision was made, which exposed a piece of omentum constituting the hernia. The patient left the hospital cured.

A man in La Salle Sainte Vierge had undergone, six weeks ago, an operation in another Hospital for hydrocele of the tunica vaginalis. Severe inflammation, attended by swelling, ensued, and for three weeks poultices were constantly applied. As the tumefaction was subsiding, the patient quitted the Hospital of his own accord; but he soon afterwards applied for admission into La Charité, where M. Velpeau found, upon examination, that behind the testicle, at the entrance of the spermatic chord, there were two small fluctuating tumours. He punctured them both, and there issued a small quantity of perfectly transparent fluid. The cure was permanent. It is probable that this patient had both hydrocele of the tunica vaginalis, and two cysts at the extremity of the spermatic chord, which had been unobserved until the former had been removed by operation.

The epididymis is often the seat of cysts, as has been pointed out and described by M. Gosselin. But hydrocele of the tunica vaginalis is by far the most common form, and the fluid may be contained either in one sac, or in several smaller compartments, formed by organised bands of lymph passing between the opposite surfaces of the tunica vaginalis. M. Velpeau relates a case in which the testicle was adherent to the front of the sac, and had been punctured twice by the trochar.

The spermatic hydrocele contains a turbid milky fluid, in which, upon microscopic examination, spermatozoa are found. The encysted hydrocele of the chord contains a limpid fluid as clear as rock-water.

The colour of the fluid in the tunica vaginalis is usually pale straw or citron, but it may be of deeper hue. M. Velpeau relates a case in which, from a tumour punctured every two years, there issued a green-coloured serum, containing cholesterine. He believes that it is most commonly the colouring matter of the blood, which mixes with the serum, and refers to the frequency with which a blow converts a hydrocele into a hæmatocele: but he confesses that this transformation may ensue without any appreciable cause. The hæmatocele may become a hydrocele by the absorption of the colouring matter of the blood; and a knowledge of the different phenomena which occur during this process explains the variety of diagnosis often made at different epochs upon the same individual, of which M. Velpeau relates a striking instance. A hydrocele of the tunica vaginalis rarely disappears spontaneously. It happens, however, when the tunica bursts, and the fluid becomes infiltrated into the areolar tissue of the scrotum. In other cases the disappearance cannot be thus explained. M. Velpeau relates two cases in which, having examined the tumours attentively, having ascertained both their transparency and fluctuation, he fixed the day for operation, when, upon the patients presenting themselves, there was no trace of the disease.

The different modes of treatment, incision, cauterisation, seton, etc., are abandoned, and puncture, followed by injection, is employed almost exclusively in France. Cures are obtained, whatever may be the irritating liquid employed; but the injection by iodine possesses an incontestable advantage, because it causes no inflammation nor sloughing, should it escape into the

areolar tissue of the scrotum; and because, from the investigations of M. Hutin, it is now ascertained that cure is obtained without obliteration of the sac of the tunica vaginalis.—*Gazette des Hôpitaux*, Feb. 11.

LOCAL ANÆSTHESIA — EMPLOYMENT OF HARDY'S INSTRUMENT.

The first essay with this instrument was made by M. Nélaton, at the Clinique, upon a girl who was suffering from abscess of the axilla, and from a small wound upon the back of the wrist, both extremely painful. The instrument was composed of a caoutchouc reservoir of air, adapted to a copper pump, made to receive the sponge for the chloroform. A valve at one extremity permitted the air to enter the instrument, which terminated in a caoutchouc tube. The first application of the chloroform upon the tumour in the axilla produced an insensibility which lasted three hours, during which time the part could be handled and examined with impunity. In the second essay, M. Dubois plunged a knife into the abscess, which was ripe, after the employment of the chloroformic fumigation. The patient declared that she was not conscious of pain, and became aware of the fact that the abscess was opened only by touching the part with her hand. From this time she had no more pain. The little wound on the wrist, fumigated in the same manner, remained quite insensible. —*Op. cit.*

GANGRENA SICCA OF THE FINGERS—

DEVELOPMENT OF THE DISEASE AT PARIS THREE MONTHS AFTER THE CESSATION OF THE USE OF THE ERGOT OF RYE.

It rarely happens that a case of gangrenous ergotism occurs at Paris. At the Hospital Cochin, Catherine Cumins, aged 22, was admitted Feb. 1, 1854, under the care of M. Maisonneuve, complaining that she had been unable to use her fingers for the space of a month. The hands presented a singular appearance. The last phalanx of the little finger of the right hand, and that of the middle finger of the left hand were of a deep black colour. The blackness disappeared almost suddenly at the under part of the nail, and did not blend itself with the neighbouring tissues. The tips of the other fingers presented a purple colour, and were decidedly cold. The fingers thus stiff, cold, shrivelled, and painful to the touch, were thin, elongated, and dried up, unable to render any service. The two hands were covered here and there with red spots like those of erysipelas. The radial pulse was sensible to the finger, and might even at times be considered full. The feet, although swollen in some parts, offered no trace of approaching gangrene. The limbs (a singular fact) were never the seat of any spontaneous pain; and no giddiness signalised the beginning of this disease; finally, the patient, since the first appearance of the gangrene, had never menstruated, having up to that period been regular. For three months none of the injurious food had passed her lips, as circumstances had obliged her to quit her native place for Paris. The diagnosis being established, M. Maisonneuve applied himself to bring out all the interest presented by the development of the disease.

Spontaneous gangrene of the extremities manifests itself under two different circumstances:—

1. Gangrena humida consequent upon disease of veins. It is announced by œdema; greenish discoloration along the course of the veins; there is, in fact, phlebitis, and the blood can no longer return to the heart. It is of rare occurrence.

2. Gangrena sicca dependent upon fault in the arterial circulation. The blood no longer reaches the limb, which becomes cold and atrophied. It is most commonly consequent upon arteritis.

A simple contusion may bring on these disorders. A clot forms in the left ventricle; it penetrates the aorta, circulates in the great arteries of both extremities, obliterates them, and causes "dry gangrene." Ligature of the great arteries will sometimes produce the same effect. But the ergot of rye, an acrid narcotic poison, has an action upon certain organs, which, too much prolonged, exerts a constricting effect upon the capillaries, and, suspending the circulation within them, occasions the accident known as gangrenous ergotism. In the present case the singular fact is, that the disease did not manifest itself until two months after the patient had given up using the injurious food.—*Op. cit.*

THE WAR.—Drs. Mitchell, Dumbreck, and Linton, Staff-Surgeons of the first-class, started, on Tuesday, for Constantinople, by the Overland route.

GENERAL CORRESPONDENCE.

MR. BEAMAN AGAIN.

[To the Editor of the Medical Times and Gazette.]

SIR,—I cannot refrain from observing, that you do act courteously to your correspondents, by impelling them, again and again, to notice your own mis-statements. Indeed, your readers will think there must be a dearth of professional matter, otherwise you would not seek to occupy the pages of your journal by notes of correction positively called for through Editorial inaccuracies.

In the last number, you state Mr. Beaman "has given up any attempt to defend the father and the Committee to which he belonged." Given up any attempt! Why, no such an idea as an attempt one way or the other ever entered my imagination; neither is there word, sentence, or expression in my letters justifying such an editorial comment; nor did I ever presume to dream of defending parties much better acquainted than myself with the merits of the case in question.

I was desirous not to have thus troubled you; but several of my Professional friends considered that your Editorial remarks called for notice; and although I admit you are privileged to reject communications, nevertheless, to assume false interpretations and mis-state expressions, surely can form no part of the duty of the Editor of a Medical Journal.—I am, &c.

King-street, Covent-garden, GEORGE BEAMAN.
Feb. 28, 1854.

[We beg to refer our readers to the two former letters of Mr. Beaman. We make no further comment on any of them, in order that this correspondence may end here.—ED.]

ALBUMEN COAGULATED BY ACETIC ACID.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your Reviewer of my work on "The Pathology of the Bronchio-Pulmonary Mucous Membrane" has had his say, and you will probably now afford me space in your Journal for a few remarks on that part of his so-called review which refers to my announcement of the power of acetic acid to coagulate albumen.

He says:—"Dr. Black finds that acetic acid coagulates albumen, and supposes, apparently, that he is the first who has observed the fact. Lieberkühn, in 1850, and Parkes, in 1852, made the same observation; and," continues he, in suspicious phraseology, "we believe the fact is now pretty generally known."

When, contrary to the generally-received opinion, that acetic acid dissolves albumen, I announced, in the *Monthly Journal of Medical Science*, for January, 1853, that it exerted a contrary and coagulating effect upon it, I believed that I was the first in this country to state the positive fact. That belief has been confirmed by a reference to the paper of Dr. Parkes, published in the *Medical Times* of July 20, 1850, with the particulars of which I was until now unacquainted; and by the letter of Dr. Parkes, published in your Journal of the 18th inst.

In neither of these communications does Dr. Parkes claim the merit of having announced that acetic acid alone coagulates albumen; and a careful perusal of his paper on "The Decomposition of Chloride of Sodium by Acetic Acid in the presence of Albumen," above alluded to, will convince any person that he does not arrive at any such conclusion. After detailing his experiments of the conjoint application of acetic acid and chloride of sodium to the undiluted serum of the blood, Dr. Parkes offers the following remarks in explanation of the cause of the precipitation of albumen:—

"The explanation of these changes appears to be, either that, in the first place, the presence of another acid permits the hydrochloric acid to manifest the strong affinity it has for albumen, which consequently coagulates round each particle of salt; and, secondly, that the compound thus resulting, which is so soluble in water, is perfectly insoluble in a moderately strong solution of chloride of sodium; or it may be supposed, that the combination of acetic acid and albumen, which is soluble in water, (like the combinations, under certain conditions, of hydrochloric and nitric acids with albumen,) is insoluble in solution of chloride of sodium of certain concentration. The first explanation appears more probable; but some experiments, which need not be detailed now, on the action of acetic acid on serum, apart altogether from the influence of hydrochloric acid, or of chloride of sodium, support, in some measure, the last supposition."

Again, in a further stage of the same paper, Dr. Parkes says, that "chloride of sodium is not the only salt which causes, under the circumstances now noted, the coagulation of albumen."

It is thus evident that Dr. Parkes has not even yet announced the important fact, that acetic acid alone coagulates albumen; and he, in his letter of the 18th inst., very courteously, yet negatively, cedes the point to me. Of Lieberkühn's experiments on this subject I have not yet seen an account.

In conclusion, I may remark, that, had your Reviewer of my work been influenced by the same honest feeling which dictated to Dr. Parkes the propriety and justice of correcting your Reviewer's inaccuracies, he would not have left untouched that portion of my work which records the results of my numerous investigations, microscopical and chemical, into the real pathology of pulmonary diseases, which demonstrates the progressive changes that occur in the structures of the bronchio-pulmonary membrane, the changes in the morphological and chemical characters of the sputa, the certainty of the latter in a diagnostic point of view, and which, in fact, constitutes the very essence of my claim to be considered an original investigator.

The *Medical Times and Gazette*, contrary to the declarations of the *Dublin Medical Quarterly*, *Dublin Medical Press*, *Medical Circular*, and *Association Medical Journal*, does not, it is presumed, admit such a claim. I quarrel not with it on this point. I am content to leave the matter to the final decision of the Profession at large; and I am quite sure that the rigid mode of investigation which I have pursued in tracing the minute process of disease in the bronchio-pulmonary membrane in some hundreds of cases has led me to conclusions which will be deemed neither hypothetical, nor fanciful, nor yet valueless, both by practical Physicians and the true labourers in pathological science. I am, &c. C. Black.

Chesterfield, Feb. 18, 1854.

[Some remarks on this letter will be found among the Notices to Correspondents.—Ed.]

THE MEDICAL REGISTRATION BILL AND PATENT MEDICINES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I am very glad to find that there is a chance of a new "Medical Reform Bill" being passed; but should it be, I cannot see in which way it will entirely do away with quackery unless all patent medicines are prohibited, and no medicines allowed to be sold by chemists, etc., except those issued from the Apothecaries' Hall, as then, and only then, would quackery be entirely abolished. A friend of mine said the other day to a quack, who is practising in a provincial town, "Should the Medical Reform Bill be passed, you will no longer be able to practise." His answer was, "Should the Bill be passed, I shall then put a stamp on all the medicines I sell, and then the law can't touch me."

Hoping to see a Bill soon passed which will be effectual is the wish of one who is a great enemy to quackery.

I am, &c. M.R.C.S.L.

Bristol, Feb. 15, 1854.

[Other parts of our Correspondent's letter are rendered inapplicable to Mr. Brady's Bill, by the recent modifications.—Ed.]

SEWARD *v.* HOUSLEY.

[To the Editor of the Medical Times and Gazette.]

Sir,—Will you favour me by stating prominently in your next publication, that I made no remark whatever in allusion to the "witness' fee," as stated by your reporter.

I am, &c. Edward Cousins.

49, Camden-road Villas, Feb. 24, 1854.

The University of London and the New Reform Bill.—Every person not subject to any legal incapacity, on whom the degree of Master of Arts, Bachelor of Laws, Doctor of Laws, Bachelor of Medicine, or Doctor of Medicine, shall have been conferred by the University of London, or who shall be a Bachelor of Arts in the University, of not less than three years standing, shall be entitled to vote in the election of a Member of Parliament for the University. Vice-Chancellor of University of London to be the returning officer; election for University of London to be within six days after receipt of writ, three clear days' notice to be given; polling at the University of London may continue three days.

REPORTS OF SOCIETIES.

ANNUAL MEETING OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY. —EXCLUSION OF THE *LANCET*.

The Annual Meeting of this Society was held on Wednesday last, Dr. James Copland, F.R.S., President, in the chair. About seventy members were present.

The minutes of the previous meeting having been read and confirmed, a ballot was taken for the officers and other members of Council, which continued open for an hour. At the end of that period, the following gentlemen were announced from the Chair as elected for the ensuing year:—*President*—James Copland, M.D., F.R.S. *Vice-Presidents*—Thomas Alfred Barker, M.D.; *Robert Bentley Todd, M.D., F.R.S.; *Thomas Bell, F.R.S.; *Thomas Wormald. *Treasurers*—*Joseph Moore, M.D.; *Thomas Blizard Curling, F.R.S. *Secretaries*—William R. Basham, M.D.; Holmes Coote. *Librarians*—*William Wegg, M.D.; James Dixon. *Other Members of Council*—Geo. Chaplin Child, M.D.; William Dingle Chowne, M.D.; Mervin A. N. Crawford, M.D.; *Henry S. Dyer, M.D.; *Thomas H. Silvester, M.D.; *John Avery; *William Harvey; *Henry D. Jones; *John Simon, F.R.S.; *Henry Spencer Smith.

Mr. Coote then read the Annual Report of the President and Council. The Report stated, that, during the past year, 18 new Fellows had been elected, 9 of whom were resident and 9 non-resident. There had been a loss by death of eight Fellows. The ordinary income of the Society for the year was 1330*l.* 17s. 5d., and the expenditure 1004*l.* 14s. 1d.,—leaving a balance of 331*l.* 8s. 4d., which had been invested in the purchase of stock, thus making the whole capital invested in the names of the trustees, 2592*l.* 6s. 10d. The Librarians reported, that, during the past year, 280 works had been added to the library—160 by purchase, and 120 by donation. The compilation of the new general catalogue, ordered by the Council, would probably be completed in May during the present year. The Council had requested Mr. Dixon to continue his services another year as Librarian, for the purpose of superintending the catalogue in preparation. An alteration had been made in the mode of balloting for Fellows, on the plan proposed by the Solicitor-General.

Dr. Ridge moved the reception of the Report.

Mr. Hilman seconded the Motion.

Mr. Charles Hawkins thought that the present plan of voting for the Fellows, in a mass, was accompanied by several disadvantages. Many of the Fellows were placed by it in a very unpleasant position; for, when a candidate presented himself, they were obliged to vote for or against him. The candidate, perhaps, might not be known to them, and they would not be able to vote for him; but they would have a still greater objection to voting against him. The most simple plan would be, for every candidate to have a box, so that the Fellows might vote or not for each candidate as they pleased.

Dr. Basham said that, according to the tenor of the present Charter, it would, in the opinion of the Solicitor-General, be impossible to alter the present mode of balloting. The suggestion of Mr. Hawkins, to have separate boxes, would not meet the difficulty; for every gentleman who was present and did not vote for a particular candidate, would necessarily have his vote recorded against him. The difficulty was certainly very great; but it was based upon the peculiar wording of the Charter, and, so long as that Charter existed, they could not escape from the dilemma. They had been acting erroneously for many years past, and it was now time to rectify the error into which they had fallen.

Mr. Streeter wished to know the largest number of Fellows who had voted for any candidate. His object was, to ascertain whether the Society was virtually disfranchised. He had been amazed to hear, that he (Mr. Streeter) was elected in a wrong way, so that really he was no Fellow of the Society at all. Legally, every Fellow ought to be re-elected in a formal manner.

Mr. Quain: The thing having been done, it is pronounced legal; but instructions are given that the method must not be continued. I hope that will be a consolation to Mr. Streeter.

Mr. Coote stated that he believed the largest number of Fellows who had voted was 69.

Dr. Basham: A far greater number voted now than voted formerly.

* Those gentlemen to whose names an asterisk is affixed were not on the Council last year.

EXCLUSION OF THE *LANCET*.

Mr. De Morgan: I rise, Sir, to propose an Amendment; and I do not do it without having deliberately and seriously considered the subject. I will read the Amendment before making any observations upon it:—

"That this Report be received, adopted, and circulated among the Fellows in the usual manner; and that as the Society was established for the promotion of science, and to uphold the honour and dignity of the Profession, it is of the highest importance that it should not in any way encourage the circulation of works, the tendency of which is at variance with these objects; and that inasmuch as the tone and spirit of the *Lancet* have not been such as to entitle it to the confidence of the Society in these respects, the meeting recommends to the Council its withdrawal from the list of weekly periodicals." (Cheers.)

In proposing this amendment, allow me to make a few observations which I am afraid, on a subject of this kind, will be rather longer than I could wish them to be. In the first place, I would mention, with regard to the bringing forward of this proposal in the present manner, that there has been an objection made, that notice has not been given of it. It is not necessary, Sir, and I do not think it desirable where no necessity exists. The ordinary laws of the Society should not be interfered with in this special case. I believe, however, that this is a subject that has been sufficiently talked of; indeed, I have made no secret of it myself; I know it has been much spoken about, so that it must be known to all the members of the Society, and they have therefore had an opportunity of coming here to express their opinion upon it. Perhaps I may say, that the subject has been better known than any other of which notice has been given. I wish also to clear the ground on another point. I know this may be thought to be an affair of Gay *v.* Wakley, or Journal *v.* Journal: I beg to disclaim entirely any connexion with the one or the other. As far as Mr. Gay is concerned, it is known that I took an active part in his case, because I believed him to be an injured man; but the conduct shown towards Mr. Gay had no more to do with my opinion as to what the Society should do than if it had never happened at all. As to the Journals, I beg to say, that I have no communication with them, there is no person perhaps who sends less to them than I do; and I hope, if the Society do what I trust they will do, express their opinion with regard to the publication in question, it may be a warning to all the Journals, that in future they will not be allowed to run counter to the dignity of the Profession in their own way. (Hear, hear.) I have thought it necessary to make these remarks. I believe the great majority of this Society would not be biased in any degree either by what may benefit this Journal or that Journal, or by what they might be induced to think respecting Mr. Gay. This subject has nothing to do with matters of that kind; it is a subject that we ought to have taken up years ago; it is a subject which should have been taken up from the very time when the Fellows of the Society believed—as I think the majority of them has always believed—that that journal was exercising an improper influence, and one that was degrading to the Profession. I think, then, that it was the duty of persons who had the character and honour of the Profession at heart, to have stated their opinions years ago, and then we should have been spared all the evils which have since arisen. I do believe that blame attaches to the heads of our Profession. (Hear, hear.) I have as much openness in saying that, as I have had in speaking of the Journal in question. Blame attaches, I say, to the heads of the Profession, for an amount of moral cowardice, in not having used their influence in this matter. They may say that they have nothing to do with it—that it is not their affair; but I reply, that all persons who take part in that Journal, who read it, and who in any way assist in its circulation, are, so far, parties to it. If the heads of our Profession were not the readers of it, the cases of the Profession would not be communicated to it. I feel perfectly confident, that, had the proper step been taken in the first instance, when there was sufficient influence to resist the power of which we now complain, all the subsequent evils would not have arisen. (Hear, hear.) I have not, Sir, taken this step without speaking to a very large number of my professional friends. You may be sure that I was not anxious to put myself forward as the opponent of the *Lancet*, or any journal or individual; but I have always thought, and still think, that it is a step which should have been taken; and the recent proceedings, with regard to that Journal especially, have caused persons to speak out, and have furnished an opportunity now which has not occurred before, and which, perhaps, may not occur again. I say I have spoken to a large number of Professional men upon this subject, and in no single instance have I heard any difference of opinion as to the nature of the Journal in question, and as to its influence on the Profession; but I have heard a great many objections to the step which I am now taking. With the consciousness, however, that the opinion I have mentioned exists on the part of a large majority of the members of the Profession—all, indeed, with whom I have spoken—I felt convinced that, when the objections were fairly put forward and replied to, the members of this Society would see that the character of the Journal was the main point to look to in connexion with the character of the Society. I therefore felt bold to bring forward this Amendment, not knowing whether it had any chance of being carried; but knowing, nevertheless, that the feeling of the Profession was with me. (Hear, hear.) In speaking of the *Lancet*, it must not be supposed that I am going into details as to particular acts of delinquency. I am not speaking as an advocate to a jury; I am not speaking as a person bringing forward evidence to show why a particular step should be taken; I am speaking to those who are as conversant as myself with the character of the Journal, and who know perfectly all the circumstances that I am acquainted with. I merely bring forward this question, and say, "Knowing these facts as you do, will you, or will you not continue your countenance of that Journal? I do not intend to bring forward a single charge; I do not intend to allude again to that which has recently occurred, and which, in some degree, has given rise to this step—the last drop added to the already overflowing bucket. The connexion of the Journal with that affair is admitted by every one. (Hear, hear.) I put these things before you as established facts, and I ask you whether this Society should tolerate such a Journal or not. There is one strong reason why I bring forward this proposition at the present time. If this Journal were limited in its influence to our own Profession, one might say, "The Profession perfectly well understands that the Journal is not altogether of the character we like, but still the matter is known only to ourselves, and there is no harm done; it is not known to the world at large." Unfortunately, however, this Journal is one which has perhaps as large a circulation out of the Profession as in it. You will meet with very few persons in society who do not, at one time or another, read this Journal, with the intention of finding out what the Medical Profession is doing. They look upon it as the representative of the Profession, and it is very difficult to dispossess them of the idea. People have often said to me, "I have seen this or that in the *Lancet*;" and when I have said, "But we do not look upon the *Lancet* at all as a respectable Journal in the Profession," they reply, "It is all very well to say so, but it has a large circulation, and it is admitted into your Societies, and how can you say it is not tolerated?" You have no answer to give to that. If the Journal is tolerated by the highest members of the Profession, can we say that it is not in so far a representative of our own feelings? When we find that persons standing in the highest positions in the Profession send communications to it, can we wonder that the Journal should be regarded as representing with some accuracy the views of the Profession? The Journal must, therefore, have some influence upon persons not belonging to the Profession—barristers, clergymen, and members of professions—and what must they think of that Profession of which the *Lancet* is the representative? (Hear, hear.) What should we think of the law, if any Journal was received by the heads of that profession, by the judges of the land, by the Queen's counsel, and by the leading lawyers, which brought forward views so damaging to their character as those which the *Lancet* promulgates with regard to the Medical Profession? (Cheers.) There are, then, as I have said, some objections to the step which I have now taken; but in my opinion none of them counteract the necessity which I believe exists, so far as we are concerned, for purging ourselves of all connexion with a publication so injurious to our character as I believe this Journal to be. (Hear, hear.) One objection, which appeals strongly to the feelings of certain persons is, that this step is oppressive and vindictive? How oppressive, or how vindictive? One can understand, that if there had been any shadow of compunction exhibited since that strong feeling of the Profession was expressed at the meeting in January last,—if there had been one indication that the Editor of the *Lancet* believed that he had taken the wrong ground, and was ready to retract, then we would have said, "Let us hope for the better; let us hope that the Journal will go on better, and take no step at present." But what has been the case? The course of the Editor has been one of defiance of that opinion,—an opinion expressed not merely in London, but throughout the country. It has been a repetition of the offence which the Profession has almost unanimously condemned. Can we, then,

call it oppressive, when we only wish to show that we will not tolerate what we have objected to? Certainly there has been nothing like vindictiveness on my own part. I have not been attacked by the *Lancet;* I have had no personal grounds of objection to the Editor of that Journal; I do not know him personally; therefore it is not likely that I should feel anything like vindictiveness in this matter. But strong opinions I have, in common with many others. (Hear.) It has been said that this Society is not the place for medical politics; I agree with that, and if this were a question of Medical politics, I would say that it had better be left alone; but this is a question of right and wrong; it is a question of our own position, of our own credit,—not a mere question of politics of the Profession, whether this person or that is right or wrong in his views of reform. The Journal in question might express any opinions that it pleased, without our taking any notice of it, so long as those opinions were not derogatory to the Profession; it might have the most Radical or the most Conservative views; its political views might be of any kind. But that is not the question we are now considering; the question is, What is consistent with the dignity and honour of our Society, and what is not? (Hear, hear.) Another argument that has been used is, that the Clubs take in papers not agreeing with their own views. So they do; but that is altogether another question. Those papers are never looked upon as the representatives of the Clubs, or the exponents of the views of its members. But this Journal is called a scientific Journal, a Medical Journal, and is therefore so far representative in its character; and it is in that light that we have to deal with it. Not that we should attempt to put it down as a Journal—that is not our business; we should merely ask the question, whether we, as a Society, are to be supporters of a Journal whose influence has been improperly used in the peculiar province which it occupies. (Hear, hear.) We do not, then, stand in the same position as an ordinary club taking in all the papers that may be published, of whatever politics they may be. Others have said to me, "I object to what the *Lancet* says entirely, but I take it in to see what scientific men are doing; I like to know what scientific work is going on." This is an argument in a vicious circle. (Hear, hear.) Men of respectability take it in and read it, and they find that respectable men send communications to it. The one class argue, that they may read it, because respectable men communicate with it; and respectable men argue that they may send their communications, because respectable men read it. The encouragers of this Journal, however, are responsible for all that is bad about it, as well as all that is good. They know perfectly well, that if it were not for the respectable members of the Profession reading it, the *Lancet* would sink altogether; and I look upon such persons as almost as responsible as the Editor himself, certainly as responsible as any of the subscribers. But it has been said, that, in a case of this kind, a majority should not bind the minority. If the question were simply one of a book, which the large majority did not care at all to read, and a small minority desired to have, I should say that the majority should not bind the minority; but that is not the point in this instance. The question is whether, in point of ethics, in a point of character, the majority of members should not express what they believe will uphold their own dignity and honour. In such a case, I do not think that the minority could object to an expression of opinion on the part of the majority—that they would no longer tolerate what they conceive to be so great an evil, and a discredit to the Society. (Hear, hear.) It has been said, again, that this step would be giving power to the Journal—that its influence is overrated, and that it would be like burning of books in olden times. There is a marked difference between the two cases. Formerly it was a war against opinions newly expressed—opinions of which people were ignorant, and which, from mere curiosity perhaps, they wanted to know. Burning a work, therefore, would have no more influence in checking it than the expression of an opinion. (Hear, hear.) But here every one knows the character of the Journal in queston, which we have had on trial for some five-and-thirty years; to exclude it from the Society would not be like putting a stop to the expression of opinion—it would be doing nothing more than clearing ourselves from it—doing, in fact, what has already been done by many Societies in the country and in the Metropolis, and what is, I believe, being done day after day by individuals in the Profession throughout the country. (Hear, hear.) It is only expressing here, as a Society, what Societies have already expressed, and what we ought to take the lead in expressing, as the leading Society in the Profession. Another objection I have heard is, that this is not the proper time—that we are taking advantage of a moment of excitement; and that, if the step were taken at all, it should, on account of the feeling which has lately prevailed, be postponed for twelve months, that it might be done in cold blood. But, Sir, we are human beings, and, as such, are actuated by human motives and human feelings. In the course of a little time, there may be an indisposition to move; and I think it is only fair to take advantage of any opportunities that may present themselves for doing a good thing. We must do that in the present case. I look, Sir, upon ourselves, in relation to the *Lancet*, as very much in the same position as Sinbad the Sailor was with regard to the Old Man of the Mountains,—he has been riding on our shoulders many years, and at last he has become intoxicated; and the question is, Shall we take advantage of this state of intoxication, and pitch him off, or allow him to use the great talent which he undeniably possesses to acquire again the position that he has so long maintained in the Profession. (Laughter.) Mentioning these matters to an eminent scientific man in this city some time ago, he said to me, (not knowing that there was any intention to take a step of this kind, but having seen certain statements with regard to Mr. Gay,)—"So soon as I see that the *Lancet* is not the most extensively circulated Journal in your Profession, so soon shall I begin to think that your Profession has taken a step towards respectability." (Cheers.) Now, I do not mean to say that I agree with the latter part of the sentence: but I firmly coincide in what was implied by that remark,—that so long as that Journal is regarded as the representative of our Profession, we cannot look upon ourselves as placed in the position that we ought to occupy. (Cheers.) I beg pardon for having occupied so much time, but I felt it my duty to the Society to make these observations.

Dr. Meryon, in seconding the Motion, said he thought the *Lancet* was not a fair exponent of the Medical Profession; and he believed if Mr. De Morgan's Amendment were carried it would be the means of giving aid to a journal which should be such an exponent.

Dr. Theophilus Thompson: I think we are rather hastily coming to an important decision. A speech has been made with great ability, and (considering the circumstances that have recently occurred) with considerable calmness. It is contrary to my tastes to be engaged in controversy, and particularly so when there is a risk of being thrown out of sympathy with so many of my Medical friends, in whose judgment I place great reliance, and whose esteem I highly value. The speech, however, which I have just heard, has not supplied me with sufficient reasons for supporting at this moment the Amendment which has been proposed; and I think it probable that some other members of the Society will feel with me that we should not act hastily in a matter of this kind. It so happens, from peculiar circumstances, and perhaps peculiar habits of mind, that I have never had (and perhaps I never shall have) much party feeling. I do not mean to tax gentlemen present with party feeling, inasmuch as I believe it belongs in some degree to generous natures, and in that respect I may be deficient. Now, I listened for arguments against the Journal under consideration, but I did not hear one positive, definite argument stated, from which I could gain any information with regard to the Journal, except one, which Mr. De Morgan said he would leave out of consideration. I think it was obvious that that one subject has had an influence on his mind, as well as on the minds of many others, in this matter. At a certain Hospital, known as the Royal Free Hospital, certain proceedings occurred which are familiar to most of us. A gentleman of ability and character was charged with what, at most, was an indiscretion, and was punished for it as a crime; and it was believed that the Editor of the *Lancet* instigated that step. I read all I found printed on that subject, and, from what I read, (I do not know what other evidence there may be unpublished,) I could see nothing to show that the Editor in question was the instigator of the proceedings which were complained of; and, without such evidence, I do not think it would be just and dignified to drive away a Journal from such a feeling. We might, by such a step, be doing an act of great injustice, which we should hereafter regret. But, if that act had been committed by the Editor, should we be justified on that ground in excluding his Journal? If we were to go into the consideration of the character and consistency of writers of books, surely we should throw the whole machinery of our library into disorder? I cannot help thinking that, as we have in our minds the particular consideration of the Hospital case, we had better not attempt to settle this question now. I would much rather see the subject referred to the Library Committee, that the matter might be inquired into temperately. If it be true that the Journal has deteriorated, if it is not interesting or correct in its scientific facts, if it is so habitually against

good morals that it ought not to be supported, then by all means let us exclude it. But my own opinion is, that that Journal has not deteriorated. During my professional career I have occasionally thought it my duty to send observations and communications to Journals. At one time, however, I should not have thought it. There was a respectable little green-book, supported by the heads of the Profession, to which I was accustomed to send my contributions. That book, for some reason, ceased, and when that event occurred, I believe the *Lancet* was the most respectable Medical Journal we had. Since then, I think, it has gone on improving, and I am not aware of anything in its character which should induce us to exclude it from our table. I do not wish to pronounce any very strong opinion in the matter, but I desire to protest against any hasty act which, instead of raising our dignity or advancing Journalism, may lower the one and retard the other. I hope that the mistakes which may have been made in the *Lancet* will be rectified, and that the energy by which it is characterised, and the improvements which I confess I thought it had for the most part exhibited, may be sustained and carried out to the advantage, and not to the detriment of our Profession.

Mr. Acton: I cannot help feeling some surprise that a subject of this kind should be brought forward on the present occasion. I feel totally unprepared to speak on the subject; but I cannot allow such a proposition to be made without offering some observations in corroboration of those made by Dr. Thompson. I have had no communication with him, nor did I know that this subject would be brought forward. We have been taken, Sir, unawares; and I think a certain time should have been allowed for the consideration of such a proposal. For myself, I have been a contributor to the *Lancet*, and I consider myself under great obligations to that Journal. On the other hand, I have for many years known my friend, Mr. Gay. I consider the matter between him and the Governors of the Hospital, if left there, to be of very little importance to the Profession; but, be that as it may, I do not think we should be called upon now to say Yes or No to the question, whether we will take in the *Lancet* or not. I cannot say that I approve of all that the *Lancet* may have said or done; but is that a reason why the Society should not take it in? Does a club exclude the *Times* or the *Daily News* simply because its own opinions are not expressed in those papers? (Hear, hear.) I appeal to you whether we should take this step now. Let Mr. De Morgan give notice of his motion, and let us all go home quietly and consider whether we ought to do as he proposes, or whether we should not in that way be going back to the dark ages, when they used to burn books as well as witches. I am no advocate for the *Lancet;* I simply say, that we ought not to be carried away by a speech, made, as it has been, with great ability, and, I will admit, great temperateness; but we all know that Mr. De Morgan has taken an active part in this matter. Let us not act hastily, then, but let us give other members an opportunity of voting; for a matter of this kind will not be confined to ourselves, but will assuredly be discussed elsewhere.

Dr. Snow: I see also on the table another Journal against which grave charges have been made. It is said, that that Journal frightens members into sitting for their portraits. (Laughter.) A former President of this Society, it appears, declined the invitation, and was treated in a very unbecoming manner. I think, if we are to dismiss the *Lancet*, we cannot do less than exclude the *Medical Circular*. (Hear, hear.)

Mr. Ancell: I have great pleasure in voting for the dismissal of the *Lancet* upon the grounds so well urged by Mr. De Morgan. Allow me to repeat what he has said, that I do not give my vote upon any vindictive feeling or principle whatever, but I give it in the interest of the Society. It is upon scientific grounds that I am anxious that that periodical should be discarded from this room. I think it hardly necessary for me to bring forward individual instances of what is so very notorious, that the *Lancet* is made the medium for the exercise of private and personal influence, the interests of science and of our noble Profession occupying only a secondary position. (Hear, hear.) I think with Mr. De Morgan, that it would be an affront to the understandings of the gentlemen present to go into details; but I may be allowed to advert to a circumstance that occurred within the last week or two, as illustrating the view which I take on this subject, and indicating the principle on which I give my vote. There was a meeting on the 13th or 14th of this month of another Medical Society, in which our friend, Dr. Bennett, a highly respectable member of the Profession, holds the office of Secretary. In the next number of the *Lancet* the following was inserted in the notices to Correspondents, showing the *animus* of the editorship:—

"The Sydenham Society is rapidly diminishing in numbers; the publications issued from the Association are, with rare exceptions, worthless. The annual guinea might be spent to much greater advantage than in purchasing the volumes of that Society."

Now, I do not deny, that the Sydenham Society, or any other, is open to the criticism of the press. Some of its books may not be of the very best character; but I say, that the individual who wrote the last of those three untruths knew nothing of the spirit or intention of the Sydenham Society; his object being to damage an excellent and useful Society, just because the Secretary had given the Editor personal offence. And this is not a solitary instance; it is the principle on which the *Lancet* has been conducted for a series of years. (Hear.) There was a time when our Profession was hardly able to take the ground which it can at present. The students of Medicine in London were a different class of men thirty years ago, when the *Lancet* was established. The junior members of the Profession were a different class of men, and they might have tolerated much that we cannot now permit. While we are seeking practical reforms in our Profession, let us not omit to seek this—a reform in our Medical literature. If our weekly Journalism is to be deemed a reflection of the Professional mind, let it reflect what the Profession really is,—a respectable, useful, and honourable body, and not a body given to vituperativeness and personalities. At present, there is no man, whatever may be his talents, who, if he happen to offend the Editor of the *Lancet*, can escape being traduced; while, on the other hand, the *Lancet* is not very scrupulous in holding up and supporting those who are not the most respectable in the eyes of our Profession. (Hear, hear.)

The Chairman then put the Amendment to the meeting, and asked for a show of hands. There then appeared—

For the Amendment	46
Against it	19
Majority	27

The Amendment was declared to be carried, and the *Lancet* accordingly excluded from the Society.

ALTERATION IN THE BYE-LAWS.

Dr. Alderson said he was afraid, after the exciting conversation which had taken place, the meeting would be indisposed to listen to a speech on another subject; and he would therefore content himself, without making any observations, with moving:—

"That the following words be omitted from the bye-law: 'Physicians, Surgeons, and General Practitioners,' in order to insert the following words: 'Members of the Colleges of Physicians and Surgeons of Great Britain and Ireland, Doctors and Bachelors of Medicine of the Universities of Great Britain and Ireland, and Licentiates of the Apothecaries' Society of London and Dublin, and of the Faculty of Physicians and Surgeons of Glasgow, and foreigners whose qualifications are satisfactory to the Council.'"

Dr. Stewart seconded the motion, which passed unanimously.

EXCLUSION OF THE *MEDICAL CIRCULAR*.

Dr. Merryman proposed, that the *Medical Circular* should be discontinued in the library.

Dr. O'Connor: Had not Dr. Merryman better propose to exclude all the medical periodicals in the United Kingdom—(laughter)—and I will second the motion. Allow me to say, that I am no favourite with the *Lancet;* but I think the present step has taken many members by surprise, and the meeting seems to have been packed [as we understood] for the purpose. (Order, order.)

The Chairman: I must call you to order, Sir. After the Society has come to a vote, for any Fellow to get up and impugn the motives and conduct of those who have voted is out of all order, and should meet with the reprehension it deserves. (Hear, hear.)

Dr. Stewart seconded the motion for the exclusion of the *Medical Circular*. He was very much astonished to find, that the Council took in that periodical. He had hoped, indeed, for the credit of the Society, that it had been sent gratis; and he thought even then, that to allow it to lie on the table was an act of grace scarcely to be expected. If the *Lancet* was bad, the *Medical Circular* was worse; and he thought it a reproach to the Society, that it should have been taken in for so long a period.

The motion was then put, and was carried by a majority of 17 to 2. [The meeting at this period was very much thinned.]

Dr. O'Connor wished to say, that he did not intend to impute motives to any gentleman present. (Hear hear.)

The Chairman then delivered the Annual Address, which consisted chiefly of brief biographical sketches of the eight Fellows whose deaths have been recorded during the past year.(a)

A vote of thanks having been accorded to the Chairman, the proceedings terminated.

MEDICAL SOCIETY OF LONDON.

February 25, 1854.

Dr. Forbes Winslow, President, in the Chair.

CANCER OF THE UTERUS.

Dr. Howard related the particulars and exhibited the parts of an ordinary case of cancer of the uterus.

TUBERCULAR PERITONITIS IN THE LEUCORYX.

Dr. Crisp had met with a marked case of the so-called, but not true, tubercular peritonitis in the Leucoryx—a species of antelope. The omentum and other parts of the peritoneum were beautifully injected. A few nodules were also met with in the liver, but all other organs, as also the blood, were healthy.

Dr. Camps called attention to the fact, that, as the deposit was presumed to be the product of inflammation, it was probably not true tubercle.

OBSTRUCTION OF THE BOWEL IN A PIG.

Mr. Richardson showed the rectum of a pig, which presented the appearance of valves, and had caused obstruction of the bowel. The animal had been ill for two months, and had ultimately died from exhaustion. When Mr. Richardson saw it, it was emaciated to the last degree, but had an enormously enlarged abdomen, presenting indistinct fluctuation and solid masses. On *post-mortem* examination, the colon was found to have a diameter of four inches, and to be inflamed and ulcerated. The small intestines were atrophied, and thus caused death from non-absorption of chyle.

In reply to a question put by Dr. Routh, Mr. Richardson stated, that every other part of the body was healthy. The pig had had an irregular appetite, but, upon the average, had probably taken sufficient food. It had been subject to vomiting.

Mr. Hancock inquired if the bowel had pressed upon the receptaculum chyli; and stated, that he had recently examined the body of a patient who, as it had been presumed by others, had been afflicted with disease of the lungs, and had found that the marasmus was owing to the pressure of a tumour upon the receptaculum chyli.

Dr. Crisp then referred to the fact, that balls of hair are sometimes found in the stomachs of girls. In like manner, a cat at Barclay's brewery had eaten birch-brooms so perseveringly as to form a dense mass of twigs in the stomach. Animals in the Zoological Gardens, being debarred from the use of grass, eat hay, and die from accumulations of that material.

Mr. Hancock then read a paper on

SCIATICA.

Mr. Hancock alluded to the various causes assigned as producing sciatica,—viz., disorder of the stomach and bowels, inflammation, and disease of the sciatic nerves, syphilis, gout, obstruction, and distension of the caput coli, tumours, or accumulated fæces in the course of the nerve, effusion of fluid into the sheath of the nerve, irritation and disordered state of the kidneys, and rheumatism either acute or subacute; but that from the cases which had fallen under his observation, the prevailing opinion appeared to be that sciatica depends mostly upon rheumatism, an opinion which he considered erroneous, as, having had ample opportunities of arriving at a conclusion, he felt convinced that the cause most productive of the complaint was irritation within the pelvis, either from loaded colon or cœcum, or from tumours formed within that cavity, or as had been suggested to him by his friend and colleague, Mr. Goldsboro, by the hæmorrhoidal vein, which, forming a complicated plexus over the sacral plexus of nerves, would, when congested and engorged, cause undue pressure and irritation of the nerve; that although he would not presume to assert, in opposition to the high authorities who differed from him, that the disease never depended upon rheumatism, still he maintained that it so seldom did so as to constitute the exception to the general rule, and not the rule itself.

Mr. Hancock then enumerated some of the modes of treatment, recommended such as bleeding, cupping, calomel and opium, colchicum, quinine, carbonate of iron, Indian hemp, acupuncture, actual cautery, blisters, moxas, puncturing the limb, and introducing morphia and creosote into punctures. He did not consider the disease difficult of cure, on the contrary, he had found it readily and speedily yield to the remedies he had adopted, which consisted in thoroughly purging the patients with small doses of croton oil, combined with blue pill, henbane, and compound extract of colocynth, and removing the sensation of bruising in the course of the nerve by the sulphate of quinine, in doses of three grains thrice daily. He had commonly given croton oil, because he had found it useful and convenient, but he did not attach any specific influence to this medicine, as he had found equally good results from turpentine and castor oil, the aloetic purgatives; and he considered that any medicine acting upon the lower intestines would be of service. He did not consider local applications at all necessary, but that they were frequently injurious, by adding to the patients' sufferings. He narrated five cases which had fallen under his care, having been previously treated for rheumatism by the remedies appropriate for the affection, but without success. In one the sciatica had existed for nearly two years, in another for above twelve months, and in the remainder from four to two months. The most obstinate of these was cured in three weeks, and the remainder in a fortnight, the latter period being that usually required. He could give many more cases of a similar character, but he thought those he had described were sufficient to prove the validity of his position, that in a vast majority of instances the disease did not depend upon rheumatism, but upon the causes which he had already alluded to; and he directed the attention of the Society to an interesting fact, which he had not found noticed elsewhere, namely, that sciatica almost always occurred on the right, and very seldom indeed on the left side of the body; and when it did he believed it was caused by impaction in the sigmoid flexure of the colon. In the majority of cases the affection commenced with stiffness, weight, and pain in the lumbar region, resembling lumbago; he was inclined to attach some importance to this fact as affording a means of diagnosis between those cases depending upon loaded intestine, and those resulting from tumour in the pelvis; and that where this symptom is absent it is desirable to institute a careful examination, not only above Poupart's ligament, but in the perinæum within the tuber ischii, and also by the introduction of the finger within the rectum. He had in two instances detected the existence of tumour in the pelvis by adopting these measures, and he thought this the more desirable from the importance of avoiding irritation as much as possible in cases of this description.

Dr. Crisp asked if the sciatic nerve was affected in all the cases referred to, since the author had spoken of the disease as an affection of the leg. On receiving an affirmative answer, he expressed an opinion, that, on many grounds, the disease could not arise from pressure upon the nerve. He characterised it as one of the most excruciating of all affections, and yet is oftentimes induced by a breath of air, or a mental emotion. It is also induced from malarious influences, as attested by all writers, and especially by those who had practised in malarious districts; and perhaps even the author's instance in which two brothers were affected was confirmative of this statement. He thought on anatomical grounds that the theory could not be sustained, since the disease was not met with in those cases in which pelvic tumours and alvine obstructions were known to exist. In reference to the influence of sex, he affirmed, in opposition to the opinion of Dr. Copland, that the disease is more frequent in males, and accounted for it on the ground that they are more exposed to changes of temperature. He then referred to the remedies which had been recommended, and approved of the rapid and repeated application of the actual cautery; of heated air, as adopted by Dr. Downing; and of the endermic application of hydrochlorate of morphia to a blistered and denuded surface.

Dr. Daniell considered that the author had been illogical in assuming that, because his treatment had been beneficial in a few cases, it would relieve in all, thus inferring the universal from the particular. If the author limited himself to such forms of sciatica as are accompanied by lumbago, he (Dr. Daniell) was of opinion, that the whole Profession could testify to the value of purgatives in a majority of such cases. If, however, the author spoke of sciatica in general, he could affirm, with all other authorities, that it arises from many and varied causes, and calls for different plans of treatment. If a patient be subject to rheumatism, or gout, or syphilis, he thought it

(a) Our space this week is so fully occupied, that we are obliged to defer any account of this address.—Ed.

fair to infer, that these affections would give rise to or modify the attack of sciatica. In reference to treatment, he remarked, that many patients were too enfeebled to bear the action of purgatives, and would be more relieved by a tonic plan of treatment.

Mr. Clarke stated, that he had recently attended a robust patient in the employ of a clothier, and had treated him ineffectually by all the ordinary modes. At length, however, on the suggestion of his assistant, he had adopted Mr. Hancock's plan of treatment, and had cured his patient in three weeks. He had given four doses of croton oil, and had obtained copious evacuations. The disease affected the right leg.

Dr. Camps considered, that the error into which the author had fallen—that of inferring generals from particulars—was very common in the Profession. He further was of opinion, that the author had begged the question when he inferred the existence of pressure from fæcal accumulation, simply from purgatives having brought away fæcal matter. Relief obtained from the action of purgatives is equally observed in rheumatism, and a variety of other diseases in which there is no assumption of pressure from accumulation. He approved of the exhibition of purgatives, and especially of colchicum, but considered that the treatment must be varied, according to the cause of the disease. He reminded Dr. Crisp, that although sciatica is a most painful affection, we cannot say that it is the *most* painful, since we have no means of measuring degrees of pain.

Mr. Richardson opposed the author's views, by stating, that simple pressure upon a nerve does not give pain. Moreover, the pains in sciatica are commonly intermittent, and the remedies proposed by the author, viz., croton-oil as well as turpentine, have equally good effects upon tic douloureux and other affections of distant parts, as of the face.

Dr. Lankester was entirely at issue with the author both in principle and practice. He regarded sciatica as a nervous affection, and considered, therefore, that the principle of treatment should be that applicable to the treatment of diseases of the whole nervous system. This the author had overlooked. He considered that the author had not proved his position, that sciatica depends upon the pressure of fæcal matter upon the nerve, for the passage of fæcal matter after the exhibition of a purgative is no evidence that there was fæcal accumulation, much less that the pressure caused by it had induced the pain. He had also omitted to show that the disease exists in connexion with known pelvic and intestinal tumours and fæcal accumulations. He further objected to the assumption of generals from particulars, as made by the author, and believed that purgatives would be equally beneficial in the treatment of any neuralgia. This benefit he would attribute, not only to their direct action, but to the indirect one following the action of all purgatives and depressants, viz., that of increasing the effect produced by quinine, opium, and other powerful remedies. The author had also used the quinine after the purgatives, and the cure was probably due to that remedy. In reference to the author's selection of croton oil, he reminded the Fellows that Dr. Allnut had recently written a work to prove the good effects of that purgative in all cases of neuralgia, and had shown that it had given relief where all other purgatives had failed. Dr. Allnut, however, was not prepared to state whether it relieves simply by its purgative action or by some general effect upon the system. He then showed that, while colchicum, and croton oil, and every other remedy, may fail to effect a cure, the patient will subsequently get well without any remedies whatever. He believed the disease to arise, not from one cause only, but from many causes, and stated, that in the rheumatic diathesis there is a manifest tendency to sciatica and other neuralgic manifestations.

Mr. Borlase Childs explained, that the author had probably intended to attribute the sciatica, not to pressure, but to the irritation set up by the presence of scybalæ, and stated, that hip-pains in cases of hip-disease and lumbar abscess were commonly relieved by injections into the rectum in the treatment of patients at the Margate Infirmary.

Mr. Gay objected to the author's deductions, but commended the practical character of the paper. The comparative infrequency of sciatica in relation to pelvic tumours and distension of the bowels was opposed to the author's theory. Moreover, Morgagni had shown, that pressure on a nerve alone will not give rise to pain. A cyst in the sheath gives no pain, so long as pressure only is exerted, but, when irritation arises, pain is produced. He, therefore, thought that irritation of the nerve must exist with or without pressure, whether the cause of the sciatica be rheumatism or obstruction of the bowels. In addition to the existence of the cause of the irritation, the nerve itself must be in a condition to be irritated. He had found great benefit from the use of cupping-glasses, with or without scarification.

Dr. Webster, with the previous speakers, differed from the author in opinion as to the cause of the disease, but approved the practical remarks contained in the paper. He approved of the plan of treatment whereby purgatives, as colchicum, are first given, and then tonics administered, and the more so in malarious cases. He cautioned the Fellows as to the employment of the endermic plan of treatment, by giving the particulars of a case in which the patient had symptoms of poisoning following the application of belladonna to the denuded surface. He believed the right leg to be more frequently affected than the left, and men than women.

Dr. O'Connor expressed his disappointment at the paper, since the author had not limited his treatment to those cases of sciatica which accompany accumulation of fæces, but had affirmed it to be applicable to that disease in general. He also showed, that even so far the author had been anticipated by Sir Charles Bell and Dr. Allnut. He then expressed his conviction, that the disease arises from very varied general causes, as rheumatism, gout, dyspepsia, and syphilis, and will not then yield to purgatives. He commended quinine and opium, on the authority of Drs. Corrigan and Graves, and Mr. Morris, and affirmed iodide of potassium and colchicum to have relieved when purgatives and other remedies had failed. He had frequently used the hot button heated under a red heat, and passed rapidly along the course of the nerve with great advantage; and also the hot air and hot water douche of Dr. Graves.

Mr. Childs had often used the button heated to redness without any benefit.

The President referred to Dr. Graves' personal experience of sciatica, and reminded the Fellows, that that distinguished physician had been cured of sciatica by iodide of potassium and sarsaparilla, after the failure of all other remedies had determined him to withdraw from the practice of the Profession. He also remarked, that he (Dr. Winslow) had been a martyr to sciatica on various occasions. He had taken it from sleeping in a damp bed at Birmingham, when on his way to hold a consultation with Sir C. Hastings, at Droitwich, and had tried every remedy without benefit, until he had invalided himself, for three weeks at Bath, when he was restored to health by the use of galvanism in the Bath waters. In reference to the influence of pressure upon a nerve as a cause of pain, he stated, that when the nerve is encysted, the acupuncturation of it has given immediate relief. M. Velpeau had cured sciatica by applying the actual cautery to the external ear.

Dr. Daniell stated, that the treatment to which the President had attributed his cure was that ordinarily adopted at Bath.

Mr. Potts related the particulars of a case, in which the daily application of galvanism had cured, after the author's and every other mode of treatment had failed. This he considered to be a case of pure neuralgia. The patient was a man, and had the right leg affected.

Mr. Hogg had employed the author's plan with great success in several cases, and related the particulars of one case of sciatica with lumbago, in which, after having tried every remedy ineffectually for four months, Mr. Hancock had cured it by the administration of three doses of the croton-oil. In a case of sciatica complicated with ascites, he had found relief from the exhibition of elaterium.

Mr. Hancock, in reply, stated, that he had not overlooked the fact of irritation in connexion with pressure being a cause of sciatica, and believed it to be excited by the peristaltic action of the loaded bowels. He did not deny the existence of other causes of the disease, but considered them to constitute the exceptions.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Friday, Feb. 24.

Petitions were presented by Dr. Michell, from members of the Medical Profession in Fowey, praying that the Medical Officers of the Navy may be placed on the same footing as those of the Army; also, one with the same prayer, from members of the Medical Profession residing in Dulverton, Milverton, and Wiveliscombe, in the county of Somerset.

Medical Reform.—Lord D. Stuart wished to ask the Secretary of State for the Home Department—1. Whether it was the intention of Her Majesty's Government to issue a Commission to inquire into the state of medical and surgical education and

government in the United Kingdom? 2. Whether it was the intention of Her Majesty's Government to introduce a Bill on Medical Reform during the present Session of Parliament; and whether the draught of a Bill, submitted to His Lordship by a Deputation from the Council of the Provincial Medical and Surgical Association, had received his approval, or that of Her Majesty's Government? 3. Whether it was the intention of Her Majesty's Government to introduce a Bill during this Session of Parliament, to enable them to grant a new charter of incorporation to the Royal College of Physicians of London?

Lord Palmerston said, the subjects to which the questions of the noble Lord referred were not only of great importance, but also of a very complicated nature. He had intended to introduce a Bill last Session with reference to the improvements which the Government thought it desirable to be carried out, but he did not think that it would be prudent to issue any Commission on the subject. It was the intention of the Government, as soon as possible, to submit to the consideration of the House a measure of the nature to which he had referred, as also a Bill with reference to the granting of a new charter to the Royal College of Physicians of London. (Hear, hear.)

MONDAY, FEB. 27.

Petitions were presented by Mr. Brady, from the Medical men of Hull, complaining of the accommodation afforded to Assistant-Surgeons in the Navy; by Mr. Meagher, from James Baker, Chairman of the Hoxton Medical Protection Society, in favour of the Medical Registration Bill; by Mr. W. J. Fox (2), from Oldham, against the new Medical Reform Bill; by Mr. Gibson, from Thomas Richardson, praying that the reformed or botanical system of Medicine may be protected under the New Medical Reform Bill.

LUNACY.—On the Motion of Mr. Drummond, an Address was agreed to for returns by Commissioners in Lunacy of present lists of visiters appointed by justices of counties and boroughs to visit provincial houses licensed for the reception of lunatics; of the number and dates of visits made to each provincial licensed house by the visiters during the statutory year ending Michaelmas, 1853; of the number and dates of visits made by the Commissioners in Lunacy during the statutory year ending the 3rd day of August, 1853, to each licensed house; 1, Metropolitan; 2, provincial; and list of licensed houses, Metropolitan and provincial, the numbers for which they are respectively licensed, the numbers of patients therein respectively on the 1st day of January, 1854, the number of attendants kept at each house at the same date, and the number of attendants dismissed for misconduct from each house since the 1st day of November, 1853.

TUESDAY, FEB. 28.

Petitions were presented by Mr. Horsfall, from Liverpool, for a modification of the Medical Reform Bill; by Mr. Brotherton, from Robert Harle, of Salford, a practitioner of the reformed botanical system of Medicine, against the Medical Registration Bill; by Lord Goderich, from Gainsborough, against the Medical Reform Bill; from Kirkbean, in Scotland, against the Medical Reform Bill.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, Feb. 23:—

ATKINS, HENRY, Southampton.
DODWELL, WILLIAM HENRY.
DUNCAN, THOMAS, Chelsea.
EDWARDS, THOMAS FRANCIS, Denbigh, North Wales.
MARSHALL, JOHN INGHAM FEARBY, York.
NOBLE, JOHN, York.
SMILES, JOHN FINCH, Banbury.
WHITE, CHARLES JOHN.

APPOINTMENTS.

LONDON HOSPITAL.— Andrew Clarke, M.D., Marischal College, Aberdeen, Member of the Royal College of Physicians, has been elected to the office of Assistant-Physician to the London Hospital.

MILITARY.—1st or Grenadier Regiment of Foot Guards: Henry Lawrence, gent., to be Assistant-Surgeon. Coldstream Regiment of Foot Guards: Assistant-Surgeon Charles Vidler Cay, from the 97th Foot, to be Assistant-Surgeon. 4th Foot: Assistant-Surgeon Frederic Moore Smith, from the Staff, to be Assistant-Surgeon. 28th Foot: Assistant-Surgeon William Henry Brice, from the Staff, to be Assistant-Surgeon; Chamney Graves, Irwin, gent., to be Assistant-Surgeon, vice Marlow, promoted on the Staff. 33rd Foot: Assistant-Surgeon William Mure Muir, M.D., from the 42nd Foot, to be Surgeon, vice Johnston appointed to the Staff; St. John Stanley, gent., to be Assistant Surgeon. 50th Foot: Philip Giffard Martel, gent., to be Assistant-Surgeon. 59th Foot: Staff-Surgeon of the Second Class Robert M'Wharrie, M.D., to be Surgeon, vice Braybrooke, appointed to the Staff. 77th Foot: Robert Graves Burton, gent., to be Assistant-Surgeon. 93rd Foot: Robert Menzies, gent., to be Assistant-Surgeon. Hospital Staff: Surgeon William Braybrooke, from the 59th Foot, to be Staff-Surgeon of the Second Class, vice M'Wharrie, appointed to the 59th Foot; Surgeon James Townsend Oswald Johnston, M.D., from the 33rd Foot, to be Staff-Surgeon of the Second Class; Assistant-Surgeon Edward Howard, from the 20th Foot, to be Staff-Surgeon of the Second Class; Assistant-Surgeon Benjamin William Marlow, M.D., from the 28th Foot, to be Staff-Surgeon of the Second Class; Assistant-Surgeon O'Connor D'Arcey, M.D., from the 5th Dragoon Guards, to be Assistant-Surgeon to the Forces, vice Ross, appointed to the 39th Foot. Ordnance Medical Department: Deputy Inspector-General Verling, M.D., to be Inspector-General of Ordnance Hospitals.

MILITIA.—Oxfordshire: Richard James Hansard, gent., to be the Assist.-Surg. vice John James Ireland, promoted.

PROMOTIONS.

NAVAL.—Surgeon Alexander M'Kecknie, M.D. (1830), Surgeon, and medical storekeeper of the Royal Hospital, Haslar, to be Inspector of Hospitals; Surgeon Alexander Bryson, M.D. (1836), serving as Surgeon of the Fisgard flagship at Woolwich, to be Deputy-Inspector of Hospitals. [The promotion of Dr. M'Kecknie is to have him ready for service in an Hospital-ship, about to be commissioned for the purpose of accompanying the fleet under the command of Vice-Admiral Sir Charles Napier, K.C.B.]

VACANCIES.

MEDICAL OFFICERS.—NEWBURY UNION.—Three Medical gentlemen, duly qualified, are required for districts in this Union. Election 7th of March.

NORFOLK AND NORWICH HOSPITAL. — The office of House-Surgeon and Apothecary is now vacant by the retirement of Dr. Bateman. Election April 8.

DEATHS.

FERNIE.—Lately, at Kimbolton, Hunts, Andrew Fernie, Esq., Surgeon, aged 84, having practised in that place nearly sixty years.

MACQUART.—Lately, at Paris, after an illness of three days, M. Macquart, President of the Académie de Médicine. He had only a week previously taken his place as President at one of the Academy's meetings apparently in good health. The illness was an acute pneumonia complicated with pericarditis. M. Macquart's age was 74. He has been well known as an excellent practical Physician, but has not written much. A treatise on the Physiology of the Brain, and some articles in the "Dictionnaire des Sciences Médicales," are all that he has left to the Profession.

WHITMORE.—Feb. 27, Henry Whitmore, Esq., Surgeon, Coggeshall, Essex, in his 47th year; M.R.C.S.E. and L.S.A., 1829.

PROMOTION OF DR. BRYSON.—It will be seen by our naval intelligence, that Dr. Bryson has at length been promoted to the rank of Deputy-Inspector of Naval Hospitals. He is not to proceed to the Baltic, as stated in the papers, but will continue his useful labours in the office of the Director-General. He has worked long and hard for his promotion; and we are sure that every Medical officer in the Navy will join us in saying that it was well deserved, and in congratulating him upon it.

THE MEDICAL STORES for the war have been provided partly from Apothecaries' Hall, and partly from the well-known firm of Savory and Sons, in New Bond-street. The latter have supplied twelve large medicine-chests and thirty-nine panniers

to be carried on mules and donkeys, and neatly packed with every description of medical and surgical appliance. Among the items included are 1000 pounds of lint, 1000 pounds of tow, 200 old sheets, and 1000 yards of adhesive plaster. The panniers, to be carried on mules, have been admirably fitted up by Mr. Savory, under instructions from the Director-General of the Army and Ordnance Medical Departments. They are wicker-baskets, covered with waterproof bull hides, and have been in the Tower ever since the last war. They are slung over the mules in pairs, one containing the Surgeon's instruments, the other the following medicines and sundries: — A set of splints, one old linen sheet, emplast. adhesivum, Surgeons' tow, oil-silk, lint, calico bandages, gally-pots, tourniquets, wax taper; counter scissors, tape, cork-screw, palate-knife, elastic enema, Surgeons' sponges, vial corks, two bottles, to hold brandy in one, and water in the other; ol. terebinthinæ, ol. olivæ opt., tinct. opii, æther sulphuric., liquor ammoniæ fort., spirit. ammon. aromat., tinct. matico, pulv. jalapæ, tinct. ferri sesquichlor., chloroform, sol. acet. morphiæ, ammoniæ sesquicarb., antim. potass. tart., ol. tiglii, hydrarg. chlorid., ol. menthæ pip., cerat. cetacei, ext. opii, ext. colocynth. co., lucifer matches, paper of pins, ligatures, silk and thread; horn cup, Wedgewood measure, minim measure. These are quite independent of the supply of medicine in the Regimental Hospitals, and are only intended to be carried to the scene of operations. The Director-General has been most careful to insure a full supply of every thing which may be required for the wounded; and the Government have supported him well by chartering a steamer laden with porter, rice, sugar, tea, etc., to establish a store near head-quarters, where the soldiers can buy these comforts at London wholesale prices.

Navy and Army Medical Stores.—The votes for Medical purposes taken in Committee of Supply were as follow:—Navy, 32,000*l.*; army, 151,382*l.*, a decrease of 11,575*l.* The appropriation of the latter vote is: home staff, 62,365*l.*; foreign, 89,016*l.*

Election of Assistant-Physician to the London Hospital.—On Wednesday, Dr. Andrew Clarke, of Montague-place, was elected Assistant-Physician to the London Hospital, in place of Dr. Davis, who became full Physician. Four candidates had been in the field,—Drs. Barnes, Clarke, Ramskill, and Whitley; but the contest, at last, was between Drs. Clarke and Ramskill only. It was a very severe one, and excited great interest among the supporters of the Hospital. The poll was closed at four o'clock, when the following result was made known:—

Dr. Clarke	...	Votes	248	Proxies	106	... 354
Dr. Ramskill	...	„	243	„	73	... 316
				Majority	... ...	38

It is to be hoped that this mode of electing Medical Officers to our Hospitals will be done away with. The decision rests with Governors, who can know very little of the professional qualifications of rival candidates. We are informed that, in this case, Dr. Clarke was supported by all the Medical Officers of the Hospital; yet he would have been defeated but for the most strenuous electioneering exertions.

Medical Registration Bill.—The following Petitions have been presented to the House of Commons on the subject of the Medical Registration Bill:—"To the Honourable the House of Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled. The humble Petition of the undersigned legally-qualified Practitioner in Medicine, Surgery, and Midwifery, of the City of Bath, showeth,—Your Petitioner has noticed with pleasure the Bill that has been introduced into the House of Commons, intituled 'A Bill for the Registration of Qualified Practitioners, and for amending the Law relating to the Practice of Medicine, in Great Britain and Ireland.' Such a registration, in the opinion of your Petitioner, will be a guarantee to the public that those to whom they entrust their health and lives are educated; and that their qualification for such a responsible office has been tested by authorised examiners as to the duties they have to perform. That while your Petitioner approves of this Bill now before your honourable House, for the registration of those who practise as Physicians, Surgeons, and Apothecaries, he has observed, with deep regret, that the practice of Midwifery, which is connected with, and being a very important branch of, the practice of Medicine and Surgery, is wholly omitted; thereby allowing those who may choose to practise this peculiar branch of the Profession exclusively to do so without rendering themselves amenable to the law. That your Petitioner, in the pursuit of his obstetric practice, has frequently beheld and deplored the great mischief produced and the evil consequences ensuing from the indiscriminate practice of Midwifery by unqualified persons, and the want of some adequate legal protection or recognised body, whereby to test the competency of those who embark in this delicate and important department of the Medical Profession. And that your Petitioner earnestly and respectfully prays your honourable House to supply this great defect in the proposed Bill for the Registration of Medical Practitioners, as such a public record will enable the community to discriminate between the educated and authorised and the ignorant pretender. And your Petitioner will ever pray.—George King, Surgeon-Accoucheur to the Dorcas Society for the Relief of Lying-in Women; and the Charitable Society for the Relief of Lying-in Women, Bath.——"To the Honourable the House of Commons of the Parliament of Great Britain.—The Humble Petition of James Baker, of No. 1, Dorchester-place, New North-road, Hoxton, in the County of Middlesex, Chairman of the Hoxton Medical Protection Society, on behalf of himself and the members of the said Society. Showeth,—That your Petitioners have carefully read the Bill now before Parliament for the Registration of Qualified Medical Practitioners. That your Petitioners are deeply interested in protecting the lives of Her Majesty's subjects, and maintaining the respectability of that honourable Profession of which they are members. That your Petitioners are of opinion that the said Bill is a wise and judicious measure, and that if passed into a law it will prove a benefit to society, by enabling Her Majesty's subjects readily to distinguish between persons practising medicine and surgery by virtue of lawful authority, and those who do not possess any legal qualification whatever. That your Petitioners are convinced, that for the due protection of the public, as well as for upholding the dignity of the Profession, and securing the just rights of Medical men, a clear and certain remedy should be provided. Your Petitioners, therefore, humbly crave leave to ask your honourable House, to give effect to the measure now introduced for the Registration of Qualified Medical Practitioners, and pass the same into a law during the present Session of Parliament. And your Petitioners will ever pray, etc. (Signed) James Baker, as Chairman on behalf of the Members of the Hoxton Medical Protection Society, meeting at the Committee-room, Dorchester Hall, New North-road, Hoxton, in the County of Middlesex."——Also seven Petitions, similar to the above, from Alfred Atkyns, 6, James-terrace, New North-road; G. W. Coward, 6, St. John's-terrace, Hoxton; Thos. Leonard, M.D., 14, Critchell-place, New North-road; J. H. Hawthorn, L.S.A., 2, High-street, Hoxton; C. W. S. Large, M.R.C.S.L., 23, Russell-place, New North-road, Islington; John Livett Benson, L.S.A., 174, High-street, Hoxton; John Ireland, 19, Tabernacle-row, City-road.

The Cost of Cholera in Newcastle-upon-Tyne.—Mr. J. B. Hume, the Chief Commissioner, from evidence that had been laid before him, has made a calculation that the epidemic has cost the town 3800*l.* for medicine and burials alone, and would cost it nearly 50*l.* a-week for eight years to support the widows and destitute—nearly 30,000*l.* In addition to this sum, he said, some thousands of pounds had been collected and distributed by the vicar.

At a Meeting of the Metropolitan Commission of Sewers, on Monday, in consequence of a communication from Lord Palmerston, adopting the system of drainage advocated by the Board of Health (!) in preference to that proposed by the Commission, it was moved that the Court adjourn *sine die*, which was carried unanimously. The Metropolis is thus virtually left without a Court for the purposes of Sewerage.

Death from Chloroform.—An inquest was held last Saturday at Sheffield, respecting the death of a Mrs. Harrop, which occurred while under the influence of chloroform, administered to her during the removal of the left breast. The jury gave a verdict, that death resulted from spinal apoplexy and disease of the heart.

New Respirator.—Mr. Stenhouse, the Professor of Chemistry at St. Bartholomew's, has invented a new form of respirator, which it is believed will be competent to purify the air breathed through it from all noxious gases. It consists of a layer of charcoal enclosed in fine gauze. Should it be found efficient and of convenient use, it will be a great boon to all engaged in occupations which involve exposure to malarious or miasmatic influences.

Capillary Hæmorrhage in the Brain of an Infant.—Professor Berg communicated to the Association of Swedish

Physicians, March 11, 1851, the particulars of a case of an infant who died of capillary bronchitis of five to six days' duration, in the Children's Hospital at Stockholm, without the manifestation of any cerebral symptom. Upon examination, there was found great congestion of the pia mater; the surface of the cerebral hemispheres being sound. Upon incision it was seen, that the whole white or cortical substance was softened into a granular discoloured mass by capillary hæmorrhage. The softening occupied both hemispheres in their totality, but was greatest at the posterior part, which was converted into a thick panada. The crura cerebri and the cortical substance were sound. It was remarkable that so great a degeneration of both hemispheres should have ensued without any symptom during life.—*Journal für Kinderkrankheiten*, 1853.

An Illegal Practitioner of Medicine.—On Saturday, at the Whitechapel County Court, an action was brought by the Apothecaries' Company against a grocer, of 108, Ratcliff-highway, named Stephens, to recover a penalty of 20*l.*, alleged to have been incurred by the defendant, for his having practised as an apothecary by supplying medicines and attending on sick persons. It appeared that the defendant was in the habit of selling herbs, and designated himself as a medical botanist, and agent to Dr. Coffin; that he had on various occasions attended patients, for which he had charged 2s. 6d., 5s., or 10s. These proceedings were taken in consequence of a complaint made to Lord Palmerston by Mr. Baker, who held an inquest upon a child that died from the defendant's treatment. The defence was, that the persons who employed the defendant well knew that he was not a qualified medical man, and that he never pretended he was. Mr. Serjeant Manning, on summing up, said, it was of the utmost importance that the poor should be protected from the practice of unqualified persons like the defendant. It had been proved that he had acted as an apothecary, and, if the jury believed the evidence, their verdict must be for the plaintiffs. The jury immediately found a verdict for the plaintiffs for the whole amount.

The Latest Improvement.—A German offers for sale instruments "for indicating persons' thoughts by the agency of nervous electricity!"

The Masseranduba, or Milk-tree.—In the virgin forests on the banks of the Amazon we remarked some trunks much notched by persons who had been extracting the milk. The tree is one of the noblest in the forest, rising with a straight stem to an enormous height. The timber is very hard, fine-grained, and durable, and is valuable for works which are much exposed to the weather. The fruit is eatable and very good, the size of an apple, and full of a very rich and fruity pulp. But, strangest of all is the vegetable milk, which exudes in abundance when the bark is cut. It has about the consistence of thick cream, and but for a slight peculiar taste could scarcely be distinguished from the genuine product of the cow. Mr. Leavers, a friend with whom we were staying, a mill-owner, ordered a man to tap some logs that had lain nearly a month in the yard. He cut several notches in the bark with an axe, and in a minute the rich sap was running out in quantities. It was collected in a basin, diluted with water, strained, and brought up at tea-time and at breakfast next morning. The peculiar flavour of the milk seemed rather to improve the quality of the tea, and gave it as good a colour as rich cream; in coffee it is equally good. A custard was made of it, and, excepting its dark colour, tasted and looked well. The milk is also used for glue, and said by carpenters to be very durable. Of its capability in this line, Mr. Leavers showed us the belly-board of a violin formed of two pieces, which he had glued together two years previously, and which, although in daily use, was perfectly good and sound. As the milk hardens by exposure to air, it becomes a very tough, slightly elastic substance, much resembling gutta percha, but, not having the property of softening by warmth is not likely to become so useful as that article of modern discovery.—"*Travels on the Amazon and Rio Negro in* 1848," *by Alfred R. Wallace.*

Novelty in Urethrotomy.—M. Maisonneuve has been operating on some cases of obstinate stricture by means of a lancetted stilette, introduced by the urethra, and cutting the constricted portion from within outwards. On these he has written a paper, which is reported in last week's *Gazette Médicale*, announcing a "*New* Method of performing Urethrotomy"!!

Mortality Notabilia.—The deaths registered in London exhibit a considerable increase, having risen from 1154 in the previous week (a number which the mortality has not much exceeded since the middle of January) to 1334 in the week that ended last Saturday. In four weeks that followed the middle of January the mean temperature was 42°, in the fifth week it fell to 35·1°, and last week it was 40·9°. The present return shows an excess above the estimated amount of nearly 100. Complaints of the respiratory organs are the principal cause of increase. Deaths by bronchitis have risen in the last two weeks from 121 to 134, those by pneumonia from 64 to 82, those by asthma from 16 to 30. Hooping-cough declined in the same time from 83 to 72; croup rose from 9 to 21.

Miscellaneous.—On February 20, at St. Thomas's Hospital, an omnibus-conductor, aged 48 years, died "probably from rupture of some vessel near the heart." Deceased was disputing with a passenger at the London-bridge railway-station, about a fare, when he suddenly dropped down. He died as he entered the gate of the Hospital. The following case was registered last week, but occurred on December 31. At No. 4, Blendon-row, East-street, Walworth, the son of a journeyman shoemaker, aged 4 months, died of asphyxia, in consequence of a cat having laid itself on the mouth and neck of the child when sleeping in bed.

Births.—The number of births registered in the week was great, amounting to 1795,—891 boys, and 904 girls; average 1477.

Meteorology.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 30·096 in. The mean temperature of the week was 40·9°, which is 1·5° above the average of the same week in 38 years. The highest temperature in the week was 53° on Monday, the lowest 30° on Sunday. The mean dew-point temperature was 33·8. The wind blew from the north-west and south-west. Rain fell only on Thursday,—0·10 in. Horizontal movement of air, 810 miles; no electricity was shown.

Mortality in Public Institutions for the week ending February 25 :—

	Males.	Females.	Total.
Workhouses...	62	68	130
Military and Naval Asylums ...	6	...	6
General Hospitals	53	24	77
Hospitals for Special Diseases ...	...	2	2
Lying-in Hospitals	...	1	1
Lunatic Asylums	3	4	7
Military and Naval Hospitals ...	3	...	3
Hospitals for Foreigners, etc. ...	2	...	2
Prisons	...	...	...
	129	99	228

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, February* 25, 1853.

Causes of Death.	Feb. 25. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	640	416	275	1334	11300
Specified Causes	636	416	274	1329	11265
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	209	33	15	257	2087
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	13	27	19	59	536
3. Tubercular Diseases	82	130	5	217	1941
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	63	35	44	142	1326
5. Diseases of the Heart and Blood-vessels	2	31	26	59	461
6. Diseases of the Lungs and of the other Organs of Respiration ..	128	73	61	262	2437
7. Diseases of the Stomach, Liver, and other Organs of Digestion	31	28	18	77	571
8. Diseases of the Kidneys, etc. ..	1	4	7	12	131
9. Childbirth, Diseases of the Uterus	..	13	2	15	93
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	2	2	7	98
11. Diseases of the Skin, Cellular, Tissue, etc.	2	5	..	7	14
12. Malformations	9	..	..	9	39
13. Premature Birth and Debility ..	40	..	..	40	215
14. Atrophy	27	1	11	39	195
15. Age	..	..	54	54	660
16. Sudden	4	4	3	11	120
17. Violence, Privation, Cold, and Intemperance	22	30	7	62	341
Causes not Specified	4	..	1	5	35

BOOKS RECEIVED.

Class-book of Botany. Being an Introduction to the Study of the Vegetable Kiugdom. By J. H. Balfour, M.D., F.R.S.E. Edinburgh: A. and C. Black. 1854.

Practical Obscrvations ou Gout and its Complications, and on the Treatmeut of Joints Stiffenecl by Gouty Deposits. By T. Spencer Wells, F.R.C.S. London: Churchill. 1854.

The Laws of Epidemic and Contagious Diseases. By James Bird, M.D., F.R.C.S. London: Churchill. 1854.

An Accouut of the Origin and Progress of the Epidemiological Society. Printed by order of the Council of the Socicty.

Pharmaceutical Jonrnal. March. 1854.

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The time for the next annual meeting of the Sydenham Society is drawing near, and I have not had any application for my subscription, nor have I received any books. Are there any in course of issue? An answer to these qnestions from any of your subscribers wonld oblige

A Member of that Society from the Beginning.

Dr. Black, of Chesterfield.—Lieberkühn wrote thus in 1848 (when we stated the paper was published in 1850 the error was in Dr. Black's favonr):—

Verhalten des Eiweisses gegen Essigsaure.—"Albumin von Hühnereiern wurde, nachdem es mit gleichen Theilen Wasser verdünnt und durch ein feines Filtrum filtrirt war, mit gerade so viel Essigsäurc übergossen, als die wässrige Lösnng betrug, nnd die Mischung umgeschuttelt. Nach einiger Zeit (manchmal schon gleich bei dem Zusetzen der Essigsänre, andere Male erst mehrere Stnnden nachher) wnrde die Snbstanz dickflüssiger, ohne sonst ihr Aussehen zu ändern und wandelte sich allmählig zu einer dnrchsichtigenhellen Gallerte um, die nicht mehr aus dem Reagirglase floss, wenn man dasselbe umkehrte und schüttelte."—*Muller's Archiv.* 1848.

The paper by Dr. Parkes to which we referred was—*not*, as Dr. Parkes and Dr. Black suppose, that on "The Decomposition of Chloride of Sodinm by Acetic Acid in the presence of Albnmen," published in 1850, bnt that on "The Precipitation of Albnmen by Acids and Neutral Salts," published in the *Medical Times and Gazette*, as we *correctly* stated, in 1852. In that paper are the following remarks:—"The albumen in the serum of the blood is occasionally in a condition in which it is not precipitated by an acid and a nentral salt. The only case in which I have observed this was one of jauudice, in which the sernm was moderately tinged with bile pigment. *Acetic acid in quantity gelatinized it as usual.*" The pronoun "it," we snppose, stands for sernm, and the only principle capable of being coagulated in the serum is the albumen; while the expression "as usnal" seems to signify that he (Dr. Parkes) had always found albumen to be coagnlated or gelatinized by acetic acid in qnantity. And, again, Dr. Parkes writes in the samc paper:—"The long-continued action of acetic acid ou serum also annuls the action of acid and salt on albumcn. Lieberkühn appears to believe, that when *albumen, gelatinized by acetic acid*, is exposed to the air, so that the acid may evaporate, the albumen passes into the ordinary uncoagulable state. This appears doubtful. The jelly kept exposed for two or three months, etc., etc." We give these qnotations at length because Dr. Black has written us a loug letter to prove that he had not been anticipated in regard of his supposed discovery of the coagulation of albumen by acetic acid. In the letter with which Dr. Black has favonred us he uses hard words. Persons who write unwise books, and are told in a review that they are unwise, nsually charge their reviewers with ignorance or dishonesty. We did not expect, when we performed the nnpleasant dnty that was incumbent on us, to find Dr. Black an exception to the rule. We cannot, however, help indulging the hope, that, iu spite of the temper Dr. Black manifests in the letter he has forwarded to us, he will benefit by our remarks; at least, that, after the quotations we have been at the trouble of making to-day for his especial instruction, that he will uot again lightly charge us with inaccuracy. One word in conclusion. We assure Dr. Black that the reviewer of his Work never to his knowledge heard Dr. Black's name till the papers in question were placed in his hands; nor does he even uow, so far as he is aware, know a person acquainted in any sense of the word with Dr. Black; and it would afford him real pleasure to be able *honestly* to use as strong terms in praise of the second part of Dr. Black's memoir as he has *honestly* used in condemnation of the first part.

Mr. Edwin Morris.—We have received a copy of a paragraph from the *Boston Guardian*, which we have perused with much regret. It appears that the clergyman of the parish of Swineshead is in the habit of prescribing for his poorer parishioners, and that he gave to a child labouring under scarlatina some powders containing each a scruple of ipecacuanha. One powder and a-half were given, bnt, as the child became worse, a medical man was called in; but the patient died soon afterwards. Upon these facts, a verdict almost equivalent to one of manslaughter was brought against the clergyman. We repeat that we have read this account with regret, because we do not believe that the evidence justified the verdict, or that it was at all proved that the child died from any other cause than the disease with which it was attacked. Nevertheless, we do not at all justify the practice of prescribing on the part of clergymen, who have enough to do in executing their spiritual duties, without meddling with matters which are out of their province.

A Subscriber.—We have not the particulars at hand, bnt the inquiry, addressed to Mr. P. Bell, the Clerk to the Incorporation, will elicit the information desired.

Dr. Ramskill.—The notice of the meeting of the Hunterian Society was accidentally omitted.

H. B. E.—The letter would have no effect without the true signature of the writer.

W. W. W. will obtain all the information he requires by writing to the Secretary of the Government Emigration Commission. The office is in Park-street, Westminster.

John Hainworth, Esq.—Mr. Cousins has already explained that our reporter had not given a correct statement of what he really said.

Medicus.—The letter would have no effect without the real signature.

J. B. B.—Apply to the Beadle, Mr. Rivers, at Apothecaries' Hall.

J. R., Surgeon.—The application has only to be made at the Office of the Army Medical Department, St. James's-place.

An Irish Subscriber.—We will give the information as soon as the precise action of the Bill on the County Infirmaries can be determined.

An Illegal Practitioner.—Lord Palmerston proposes to bring forward the New Charter of the College of Physicians this Session. None of the measures proposed by the College in our opinion are too liberal.

E. Wilkinson, Esq.—We entirely agree with the views of our Correspondent on the Vaccination Act. We do not wonder at his impatience to see more of Dr. Stokes's valuable Lectures on Fever. The delay has arisen from illness in the family of the learned Professor.

J. Dickson, Esq., 57th Regt.—The case shall be inserted.

Mr. Barton's case shall appear.

Erratum.—In our last report of the Medical and Chirurgical Society, *for* "trucheloid," *read* "true cheloid."

R. C. H.—We understand that the candidates who are unsuccessful at the Preliminary Classical Examination are not allowed to present themselves again until their final Medical Examination.

[To the Editor of the Medical Times and Gazette.]

Sir,—The trial of Seward *v.* Housley recalls to my recollection a case which I saw about seventeen years since, during my pupilage at a reputable provincial hospital. A healthy, athletic labourer, about 25 years of age, was brought in with an oblique fracture of the upper part of the right thigh. The patient was placed upon Earle's bed. After the swelling, which was not considerable, had subsided, a many-tailed bandage and short splints were put on. Some days after, the man complained of numbness in the foot, which was slightly discoloured: the pulsation of the dorsalis pedis was feeble, scarcely perceptible. In a short time well-marked gangrene of the leg appeared, attended with constitutional symptoms. After the line of demarcation had formed amputation was performed. It then appeared that the sharp point of the lower end of the fracture had obstructed the current of the femoral vessels.

The patient had a good recovery, and went out with a short stump and wooden leg. The House-Surgeon, at that time, was a man of large experience, and had resided many years in the Hospital; the Receiving Surgeon in the case had served near Waterloo; and the Dressing Pupils might, in acquirements, compare with the best-instructed in the London Hospitals. Now, had this person been a litigious, ungrateful fellow, a Mr. S., against whom could he have brought his action? Clearly against no one with more justice, than the plaintiff in the case under consideration could move against our much-injured and most unjustly-treated professional brother Housley.

This case is not less important to the Profession than that of Mr. Gay. While judges direct, and juries return such verdicts, no young practitioner is safe, and our elders not more secure.

I sincerely hope that good Mr. Propert may receive many subscriptions for Mr. Housley's benefit (not for Seward or his attorney). I beg to offer one suggestion, that, until there is a probability of the establishment of a medico-legal tribunal, it might be desirable to call attention in the non-medical public prints to this anomalous state of things, by contrasting Mr. Housley's with the Liverpool bone-setting case. In common with many others, I dislike to see professional subjects discussed in the ordinary newspapers, but a general and temperate statement might be useful.

February 27, 1854. I am, &c. G. H.

Mr. Brown's valuable paper on "Some Diseases of the Rectum in Women, Resulting from Certain Conditions of the Uterus," has been unavoidably delayed until next week.

The greater part of *Mr. Guthrie's* letter on the Medical Preparations for War is in type, but we are compelled to defer it for a future number.

S. P.—We will look into it, and reply.

COMMUNICATIONS have been received from—

Mr. Lane; Dr. Spurgin; Dr. Bryson; Mr. Chapman; W. Carr, Esq.; Mr. Cousins; Dr. Sibson; Dr. Moriarty, Dieppe; T. F. Sanoer, Esq.; A. Markwick, Esq.; G. F. Wills, Esq.; J. S. B.; W. B. Kesteven, Esq.; J. Terry, Esq., Leyburn; Dr. Letheby; Honorary Secretary of the Epidemiological Society; H. Chapman, Esq.; Dr. McWilliam; W. R. Wilde, Esq.; Dr. R. B. Rodd; Dr. Bence Jones; A Member of the Sydenham Society; Dr. Black; Mr. Edwin Morris; A Subscriber; Dr. Ramskill; H. B. E.; W. W.; John Hainworth, Esq.; Medicus; J. B. B.; J. R., Surgeon; An Irish Subscriber; An Illegal Practitioner; E. Wilkinson, Esq.; J. Dickson, Esq.; Mr. Barton; R. C. H.; G. H.; J. H. Tucker, Esq.; A. Craig Gibson, Esq.; Major Greenfield, Esq.; Haynes Walton, Esq.; Mr. Sweetman; John Brady, Esq., M.P.; Holmes Coote, Esq.; John Foote, Esq.; etc., etc.

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture II.

I stated in the Introductory lecture, that since the period when I lectured on fever, as one of the subjects embraced in a systematic course, my views on that disease had been altered. In order to prevent misconception, it is necessary that we should return to this point.

By referring to the American edition of my lectures on the Practice of Medicine, published in 1837, it will be seen that I had insisted on the doctrine of essentiality, and that I combated those views of the Continental pathologists which referred fever to a local and an inflammatory cause. On these great points, no change has taken place in my opinion. I do not claim any credit for the doctrines I then taught and still believe, for they were then held by most British physicians; and I am glad to observe, that the state of opinion on the Continent on these questions is fast approaching to that which has been so long held in these countries. The frequency and importance of the local lesions were maintained by me in 1835, and to this doctrine in general we still adhere.

In what respect, then, you will ask, have my opinions altered? I answer, that it is in the view we should take of the relation which inflammatory action has to the local diseases in fever; and, again, as to the amount of influence which these local affections may be supposed to possess, in inducing a fatal termination of the malady. Although we formerly held that the local alterations were secondary to the fever—that they were really symptomatic of the fever, not the fever symptomatic of them, as Broussais taught—yet we did not sufficiently recognise the fact, that in most cases the inflammatory action associated with them was itself secondary to the local lesion—that it was re-active, and, as such, had probably less pathological value than the local change which preceded it.

Again, the opinions which were then inculcated as to the influence which the local diseases had in causing a fatal result must be in at least two respects modified. I formerly was of opinion that death in fever was mainly to be attributed to the virulence or number of the local diseases. Such is not my opinion now; for, although in examining the bodies of many patients who have died by fever we find various local alterations, yet they are often insufficient to account for death. And we have had abundant proofs that the typhus state itself may cause death, without there being any manifest local disease in any part of the system.

In another, and seemingly opposite point of view, our opinions have changed. For I think, that so far at least as the lungs are concerned, we did not sufficiently estimate the danger produced by the local disease independent even of the re-active inflammation. To this point I shall hereafter draw your attention more fully. We too exclusively considered the local affections as inflammations, though secondary to the fever; and did not sufficiently admit them as special typhous lesions or deposits, which might occur without any inflammatory action, or precede it.

To sum up, then; whatever be the changes that may have occurred in my opinions about fever, they are rather developments of the doctrine formerly taught than its rejection, or the substitution of any essentially opposite view. In all points relating to the essentiality of fever, the influence which the law of periodicity exerts upon its phenomena, the secondary nature of its local affections, and, lastly, its contagious character, my views remain unchanged. But on those points to which I have already alluded, the alteration of our views is important as bearing on practice, inasmuch as it points more decidedly to the adoption of a treatment directed to the general more than the particular or local condition, and again to the more liberal employment of the tonic and stimulating treatment in the typhus of this country.

You will easily anticipate the general result of the views which I now attempt to teach you. They have led us to attach less importance than we did formerly to the inflammatory state in fever; that is, to the condition that indicates an antiphlogistic treatment in the ordinary sense of the word. In the use of stimulants we have become much more bold, even under a great variety of circumstances. But I must say, that with reference to the employment of wine in large quantities, we have been drawn to this mode of treatment less from any theory than from simple and accumulating experience, by which we became less and less timid in the use of stimulants. Observe here, how a truth in pathological anatomy may be foreshadowed or anticipated by observing the effect of a therapeutic agent.

We considered at our last lecture the general nature of fever, and you will recollect that I impressed upon you, as the foundation of the entire subject, that, when we compare fever with a large number of the diseases catalogued in books, we find this great difference—that, while the great majority of these latter diseases have an anatomical character, fever is wanting in an anatomical character. We may, then, you will readily see, divide all diseases into three great classes.

In the first class we have diseases which have an anatomical character—diseases to which we can give an anatomical expression. I need not occupy your time in giving examples of this class of diseases.

In the next place, we have a most important class of diseases, which have no anatomical character, and yet they are not fevers. I allude to the *neuroses*, or, as they are commonly termed, nervous diseases; of these, mania, epilepsy, lock-jaw, hydrophobia, hysteria, chorea, convulsions, are familiar instances. Here we have some most remarkable diseases, which have not any anatomical character; that is to say, we cannot show that they depend upon any known or ascertained anatomical change of any portion of the system, including the brain, spinal marrow, and nerves. The general character of this singular group of affections, which we call *neuroses*, shows that, whatever be the nature of the disease, the seat of it is in the nervous system; but, in the present state of anatomical knowledge, we are not justified in saying what the condition of the nervous system is to which they owe their origin, or whether it is an organic change at all. Even the results hitherto obtained by the microscope have been chiefly negative; the microscope has added but little to what was before known on those subjects. I may state here, lest you should fall into a misapprehension, that I do not wish you to believe that in none of those diseases do you find organic change. The fact is, that in many of them you do; but, when you come to inquire what those organic changes are, you find that they are so inconstant, so variable, frequently so similar in opposite diseases, that they altogether fail in throwing any positive light upon the subject.

This, then, is the second class of diseases; the first class having an anatomical character, the second having no anatomical character. Now, we come to the third class, which comprises fevers. Fevers, as we have already said, have no anatomical character,—then, you will say, "How do they differ from the neuroses?" As far as we know, and strictly speaking, they differ very little; but, there is this feature connected with them, that fever seems to be a special condition of life which is to exist for a certain time, and then to cease,—that is to say, it is under the law of periodicity; and, in this respect, the phenomena of fevers differ very much from those of the pure neuroses. There are other differences, too, between fevers and neuroses. It is quite true, that in a large number of fevers, death may take place without any organic change that we can demonstrate anatomically; but it is true, on the other hand, that, in a large number of cases, there is a tendency to the development of what I designated at our last lecture as the secondary lesions of the disease. Thus, if we compare these two classes, the neuroses, which are not fevers, and the fevers, properly so called, we find this great difference, that among the former, as for example in hydrophobia, we do not see any tendency to the development of ulcers of the intestine; nor in epilepsy do we find any tendency to the development of bronchial diseases; nor in mania do we see a cutaneous eruption; nor in convulsions do we find any of these various organic changes produced. This tendency, then, to generate or produce local anatomical changes secondary to the fever is another remarkable distinction between this class of affections and the pure neuroses. There is a third very remarkable distinction between them. Fevers—using the term in a general sense, embracing, as I told you at our last lecture, a great number of diseases, as the exanthemata, typhus, plague, and yellow fever,—are capable of being transmitted by contact or by vicinity, and a great many of them are contagious. So that in their subjection to the law of periodicity, in their liability to generate or produce various organic changes in different parts of the system, and in their transmissibility by contagion, we have three very important distinctive characters, although we cannot

reduce them to an anatomical expression. A great deal has been written on the subject of the proximate cause of fever, and theory upon theory has been promulgated on this subject. We are, however, at this moment, just as ignorant of the proximate cause of fever, as we were in the time of Cullen, or even long before him. We do not know what the proximate cause of fever is; but if we look at the entire phenomena of fevers, and inquire what views we may safely hold at present, for want of a better doctrine,—for it may be, that, in the progress of pathological science, the proximate cause of fever will be discovered; and it is quite possible, I might even say, probable,—when, I say, we deal with the expression of the actual state of our knowledge, we are justified in stating that fevers are the result of the introduction of a poison of some kind into the economy. The whole of the phenomena of poisoning by organic matters seem to point out a close analogy between fevers and those diseases in which a poison is introduced into the system. If a man who is in perfect health is exposed to the contagion of syphilis, in a short time his system becomes a laboratory for the formation of syphilitic poison, and he is capable of communicating the disease. As far as we can form a judgment in this question, we may say, that there is a very close analogy indeed between fevers and these diseases, whether they be fevers which are the result of contagion or not; and in this way we see a connecting link between fevers, which we call acute diseases, and diseases which are neither acute nor febrile. Thus, for example, we do not say that a patient who is labouring under syphilis, which he has caught by contagion, is in fever; but he is, nevertheless, under a condition, which, as far as the chemico-vital state of his body is concerned, is somewhat analogous to fever, that is to say, his system has received a poison, and having received that poison, it seems to work upon it, or the poison to work on the system, and the result is, that the system becomes a generator of the same poison that it had received. Now, let us go a little farther into this subject. I might give you various other illustrations; and, indeed, I think you will find, that some unexpected analogies will arise in this matter, and that you will even perceive an analogy between two such opposite diseases,—such dissimilar diseases as typhus fever and pulmonary consumption. For there can hardly be a doubt, that, under certain circumstances, tubercular matter introduced into the system acts like contagious matter, and that it produces a development of tubercular disease in the system thus infected. Such cases, then, may be considered as examples, if you will, of very chronic fevers, long-continued fevers, and fevers which are not, apparently at least, under the influence of the law of periodicity. I am perfectly persuaded, that the more we study that class of diseases, which seems to be general rather than local, we will find that the possibility of contagion will be more and more exhibited. I am strongly of opinion, that almost all the febrile diseases are contagious—that is the essentially febrile diseases—and I think it certain that there are other diseases, also, which we do not call fevers that are contagious. It is hardly possible to doubt the contagiousness of cholera; and we may go still further, and extend the possibility of contagiousness even to such diseases as tubercular affections, and perhaps even further.

Now, let us examine what are termed the Exanthemata, Measles, Scarlatina, and Small-pox. These diseases are, in all essential conditions, fevers. An individual in perfect health is exposed to a certain exciting cause, and he gets a general illness, which exhibits phenomena referrible to the law of periodicity. How do these diseases differ from typhus fever? They seem to differ in this, that their local phenomena are more constant, and that they are probably more uniformly contagious. The contagion of small-pox, of scarlatina, and of measles is a recognised and established doctrine.

We know that scarlatina is generally constant in its phenomena,—that measles is constant in its phenomena,—that small-pox is constant in its phenomena, and especially in the phenomena of its secondary change,—so much so, that the secondary change is taken as a distinctive mark of the disease. These affections are probably, as I said before, more directly contagious; and this, perhaps, may arise from the circumstance, that the matter of contagion, in these cases, is more elaborated,—is perhaps more perfect; and the patient who contracts the disease is very much in the same position as a person who contracts syphilis; that is to say, that an organic poison of a special kind, whose essential characters, however, are so subtle as to escape chemical investigation, has been presented to his system, and has affected him. The phenomena of continued fever are more variable; and this may arise from the want of constancy in the exciting cause. We hardly suppose a man to get small-pox unless he has been infected by another who has had small-pox. But continued fever, or typhus fever, seems capable of being produced by a great number of causes, or—if I may so speak—by a number of imperfectly-developed or imperfectly-acting causes, and these, of course, may be infinitely various. We also see this very curious difference between typhus fever and the exanthemata,—that while, among the exanthemata, the one exciting cause always produces its own peculiar disease, the exciting cause of small-pox producing small-pox, the exciting cause of scarlatina producing scarlatina, the exciting cause of measles producing measles,—this does not seem to be the case with respect to fever. For here is one of the most important and interesting facts connected with the entire subject, that the same exciting cause—at least as far as we can see of it—is capable of producing different kinds of fever in different persons. This great fact has not been sufficiently dwelt on by the various writers on fever, on the Continent and in England, especially by that class of men whose object seems to have been to make themselves classifiers of diseases,—makers of classifications,—at which nature laughs.

Here is another of the great facts which show the impropriety of attempting to draw lines of distinction between what are termed the *typhus* fevers and the *typhoid* fevers—that the one exciting cause will in various persons produce the two diseases. Now, we see nothing of this sort in the exanthemata. What may be the reason of this it is difficult to say; and we explain it very often by expressing the fact in different words. It is supposed that it may be due to some variation in the state of *receptivity* of the body at the time. For, in the production of the effect of the poison, there are two elements; first, the nature and composition of the poison which is to act; and, next, the chemico-vital state of the body which is to be acted on. The two causes combined produce the result—fever. But if, the cause being the same, the bodies be in different states, we may expect different kinds of fevers; and this is all that we can say on the subject.

Now, gentlemen, we come to another very important matter connected with fever, and rendering this affection remarkable, as compared with the pure *neuroses*, and also as compared with the anatomical diseases; and this is the subject of contagion, on which so much has been said and written.

In a course of lectures such as the present, the teacher should never omit any opportunity that may offer, to impress on the minds of his pupils some general rules for their conduct through life in the practice of their Profession.

And here I would take the opportunity of saying, that I would advise you all, never to range yourselves among the advocates of an exclusive doctrine. Do not, therefore, as far as fever is concerned, range yourselves either among the contagionists, or among the epidemists, or among the non-contagionists. The very moment a man ranges himself in the ranks of other men who are fighting for a particular doctrine, he places himself in a false position. His mind is occupied with the excitement of controversy rather than with the search for truth. He becomes an advocate, he ceases to be an inquirer; and the very moment that this change occurs in the mind of the Medical observer, he loses, or ought to lose, caste in the ranks of science.

In looking at the subject of contagion, it is very true that the contagionists will present you with an enormous array of facts, and the non-contagionists will present you with another vast array of facts. The contagionists will show you a great number of cases where fever has been directly communicated. The non-contagionists will show you a number of cases where this circumstance did not occur. Now, in one sense, you may say, that the doctrines of both are true; in another sense they are both false. There can be no doubt that disease has originated, and may originate, without contagion. This must be obvious to every man. The primary development of disease must have been without contagion. This is quite obvious.

Again, we see a vast number of cases in which disease is endemic. I need scarcely allude to the common case of ague. There are certain districts where ague is constantly produced, and where, if a man who has not had ague comes, and is not in contact with any human being whatever, he will, almost certainly, get ague. Here, then, clearly, there has been disease independently produced, or at least without *human* contagion. There are certain districts in South America, certain districts in the West Indies, vast districts on the coast of Africa, vast forest districts in Hindostan, where, if a man sleeps for a single night, although we will suppose him to be alone, without any companions but the wild beasts of the forests, that man will get some form of fever. It is a fact that cannot be denied. Then we see the epidemic of influenza;

we see also—if you look at the history of Medicine—unquestionably even within the later periods of the world's history, the appearance of new diseases, totally new diseases. So that we cannot at all deny that disease may be generated, and that it may spread without the intervention of human contagion. We must believe, I say, in the spontaneous origin of diseases under some exciting cause; but that exciting cause need not be human contagion. On the other hand, innumerable facts show, that fever existing in the system is capable of being propagated from one man to another; that it is, in fact, a contagious disease in the strictest sense; and this transmission of the disease may be not merely by contact, but by vicinity. Now, the facts which we must rely on to impress this doctrine of contagion on your mind, when you come to examine them, will appear less direct than you might suppose. A great number of men who have written on this subject, really were but ill-instructed in the rules of logic, and they have not been trained to think properly and exactly on the subjects they were considering. For instance, it was a great object with a number of the French school, especially those men who were the disciples of Broussais, and advocates of the physiological doctrine, to establish the non-contagion of disease. For the doctrine of contagion implies, you will see, essentiality; and the physiological doctrine was opposed to all essentiality. According to the physiological doctrine, there was no such thing as essential disease. Every disease was local and inflammatory. Therefore, in their anxiety to overturn essentialism, they found this outwork, as it were, of contagion which should be carried. And nothing can be more singular, or, I may say, heroical, than the efforts which a number of the French physicians made to establish the non-contagion even of the most contagious diseases. Many of them went out to the Levant and exposed themselves purposely to the contagion of plague; put on the clothes of persons who were labouring under the plague; slept in the beds with plague patients; inoculated themselves with the matter from the buboes of persons labouring under plague, in some instances actually inoculated themselves with the blood of plague patients. Well, in many cases, these experimenters did not take this plague; and this fact is still relied upon by many of the French school as a proof of the non-contagion of plague and of fever generally. But you will at once see how very inconsequential these experiments are. Here are four or five cases of failure of contagion, and as well might you argue that corn does not grow from seed because the grain sown in the earth will sometimes fail to produce the plant. I may state here, however, that some of these investigators paid the terrible penalty of death in their zeal for science, for they did take the plague, and were lost. Among the direct facts which satisfy our minds as to the contagious nature of fever is the operation of contagion in large masses. I need hardly here allude to the singularly forcible argument in favour of contagion which may be drawn from the frightful mortality of our Irish Medical brethren in the years 1847 and 1848. This subject I have already alluded to in the theatre of the Meath Hospital, and it is one which we can hardly look back upon without shuddering. The simple fact alone of the mortality of that class of individuals who are most exposed to the disease, furnishes an argument in favour of contagion which we would but weaken by any observations upon it. There is another curious mode of dealing with the indirect evidence for contagion, to which I shall now draw your attention. You all know that Professor Louis, of Paris, has founded what he terms the numerical system of medical investigation; that is to say, he has attempted to reduce the facts of medicine to numerical expression; so that we would be able, as he supposes, to make medicine an almost exact science. Perhaps at some future period I will draw your attention more fully to the advantages and the disadvantages, to the possibilities and the impossibilities, of the numerical system of Louis. My opinion, I may state, generally speaking, on the subject is, that, for the establishment of all that part of medicine which consists in establishing the data of physical diagnosis, the frequency or infrequency of certain pathological changes and matters of that kind, the numerical system is infinitely valuable; but that we cannot, or have not yet been able to apply it to furnish rules of treatment. For the object of the numerical physician and the object of the practical physician—if I may make use of such a distinction—are different. The object of the numerical physician is to ascertain a rule of treatment which will cure the greatest number of cases out of a given number; but that should not be your object, or that of practical physicians. It is very well to know that such results have been obtained; but it does not follow that you are to act on them. Your object is, not blindly to adopt the formula founded on numerical data when it is shown that by its use you can cure the greatest number out of a given number; your object is to cure the diseases of A, B, or C, as they may come before you. And you are not to neglect what you believe to be right in the case of A, B, or C, because you have this array of figures declaring to you that such and such a course, different from that you may be about to pursue, is the rule for saving the greatest number of lives out of a given number. But we may safely use numbers in a different way—as, for example, investigating the data of a particular doctrine.

My father, when Professor of the Practice of Medicine in the Royal College of Surgeons, directed his attention very much to the subject of contagion. He was a strong advocate of the doctrine of contagion. Perhaps he went too far in his belief in the exclusiveness of the doctrine of contagion. Perhaps, also, he went too far in denying the doctrine of the epidemists, or the non-contagionists. However, that has nothing to say to the present question. He thought, that, in looking at the general circumstances which attended the spread of an epidemic in this country, the probabilities for or against the doctrine of contagion might be submitted to calculation. One of his most intimate friends was the late celebrated Dr. Brinkley, Bishop of Cloyne, who was at one time the Astronomer-Royal of Ireland. He was admittedly one of the very first mathematicians of his day, and was especially skilled in that difficult part of mathematical investigation, the doctrine of chances. Now, in the progress of an epidemic in Ireland, (and doubtless, also, in other countries,) in a family of twelve persons, the disease has been known to attack eleven out of the twelve. In some cases, the passing of the fever through so large a proportion as eleven individuals out of twelve, has taken a very considerable period of time, as you may readily understand. It has taken about three months to go through them all. Now, my father proposed these two problems to the Bishop of Cloyne, for solution:—

1st. "An epidemic prevails so severely, that one person out of seven sinks. A family of twelve is selected in a particular district, before the epidemic has visited it. What is the chance that eleven out of that family shall take the disease, supposing the sickness of one of the family does not promote the sickening of another,—that is, supposing the disease not to be contagious, and supposing the family to be not unusually liable to the disease?"

The answer furnished by Dr. Brinkley is, that the probability against such an event is 189,600,000 to 1. That is a very singular and extraordinary result.

2nd. "The same general conditions being assumed, and also that the number of inhabitants of a district is 7000, what is the chance that, in a family of twelve within the district, eleven will sicken?"

Answer: "The chance then is 300,000 to 1 that no family of twelve persons, in a population of 7000, will have eleven persons sick."

These numbers furnish proofs so convincing of the truth of the doctrine of contagion, that it is hardly necessary to go further. The facts on which they were based are ascertained facts; they have been common facts in epidemic fever; but, recollecting that they were common facts, the chances against their happening, if the disease were not contagious, would be 189,600,000 to 1 in the one case, and 300,000 to 1 in the other.

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ORIGINAL COMMUNICATIONS.

EAST INDIA MEDICAL REPORTS.

No. III.

ON THE DISEASES OF BURMAH.

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I NOW propose to make some observations that occurred to me during a residence in Pegue and Martaban.

Early in December, 1852, we were ordered to embark with a detachment of the regiment, for the purpose of relieving the former place. We were several days in the river, which is wide, rapid, and muddy, with banks as verdant as those of the Rangoon river, into which it empties itself. Few vessels pass up it without some cases of cholera occurring. We had two cases; also one of sun-stroke.

Having relieved Pegue and its little garrison, we found there a few cases of small-pox. As a town, nothing much can be said of

Pegue. Only one pagoda existed at that time; this was used as a citadel. But being commanded at four different points, of course there were many cases of gun-shot wounds.

Having to drive the enemy's army across the country, over the Setang river, for a few days we were marching and countermarching. Several cases of *coup de soleil* occurred, and the cholera also broke out. The cases of sun-stroke were not very severe; and usually yielded to a stream of cold water being poured over the head, a little brandy-and-water administered internally; and, after one or two days, general bleeding usually afforded great relief, for then some symptoms of congestion or inflammation of the cerebral organs had mostly set in.

Some of these cases die before they can be visited by the Medical officers; and *post-mortem* examinations discover great congestion of all the superficial vessels of the body, and engorgement of the lungs, and brain, and spinal cord.

The cases of cholera in their attacks showed the remarkable peculiarity so often observed, in their being exclusively confined to the men of one regiment, though there were detachments here from four different corps. All were fed from the same commissariat, slept on the same ground, and performed the same amount of duty. In less than a week, nearly twenty-five of those attacked were dead.

Concerning the contagiousness or non-contagiousness of cholera, as that is a mooted point in Europe, though one quite at rest in Asia, I will give one or two facts which have come under my own observation, and which could be increased *ad infinitum* from the experience of others.

In August, 1852, while marching with a regiment one thousand strong, with at least four thousand camp followers, one day the camp was pitched on the brigade-ground at Arcot; the next day, nineteen cases of cholera appeared; and, during the subsequent twenty-four hours, ten more cases showed themselves. The first ten attacked rapidly sank, and nine of the remaining cases died after more or less time. The symptoms are well known, but the remarkable earthy smell which was exhaled from the persons suffering under this terrible scourge is very peculiar. Cholera in a most virulent form is present in many places in India; and so fatal is it, that as sure as regiments encamp on some grounds, so sure are they to have the disease among them in the morning. The first cases are always the most fatal. Apparently, if we may so call it, a choleraic diathesis exists in some persons, who, perhaps, to all outward appearances, are in the most robust health; and one who has this diathesis will be most easily affected by the peculiar poison lurking in the atmosphere. Those who are thus rapidly attacked are most rapidly carried off. The favourite prophylactic is soda water and brandy. Carbonate of soda produces excellent effects among the natives when attacked with this disease.

I returned to Rangoon with the sick and wounded; and, after a few days, was ordered to Martaban and the eastern provinces with General Steele's land column. Martaban was said to be a perfect pest-house for fever and dysentery. It is a miserable place, situated on the banks of the Moulmein river, and consists of two parts, the upper and lower town. The town borders on the river, and is partly surrounded by it, in addition to jungle and marshes. The trees had all been cut down a few months previously. The town has never been free from fever. The Burmese say, it is caused by decayed trees and vegetable matter; but that villages placed on the borders of woods (which is generally the case here) are the most healthy. The Europeans looked most sickly. Two-thirds of the Sepoys were either in hospital, invalided, or dead.

The fever is of two kinds, the intermittent and the remittent. The former is not so fatal, unless complicated with dysentery, as the latter form, the most fatal cases of which were usually of about three days' duration. It generally appeared in the following manner:—A patient would apply to the Hospital with symptoms of fever—a very quick, small pulse, and agitated manner; sometimes a headache, at other times none. Extreme prostration, with diarrhœa, would set in during the night, accompanied with cold, clammy sweats; great pain suddenly commenced n the abdomen, increased on pressure, with other symptoms of low peritonitis. The stools of a thin brown or greenish colour, and of the consistence of pea-soup; and such general weakness, that bleeding would be quite inadmissible under these circumstances. Only one plan of treatment appears advisable—calomel and opium given rapidly, so as to procure salivation, and mercurial ointment rubbed in externally; leeches to be applied to the abdomen to the greatest extent without exhausting the vital powers; afterwards, warm bran poultices over the whole abdomen. I have seen several of these cases recover under this treatment. I have seen others die, all means having failed to arrest the rapid progress of the disease. Sometimes, towards the termination, many of the symptoms of cholera would appear.

Usually, after death, an ulcer of the bowel was found to have perforated the small intestine, and their contents had escaped into the peritoneal cavity.

The cases of intermittent fever sometimes took on the same type, and were then of as dangerous a character as the remittent form.

In Burmah, dogs exist in vast numbers, and, being intolerable nuisances, some of the officers used to turn out to destroy them. This most dangerous proceeding has cost several that I could name their lives. Hepatitis, fever, or dysentery have been induced from the necessary exposure to the sun; and these cases have usually terminated fatally.

Shooting appears to kill more officers in India than anything else. They are in swamps all day; "wet feet and baked heads," unless their skulls are too thick for the sun to penetrate, and brandy-and-water to keep up their powers to the proper pitch.

ON SOME
DISEASES OF THE RECTUM IN WOMEN,
RESULTING FROM CERTAIN CONDITIONS OF THE UTERUS.

By ISAAC BAKER BROWN, Esq., F.R.C.S., etc.
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As far as I know, no author appears to have paid special attention to certain exciting or predisposing causes, which induce several of the morbid conditions of the rectum which are met with in females. Mr. Samuel Cooper, Mr. Miller, Drs. Clarke, Blundell, Ramsbotham, Tyler Smith, and others, speak of an impregnated uterus pressing on the bowels as one of the causes of constipation and stricture; but no one seems to dwell on the fact, that it is not necessary to have an impregnated uterus, inasmuch as the same thing may result from uterine disease. All authors however notice, that diseases of the rectum are more common in females than in males. I propose to inquire into the cause of this statistical fact, and shall endeavour to show that it is attributable to a uterine origin; and that the female rectum may suffer either from mechanical interference with its functions from the pressure of an enlarged uterus, or from derangement of the circulation in that organ, inducing a corresponding disturbance in the circulation of the rectum. Frequently, indeed, it cannot be doubted, that both of the causes have been in operation in the production of disease in the lower bowel.

Enlargement of the uterus from any cause—whether from the most common and natural one, pregnancy, or from retroversion, hypertrophy, inflammation, distension, or imperfect contraction after labour, fibrous or scirrhous tumours, polypus, hydatids, or from any other disease,—alike tends to produce the same result in the bowel. And when the subject is fairly considered, it will become self-evident, that the uterine and intestinal affections are in these cases related to each other as cause and effect; and that, bearing this in mind, we may in many cases the more surely and quickly apply our remedies, and look with confidence for a favourable issue. Whereas, if the uterine origin of the disease is not suspected, we may treat a woman affected secondarily with constipation, piles, intestinal irritation of a dysenteric character, or other allied disorders, by therapeutical agents directed to the *bowel* as the primary seat of the disease, and yet the patient shall derive no benefit from any of them. Few surgeons, indeed, can fail to recollect instances in which this kind of treatment has disappointed them; and I hope to be able to show why it has failed. These affections of the rectum may arise, as I am certain they often do, from an enlarged uterus, and that in two ways—first, by dragging on the lateral ligaments, and elongating them, it falls down under the promontory of the sacrum, and presses on the bowels, interfering with its muscular action, irritating its lining mucous coat, and deranging the circulation in its blood-vessels; and, secondly, any hyperæmic disturbance in the uterine circulation, increases the force of the circulation in the hæmorrhoidal vessels, by establishing a determination of blood to them. Thus, by reflecting on the anatomy of the parts, it will easily be understood why and how diseases of the rectum, such as hæmorrhoids, prolapsus, fissure, stricture, fistula, as well as disordered functions of the bowel, as constipation, dysenteric irritation, etc., do sometimes result directly, either from the mechanical pressure of an enlarged uterus, or simply from the derangement of the hæmorrhoidal

circulation, resulting from uterine disease. It is obvious, that in the treatment of these various affections so arising, unless the attention of the practitioner is directed to the uterine origin of the disease, no permanent benefit can possibly result. Therefore, when any of these affections occur in females, it is necessary to inquire into the condition of the uterus, which will often at once explain the cause, and indicate the treatment. I would here draw attention to the following diagrams, as showing the normal condition of the pelvic viscera, as well as the abnormal conditions resulting from displacement or enlargement of the uterus :—

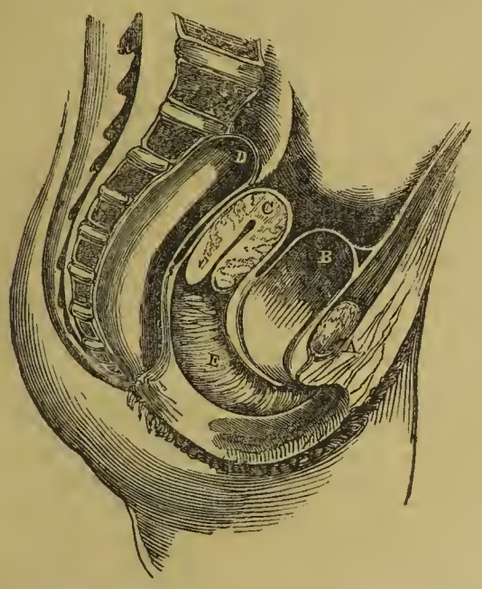

Plate 1.—Normal condition of the pelvic viscera.
A Symphysis pubis.
B The bladder.
C Uterus.
D Rectum.
E Vagina.

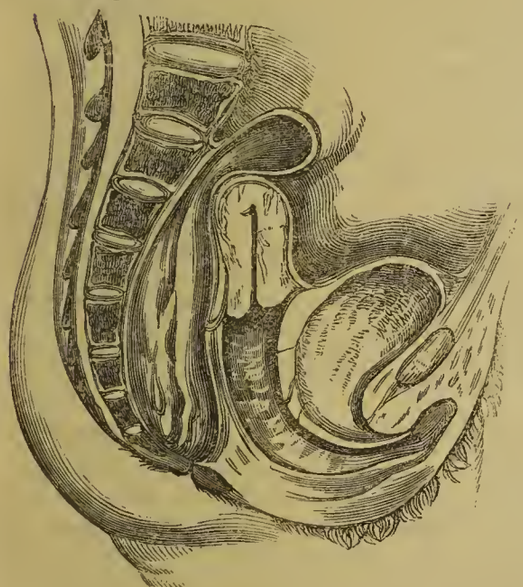

Plate 2.—Showing partial retroversion of uterus pressing upon upper part of rectum.

I now propose to demonstate this proposition by cases.

HÆMORRHOIDS.

The hæmorrhoidal veins suffer more from pressure than the arteries, because the coats of a vein are thin and capable of great distension, and not resilient, whereas the artery is smaller, firm, elastic, but very resilient, and, the *vis à tergo* being greater, the circulation of the blood is less liable to interruption. Therefore, as might be expected, the mischief is greater in the veins than in the arteries. Hence we find that the blood often coagulates in the veins, and forms a semisolid tumour, and the cellular tissue around becomes thickened, and the mucous membrane covering them excessively vascular and sensitive. I allude here entirely to internal hæmorrhoids.

Case 1. — L. C., aged 31, unmarried, consulted me because she was suffering from three or four large piles, which, she stated, protruded in the act of walking, and which also created great uneasiness in the sitting posture. Every three or four weeks she lost a considerable quantity of blood from them. Her bowels were seldom opened more than once in three or four days, and then only from taking some aperient. After each defæcation she had always increased inconvenience and pain. She suffered much from indigestion, headaches, and general lassitude, and she stated that she had had this local inconvenience for several years. I first inquired as to the menstrual function, and found, that although she was generally regular every four weeks, the quantity was very small, and the discharge seldom continued more than one day, and that at this time she generally lost a onsiderable quantity of blood from the hæmorrhoids. On making a digital examination per vaginam, I found the uterus enlarged and painful to touch, and lower in the vagina than its normal position. I directed that three leeches should be applied to the os uteri, and that the bleeding should be encouraged by a hip-bath immediately on their removal, that the bowels should be freely opened by a saline aperient, and that this treatment should be pursued once a-week. She was further directed to take twice a-day the sixteenth part of a grain of the bichloride of mercury, and her diet was ordered to be simple, nutritious, and unstimulating. The result of this treatment was, that at the next menstrual epoch there was a more copious uterine discharge, and an absence of bleeding from the hæmorrhoidal vessels. The same treatment was continued for another month, and resulted in an improvement in menstruation both in quantity and the duration of its flow; the uterus had much decreased, being nearly of its normal size, and not painful to touch. I now considered it advisable to remove the hæmorrhoids, which I did by passing a ligature of twine around the base of each hæmorrhoid. I then placed the patient in bed, giving her a grain of opium every four or six hours for the purpose not only of affording relief from pain, but also of constipating the bowels till the ligatures should come away, which they did in five or six days. The case progressed satisfactorily, and the patient returned to the country perfectly recovered.

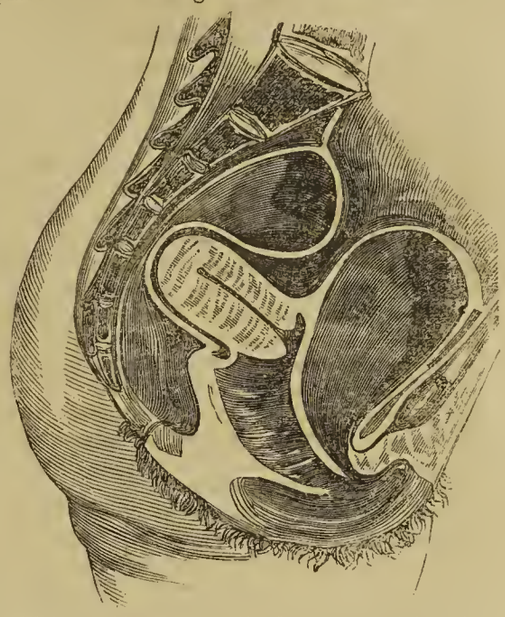

Plate 3.—Showing result of more complete retroversion.

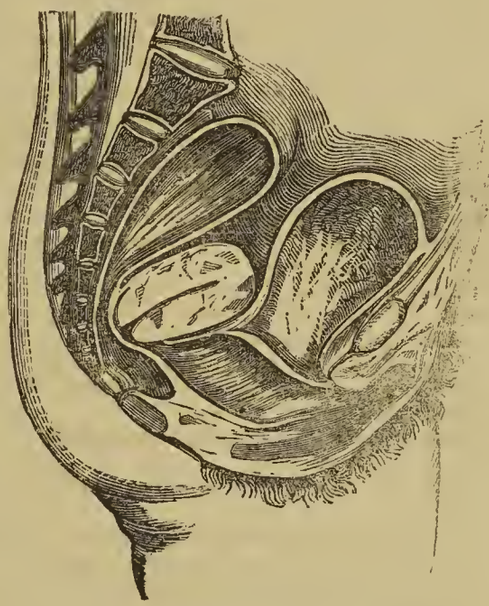

Plate 4.—Showing result of an antiversion.

This case presents some striking practical facts, which will serve to illustrate my preliminary remarks.

1. The bleeding from the hæmorrhoids at the menstrual epoch. It is a fact, that hæmorrhoids are always more troublesome at the time of menstruation, because more blood is circulating through the blood-vessels of the rectum as well as of the uterus; and, if there be any obstruction in the uterine vessels so as to prevent the menstrual flux, then the hæmorrhoids often bleed freely.

2. The enlarged and inflamed uterus, with the absence of the menstrual flux.

3. The great relief afforded by the antiphlogistic treatment; and

4. I may be allowed to call attention to the use of *twine* in ligaturing the hæmorrhoids. The beneficial results of this practice, as compared to that of using silk, are very marked :— first, as procuring a quicker separation of the tumour; and secondly, as causing less pain to the patient. It will also be observed, that I preferred the ligature to the scissors in the removal of these tumours, acting upon the golden rule laid down by my old and esteemed friend, Mr. Copeland, in all operations upon the rectum, "*to cut skin and tie mucous membrane.*" I am also indebted to the same gentleman for the practical hint which

induced me to prefer the use of the vegetable product—twine, to that of the animal product—silk.

I think it is not too much to assert, that had I at first devoted my attention to the hæmorrhoids in this case, I should not have succeeded in restoring my patient to the condition of health.

PROLAPSUS ANI.

Case 2.—H. A., aged 28, unmarried, upper nurse in a lady's family, consulted me because she had been suffering for twelve months with a prolapsus of the bowel. She stated, that this prolapsus was always much increased by carrying the infant, or by raising any weight; that it was also always worse after defæcation; that every three or four weeks she had bleeding from the protruding parts; that she had been regular as to time in menstruation, but very deficient as to quantity, and that the discharge was of a dirty-brown colour. She had been under a course of medicine for nine months, but had derived no benefit.

On passing my finger up the rectum, while she was standing on the floor and leaning forward on the side of the bed, I felt a round, orange-like tumour pressing on the rectum just below the promontory of the sacrum, moveable on pressure towards the vagina. On examination per vaginam, I found an enlarged uterus retroverted, and thus mechanically acting upon the rectum. This prevented free circulation of blood through it, and thus not only produced piles, but also congestion of the mucous membrane,—hence the prolapsus.

Treatment.—I first directed my attention to the condition of the uterus; applied leeches; enjoined rest in the recumbent posture; gave saline aperients; ordered simple and unstimulating regimen, and the bichloride of mercury, with tincture of bark, twice a-day. The result of this treatment, at the next menstrual epoch, was a considerable improvement in the character of the discharge; the same treatment being continued another month with increased benefit.

On Dec. 16, I prepared her for the necessary operation, by giving her a dose of castor oil at night, and an enema of warm water on the following morning. Having placed her under chloroform, my assistant separating the nates, I passed an armed needle, with a double ligature of well-waxed twine, through the prolapsus, and tied it in two separate portions; and then, having well smeared the surfaces with oil, I returned them within the sphincter, which firmly contracted, leaving the two ends of the ligatures without. Gave two grains of opium, and ordered one grain every four hours.

17th.—Had some sickness during the night, and vomited, after which she slept well. There is no pain about the anus. To continue opium every six hours.

18th.—Has had a good night. Some pain in the rectum for a short time, leaving no permanent discomfort. Diet, broth, light pudding, and milk.

20th.—The ligatures came away, and the bowels were relieved by castor oil.

22nd.—Complained of a sharp cutting pain after the last dejection.

23rd.—Examined, and found an ulceration or fissure within the sphincter, and an inflamed external pile.

26th.—I placed her under chloroform, and first cut off the external pile, and then divided the fissure in the manner directed by Mr. Copeland, and which I shall more fully describe in the third case. I then examined more carefully, and found, exactly opposite the fissure, a small wart-like substance, with a long slender pedicle. This fell within the fissure, and kept up a constant source of irritation,—might it not, indeed, have produced it? Having removed this by the scissors, I applied a piece of lint dipped in oil to the incised surfaces, and gave grs. ij. of opium.

27th.—Is free from pain; pulse quiet, and no fever. Removed the lint, and did not again apply it. From this time she progressed favourably, and in one fortnight was quite well; and has never during the past two years had any return of the disease, but has continued in the same situation, performing well all its duties.

Practical Remarks.—This case again surely proves the truth of my preliminary remarks, as showing the predisposing cause of the prolapsus—viz., the condition of the uterus by its mechanical pressure on the rectum, as well as from the increased flow of blood to the bowel at the menstrual epoch, on account of the deficient discharge from the uterus.

PROLAPSUS ANI.

Case 3.—E. H., aged 42, married; had been married 11 years, and had no children; had long suffered from bearing down of the womb, and at each menstrual epoch there was very deficient excretion. Her health was generally impaired; she had long been treated for uterine derangement, but had never allowed an examination. On consulting me, I immediately inquired if she suffered from piles, or bearing down of the bowel; and, on her replying that she had suffered from prolapsus of the bowel for several years, preventing her from riding on horseback, or sitting long in one position, I inquired further, whether, at the menstrual epoch, there was any bleeding from the protruding bowel; she replied that she lost a great deal of blood at those periods, and that the parts were more painful and sensitive then than at other times. This patient never had an evacuation from the bowel, except from medicine, which she took every night. I directed her to remain in the horizontal posture, either on her side or on her abdomen; attended to her general health, administering steel and quinine, and using the cold douche to the uterus; under which treatment she rapidly improved; and, finding that after two months' treatment there was a freer menstrual discharge, I applied ligatures to the prolapsus of the bowel. The disease was permanently cured; the patient was restored to good health, and in the course of a few months became pregnant for the first time in her life; and I delivered her of a healthy child at the full period of gestation.

Practical Remarks.—This case points out the importance of investigating both the uterus and rectum in such conditions of the female, for it will be observed, that instead of the rectum alone being investigated, as was done in the two preceding cases recorded, the uterus alone had been treated, and the result was equally unsatisfactory. I could adduce very many cases which have come under my observation of a similar kind, where patients have been treated for months and years for uterine disease, where no attention having been paid to the condition of the bowel, no good has accrued. If this were the proper place, or the length of the paper admitted of it, I could show that the cause of sterility in many females would be found to arise from these conditions of the rectum, in connexion with those of the uterus. I need not, therefore, enlarge upon the importance of thoroughly investigating all such cases.

FISSURE OF THE RECTUM.

Case 4.—E. P., aged 29, unmarried, of pale complexion, and of anxious countenance, consulted me, complaining of headache, great depression of spirits, lassitude, and want of appetite. She had not menstruated for three months, and complained of a heavy bearing-down pain in the womb, particularly in standing or lying on her back. She suffered from constipation, never having relief from the bowels except from taking medicine. She always dreaded the act of defæcation, because she suffered such excruciating pain a few minutes afterwards. She described the pain at the time of defæcation as like sand passing over a raw surface, and the pain which supervened upon the action of the bowel was of a deep, cutting nature, which was almost intolerable.

On passing my finger within the rectum, I immediately discovered an irritable ulcer, in the centre of which was a narrow, elongated fissure, terminating just within the orifice of the anus. On withdrawing my finger, I found on it a streak of blood corresponding with the length of the fissure. On examining the opposite side of the bowel, I found a pendulous tumour about the size of a small pea, with a long thin pedicle. On examination per vaginam, I found a fibrous tumour growing from the superior lip of the os uteri, extending up the cervix about an inch. I also found that the os and cervix uteri, enlarged by this body, were tilted back upon the rectum, thereby interfering with its functions. I ordered leeches to be applied twice a week to the os uteri, prescribed tinct. ferri muriatis, and warm hip-baths. The catamenia returned at the end of a fortnight, and continued for some days, although scantily. I then removed the tumour from the os by excision, and as soon as she had recovered from the effects of the operation, which she did in a month, I proceeded to the treatment of the fissure in the following manner. Placing the patient on her side on the edge of the bed, with her knees flexed on the abdomen, I passed the forefinger of my left hand up to the ulcer, and directed along it with my right hand a straight probe-pointed bistoury, beyond the very extremity of the fissure; then turning the cutting edge towards the sore, and securing the handle of the instrument with the thumb of my left hand, I withdrew my finger and the instrument at the same time, thus dividing the ulcerated surface as well as the fibres of the sphincter muscle, which were connected to its submucous aspects. The result was in this, as will generally be the case, perfectly satisfactory, the patient being at the end of three months from the commencement of the treatment restored to health.

Practical Remarks.—I am indebted to my friend Mr. Copeland for both the knowledge of this disease and the simple method of treatment, which is almost invariably successful; at least, out of upwards of 100 cases which I have myself treated in twenty years, I have not seen it fail once. Another practical fact is connected with the pathology of these diseases. My own impression is, that the pedunculated tumour above described falling down upon a highly vascular mucous surface, produces, in the first instance, irritation, secondly, ulceration, and thirdly, fissure of the lining membrane of the bowel, each contraction of the sphincter after defæcation increasing or aggravating the ulceration. My reasons for believing this are, that I seldom find this condition of the rectum without finding one or more of these peculiar bodies, which I need not say should always be removed at the time of operation. It is very easy to detect this disease by digital examination after it has once been distinguished. If the Surgeon is consulted at the commencement of the disease, he will simply find an irritable, ulcerated surface; but if he is consulted at a later stage, he will find the fissure, which resembles very much the crack often found in the lip of the mouth or in the palm of the hand in cases of psoriasis; and in whichever of these two conditions he finds the patient, the treatment to be pursued should be the same. I will also add, that it is always advisable to give opium just after the operation, so as to prevent the bowels from acting for some days.

CONSTIPATION.

Case 5.—Mrs. T——, aged 38, mother of six children, complained of persistent constipation, except when she was taking steel medicines, that she suffered pain after each action of the bowels, that much mucus came away with and after the dejections, that she had pain in the back, great bearing down both of bowel and womb, with profuse leucorrhœal discharge, and that she had lost much flesh. I found her face anxious, and of a dark, dusky hue. She complained of dyspepsia, headache, and general lassitude. I requested permission to examine the uterus, believing the cause of constipation arose therefrom; but for a long time this lady resisted the proposal; however, I was at last permitted to make an examination, and found, as I expected, an enlarged and prolapsed uterus, within two inches of the outlet of the vagina. On examination by speculum I found the os inflamed, enlarged, and ulcerated. On examination per rectum, I found, three inches up, a solid, heavy body (which was evidently the fundus of the uterus) pressing on the rectum, so as to prevent any fæculent matter passing in a solid state. The lining membrane of the bowel was covered with much slimy mucus. She stated that she was always suffering pain in the bowel, as well as in the womb. She described the pain in the rectum as one of an *aching-wearying* character, that made her feel faint and sick, that the sensation of the womb was like a heavy sore weight, as if it would escape when she was walking. I applied caustic to the os, ordered the cold douche night and morning, with directions to recline on the stomach for several hours, and to wear constantly during the day one of my perinæal bandages, made by Mr. Spratt, of Brook-street; to take internally steel and zinc, in pills, and extract of conium at bed-time; to have the bowels relieved by an enema of warm-water every other night. This lady stated, that whenever she was lying on her stomach, she was quite free from pain; after two months' treatment, this patient perfectly recovered; and by the simple precaution of relieving the bowels by an injection just before going to bed, she has continued so up to the present time.

Practical Remarks.—I think that any treatment, applied simply to the bowel, for relief of the constipation, in this case, would have failed, unless the exciting cause had been found to have arisen from the condition of the uterus. It is worthy of serious attention, that she was perfectly free from pain both in the bowel and the womb when reclining on the stomach. Another practical fact, worthy of observation, in this, and all other affections of the rectum, is, that by relieving the bowel at night immediately before retiring to rest, the greatest relief is afforded, and it is the best way to prevent a return of disease, because the natural determination of blood to the bowel, at the time of defæcation, as well as the congestion of the mucous membrane, and the relaxation of the muscles, are all relieved by the recumbent posture followed by sleep.

FISTULA IN ANO.

Case 6.—E. C., aged 32, married, lady's maid, consulted me, complaining of feeling generally ill, of pain on her right side in the hepatic region, of indigestion, headache, and general lassitude. She had anxious countenance, of a dusky-brown complexion, and complained of depression of spirits, and of being inclined to melancholy. She stated, also, that she was scarcely able to perform the duties of her situation; and she gave me the following account of her past history:—She had been married nine years; she suffered greatly from the first commencement of sexual intercourse, having had from that period pain in the womb of a dull aching kind, which constantly increased more or less for twelve months. At the end of this time, she complained of a heavy bearing-down pain, which particularly affected the rectum. She had lived apart from her husband six or twelve months at a time, because of her suffering so much pain, not only at the time of connexion, but for some weeks afterwards. Before marriage she had been healthy, active, and in robust health, which she had gradually lost since her marriage. In the third year of her wedded life, she began to experience difficulty in defæcation, as if something prevented the bowel acting; and she was obliged to take some aperient medicine two or three times a-week to insure relief. This difficulty was soon followed by an aching, wearying pain in the bowel itself when she was walking or sitting; then she became subject to troublesome internal hæmorrhoids, which were always more painful and occasionally bled a little at the menstrual epoch, the menstruation itself being regular as to time but scanty in quantity. After some time, she suffered from a throbbing deep-seated pain in the bowel, which terminated in a fistulous opening. She then, for the first time, applied to a Surgeon, who operated for the fistula; after which, during the next three or four years, she had two or three more operations on the bowel, the precise nature of which she could not explain; but although relieved at the time by each operation, still the relief was not permanent, constipation and difficulty of defæcation continuing.

Examination.—On examining the anus, I found a fistulous opening extending an inch up the bowel. On passing my finger up the rectum itself, I found the uterus pressing heavily upon it. On examination per vaginam, I found an enlarged hypertrophied uterus, which was tilted back, and, falling upon the recto-vaginal septum, pressed the rectum flat upon the sacrum.

Treatment.—I treated the general symptoms and the uterus locally, as has been already described, with the same marked result. I then performed the usual operation for fistula, and, after the parts were healed, directed her to evacuate the bowels at night instead of the morning. The result of the whole treatment was most satisfactory. The patient recovering her former good health and her cheerful spirits, and, when she lately called upon me, I did not recognise her, she had become so stout, and looked so cheerful and happy.

Practical Remarks.—Perhaps no case could more clearly illustrate my preliminary remarks than this. Here was disease of the rectum of several years' standing distressing the patient, and rendering life hardly endurable, considering the duties she had to perform; and, although she had the best attention paid to those diseases, and had been relieved of each form of suffering by operation, still, the exciting cause not having been discovered, no permanent benefit accrued from treatment; whereas, no sooner had the uterus been relieved, than she was perfectly cured by the last operation, and has continued well ever since. I could easily multiply these illustrations by quoting cases from my note-book, and show, that stricture, irritation of a dysenteric character, etc., constantly arise, either from mechanical pressure of the uterus, or from suppression, partial or entire, of the menstrual discharge; but, as the limits of this paper will not admit of such extension, I shall rest the solution of my preliminary propositions on the cases now recorded.

Army Medical Staff for Turkey.—We understand that the Assistant-Surgeons of all Cavalry Regiments serving at home are put under orders for duty on the Staff in Turkey. The Director-General of the Medical Department appears to have recommended this measure with the intention of securing the services of men accustomed to military duty, the habits of soldiers, and the system of Military Hospitals. There was no lack of highly-qualified candidates for Assistant-Surgeoncies in the Army; but it appeared desirable, that, with an Army taking the field, none but men who had had practical experience in military duty should be at first sent out. It is not intended, we believe, to remove the Cavalry Medical Officers permanently from their regiments, but merely to supply the immediate want for their services temporarily.

Medical Stores for the War.—From a letter of the Director-General of the Army and Ordnance Medical Department to the Duke of Newcastle, we learn that a supply of spongio-piline has been provided for the use of the army proceeding to the Mediterranean.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

CASES OF SCURVY AND PURPURA.

KING'S COLLEGE HOSPITAL.

CASE OF SCURVY.

[Under the care of Dr. BUDD.]

Case 1.—*Severe* (a) *Scurvy following Ten Months' Abstinence from Vegetables.—Recovery.*—A. B., aged 53, a newspaper reporter, was admitted, on January 1, in a state of such extreme exhaustion, that he appeared to be on the point of death, and it was thought necessary to at once administer large quantities of wine. He was much emaciated, and of a greenish, sallow complexion, the conjunctivæ being white; the legs were covered with purpura spots, and with large bruise-like patches, which felt hard and brawny to the touch. His breath was fetid, and the gums were swollen, spongy, and livid, the edges next the teeth being quite gangrenous; the tongue, lips, palate, and cheeks were not in any way affected by the disease; his appetite had been, he stated, good; there was no constitutional disturbance or any alteration of the nervous functions. On examination, nothing remarkable was detected in his urine, which had a specific gravity of 1020. The history he gave was, that until thirty years of age he had enjoyed good health, and that he then took to drinking, and had since led a very intemperate life. In 1845 he lost his employment, and had, in consequence, suffered great privation, living, often for long periods, almost exclusively on bread and cheese. Latterly, he had given up drinking, but had eaten very little meat, and almost never any vegetables; for upwards of ten months past he had quite abstained from the latter. Three months ago, for the first time, his feet began to swell, and three weeks ago his gums bled. For three weeks he had been under Medical care without benefit, and rather getting worse.

Dr. Budd addressed some remarks to those present on the features of this interesting case, an example of a condition now happily very seldom seen—a man almost dead of scurvy. He directed special attention to the peculiar complexion, the spongy gums, the fetid breath, the tendency to hæmorrhage, as shown by the purpura spots on the legs and the bruise-like patches, the extreme debility and liability to fainting when in the erect posture, all of them most characteristic symptoms of the disease in question. The history, too, was exactly the one to be expected; the man had been for long periods eating very little fresh vegetable food, and for many months had scarcely tasted it; he had, in fact, although living on land, been subjecting himself to the precise conditions formerly so productive of scurvy in sea-going life. The man was ordered to be put on milk diet, and to have an additional allowance of two eggs, three oranges, and half a pound of potatoes daily.

Under this treatment, rapid and steady improvement was made, and the man was convalescent in about a month.

Dr. Budd gave an excellent Clinical Lecture on the above case, and from notes taken of it by Mr. Pout we extract the following memoranda respecting the differential diagnosis of scurvy:—

Purpura is sometimes confounded with it. This disease occurs suddenly, and at all seasons of the year indiscriminately. The spots are found on other parts of the body besides the legs. The gums do not become spongy, and there are no bruise-like spots.

Jaundice.—Scurvy much resembles, in the complexion of the patient, that form of jaundice known as green jaundice, and resulting from permanent obstruction of the gall-duct. In patients suffering from scurvy, however, the conjunctiva is white, and the urine does not contain bile.

Salivation.—The colour of the gums in scurvy is more livid than that resulting from the administration of mercury. Mercury affects the salivary apparatus also, while in scurvy the flow of saliva is not increased.

The history of long abstinence from vegetable aliment is never wanting in cases of scurvy, and the patients always rapidly get well when furnished with fruits and vegetables.

(a) It will be seen, that this case and those about to be related are all examples of what has been termed "land" scurvy. It is much to be hoped, that that absurd designation may fall into total disuse, as it promotes only confusion. It would be just as rational to name scurvy after the town or county in which the patient had chanced to reside. It is well known that the disease, whether occurring in landsmen or sailors, is produced by the same cause, marked by the same symptoms, amenable to the same treatment, and in every respect identical.

UNIVERSITY COLLEGE HOSPITAL.

CASES OF SCURVY AND OF PURPURA HÆMORRHAGICA.

[Under the care of Dr. WALSHE, Dr. PARKES, and Dr. GARROD.]

Case 2.—*Severe Scurvy induced by Eighteen Months' Abstinence from Vegetables.—Recovery.*—Charles Wilson, aged 27, a Frenchman, who had lived in England for about a year and a-half, and had been exposed during that time to much privation, in the unsuccessful endeavour to obtain his living by teaching music, was admitted, under the care of Dr. Walshe, on Jan. 18, 1854. He was suffering all the usual symptoms of scurvy in a very aggravated form, and was so weak that he had to be carried up into the ward. In his legs, especially the right, were hard, brawny lumps, very painful, and one of which prevented him from bending the right knee. He stated, that, while in France, he had always been accustomed to a very liberal allowance of vegetable food, but, during his residence in this country, he had been obliged to restrict himself to what he considered the most nutritious and least expensive kinds of food. For eighteen months he believed that he had tasted no form of fresh vegetable, but had lived on bread, milk, a kind of omelette eaten with much salt, eggs boiled hard, and occasionally cheese. With the exception of low spirits, which he attributed to the weather, he had enjoyed, he said, excellent health, until quite lately. In the beginning of November last, he was suddenly attacked by swelling and pain in the legs; an eruption of spots soon appeared; he rapidly lost flesh and colour, became very weak, and, in spite of medical treatment, soon sank into his present state of severe illness. No change in diet had been ordered him.

Dr. Walshe prescribed for him a draught containing a scruple of the bicarbonate of potass, to be taken every three hours; the diet to include a pound of potatoes daily, greens, and a pint of milk. Under these measures the most rapid improvement resulted. By the middle of February he might have been pronounced well; all the spots on the legs had disappeared; the peculiar sallow complexion had given place to a moderate degree of healthy floridness. Some of the induration of the cellular tissue about the right knee had, however, not quite disappeared, but it was fast doing so, under the employment of friction with a medicated ointment.

Case 3.—*Severe Scurvy in a Landsman who had Abstained from Fresh Vegetables for more than a Year.—Recovery.*—John Pordon, aged 39, a shoemaker, was admitted under the care of Dr. Parkes, on November 21, 1853, having then been ill for about ten days with severe scurvy. His legs were covered with ecchymotic blotches, slightly swollen, and also tender to the touch. His countenance, excepting a patch of colour on each cheek, was of a peculiar, faded yellow hue; the gums were tumid and spongy, separated from the teeth, and very liable to bleed; he complained of "rheumatic" pains in various parts, and said he felt so extremely weak, that he could but just walk. His condition, however, about a week previously, had been yet worse; for, having been during that period under Dr. Parkes's care as an outpatient, he had been using a vegetable diet, and was already beginning to improve. On inquiry, it appeared that he was the subject of severe club-foot, unmarried, and had been living alone, in a very desolate sort of way. He stated, that, ever since the potatoes became diseased, he had eaten very few of them, and, for more than a year past, he was certain he had never tasted them. During the same period he had never eaten any form of fruit; and of cabbage or green vegetables not on the average more than once a month. His usual diet had been bread and butter, fresh meat almost every day, bacon occasionally, milk, tea, and coffee regularly, a pint of porter daily, and generally a small quantity of gin. He had not been in the habit of taking much exercise, but had yet not wholly debarred himself from it. With a history of such prolonged and all but complete abstinence from fresh vegetables, it became an interesting question to ascertain whether there had been throughout evidences of an increasingly disordered state of general health, or whether the disease-producing element had rendered itself for the first time apparent in the present outbreak of acute disease. On this point, the man stated that he had enjoyed good digestion and appetite, and had not previously suffered, with the exception of frequent boils and spots on the skin, any material complaint; until, after having, for a week or two, had confined bowels, and felt unusually weary and languid, the spots began to show themselves in his legs.

After his admission, the same treatment as regards diet was adopted as Dr. Parkes had previously enforced, a full meat diet being allowed, with an extra allowance of greens and potatoes,

a draught containing half a drachm of the bitartrate of potass being also administered three times daily. Under this plan, the most rapid improvement resulted; and at the expiration of a month from the first employment of vegetables the man might be considered well; the sponginess of his gums had subsided, the spots on the legs nearly disappeared, and his complexion very much improved. At the end of about six weeks he left the Hospital.

It is clear that, in this case, the one class of aliments which had been deficient was that of the succulent vegetables. The disease was plainly not due to the use of salt meat or to general want of nourishment; for as far as beer, milk, fresh meat, butter, and good bread went, the man had been well fed; but he had, unfortunately, been quite abstinent as regards that best of all anti-scorbutics, the potato.

Our next case (Case 5) is one in which the same error had been perpetrated, with the addition, however, of various other infractions of hygienic laws by which no doubt the disease had been aggravated.

Case 4.—*Purpura Hæmorrhagica in an Adult Woman.—Profuse Epistaxis, uncontrolled by Various Remedies.—Plugging of the Nostrils.—Death in the Third Week from Coma.—Autopsy.—Extravasation of Blood on to the Brain.*—Susan Gozzard, aged 58, married, and the mother of several children, was admitted, under the care of Dr. Garrod, on Nov. 4, 1854. The catamenia had ceased with her about four years previously, not suddenly, but by degrees; and having previously enjoyed good health, she then became subject to frequently-recurring epistaxis, and some spots, described as those of purpura, appeared on her legs. These symptoms passed away after a few weeks. She lost no blood during the two following years, at the end of which she became subject to piles, which frequently bled. Last June, epistaxis again occurred, and has continued, at irregular intervals, to recur ever since. She has lived in comfortable circumstances, eating vegetables, fresh meat, and taking beer daily. The present attack commenced nearly a week ago by bleeding from nose and rectum, and the appearance of purpura spots on the legs. For five days she has been taking, under the care of a private Medical attendant, five grains of the gallic acid every three hours; but, in spite of this treatment, hæmorrhage from the nose, to the amount of a quarter of a pint daily, has still persisted. She is now extremely anæmic and weak. There are small spots of the eruption sparingly scattered over the chest, back, arms, and legs. The tongue is clean, but very pale; the pulse 96, jerking, but compressible. To take twenty minims of the solution of the pernitrate of iron every three hours.

Nov. 20.—During the last week the bleeding, with slight variation, has persisted as profusely as before. To-day there is blood in the urine. No fresh spots have appeared, but where the skin is contused a large bruise at once appears. To take three grains of the acetate of lead in pill three times daily.

Nov. 23.—The pills are to be suspended on account of severe vomiting. They have not arrested the bleeding. The left nostril (the one which bleeds) is to be plugged. Some compound tincture of cardamoms is to be exhibited to allay the irritability of the stomach.

25th.—No bleeding since the nostril was plugged; pulse much improved in character.

Nov. 30.—The plug from the nostril was effectual; no return of bleeding occurred until to-day, when it was but slight. She has gained colour, and is much better. The nostril to be re-plugged.

Dec. 2.—The plug has been removed, and there is no return of bleeding. The purpura spots have almost disappeared.

Dec. 4.—Much worse: swelling and purpuric discoloration of whole of right side of upper lip and part of cheek; very offensive discharge from nostrils. She is extremely weak.

Soon after the last note cerebral symptoms came on, and the right side of the body became hemiplegic; in a few hours the patient was comatose, and in this condition death took place on the following day.

At the *post-mortem* there was found extravasation of blood in the arachnoid sac over the anterior part of the left hemisphere, the amount, however, not being very great. There were also purpuric ecchymoses in the arachnoid of the posterior and under parts of the same hemisphere. The lungs were extremely pale, and rather œdematous. The heart was flabby, and had a considerable deposit of fat on its exterior. There were spots of extravasation beneath both the visceral and reflected layers of pericardium in many parts. There was also extravasation of blood to a considerable extent into the muscular substance of the left ventricle. The liver and kidneys were extremely pale, but not otherwise diseased. The spleen was shrivelled, more dry than natural, and pale. The large intestines contained much grumous matter, evidently extravasated blood.

ST. THOMAS'S HOSPITAL.

CASES OF SCURVY AND OF PURPURA HÆMORRHAGICA.

[Under the care of Dr. RISDON BENNETT and Dr. GOOLDEN.]

Case 5.—*Severe Scurvy, Induced by more than Two Years' Abstinence from Fresh Vegetables.—Treatment by Lime-juice.—Recovery.*—Thomas Jones, aged 35, a rag-gatherer, who had been living on the ground-floor of what he reported to be an extremely damp house, quite without sewerage, was admitted, suffering from severe scurvy, on April 30, 1853, under the care of Dr. Goolden. He was not much emaciated, but extremely sallow; his complexion, in fact, was, as has been described of scurvy, not like that either of chlorosis or simple anæmia, but rather the faded yellow of a disappearing bruise. His whole body, the neck, scrotum, and all the extremities, but the legs especially, were covered with ecchymoses, varying in size from a mere spot to a crown piece, and in several parts there were patches as large as a hand, a little tumid and discoloured, blue, black, and yellow, as if from severe contusions. In the right eye there was also a large subconjunctival extravasation of blood. The gums were swollen, separated from the teeth, fungous, and covered with clots of blood. The man stated that he was unmarried, had been living alone, and frequently much underfed. During the last seven years, he had been temperate in his habits, only taking beer or a little gin occasionally. For more than two years his diet had consisted almost exclusively of bread and coffee, with the exception of three months in the spring of 1852, when he was in St. Thomas's Hospital, for a similar attack to the present. He had not tasted any kind of fresh vegetables. His health had been bad throughout the whole of this time; he always felt extremely weak; had suffered from a succession of colds, and had frequently had spots on his legs, which latter were often swollen. The present illness was of about six weeks' duration, and he had been so feeble, as to be unable to get out of the house for a month past. Pulse 100, a little sharp, but giving the impression of what is known as an "unfilled vessel." Tongue flabby, and extremely pale; bowels open, urine copious, clear, orange yellow. This case, complicated as it evidently was by much severe disorder of the general health, and probably of the assimilative functions, required a somewhat longer treatment than we have seen successful in the cases above detailed. Dr. Goolden ordered half an ounce of lime-juice three times daily, and a full meat diet, with a liberal allowance of potatoes and milk. The improvement, in that the gums ceased to bleed, and no new spots appeared on the body, was soon apparent; but it was not for five weeks that the man had regained sufficient strength to be allowed to leave his bed, and during the whole of that time his complexion retained its peculiarly sallow tint. About two months after his admission he was discharged well, and at the same time warned not to return to his old habits of diet.

Prevention and Treatment of Scurvy.—Medical men have a public duty to perform in diffusing knowledge as to the means by which the scorbutic diathesis is prevented. Dr. Risdon Bennett has related to us the case of a nervous lady who, a few years ago, was his patient for a most severe attack of scurvy, brought on by having relinquished the use of vegetables from fear of inducing cholera. Probably a very large number who never have any actual outbreak of the disease, suffer more or less in health from incomplete abstinence as regards those articles. A man of sallow, icteroid complexion applied at the Hospital for Chest Diseases, a few days ago, complaining of cough and severe indigestion. It came out, on questioning him, that he had, under medical recommendation on account of the latter ailment, almost literally abstained from all fresh vegetables for a whole year. His gums were slightly swollen and discoloured, and he was evidently on the point of becoming scorbutic. He stated, that his longing for potatoes had been extreme, but he had resolutely resisted it.

It will be seen, that in all the cases we have related, the main treatment was dietetic, and most will probably be quite satisfied to know that in the potato is possessed a specific remedy of never-failing efficacy. Since, however, occasions will occur in which neither this nor other like forms of vegetable aliment are accessible, the inquirie which have been instituted as to

the precise element on which their efficiency depends, are of great importance. Dr. Aldridge has advanced a theory, that in scurvy the deficiencies are of certain minerals, the chief of which are phosphorus, sulphur, lime, potash, and soda. Dr. Garrod has yet further reduced the list, and believes that potash, and potash only, is the wanting ingredient; while the generally-received opinion, we need scarcely say, regards the vegetable acids in the same light. No recent experiments on this question have, as far as we are aware, been tried in the London Hospitals; and it is one which must be set at rest, not by theory, but by clinical experience. In support of Dr. Garrod's view, some cases have been lately published by Dr. Hammond, of the United States Army, which occurred in Mexico, under circumstances where no articles of anti-scorbutic diet were attainable. Some of them were treated by carbonate of potash (gr. v. ter. die.), and others by the bitartrate (℥j. ℥ij. ter. die.), and all recovered speedily. They were twelve in number, and the maximum duration of any single one was three weeks. It is much to be desired, that any who may hereafter have opportunities, either from necessity or choice, of trying such experiments, would record their results in detail, and very carefully, since the evidence hitherto collected is extremely conflicting.

Diagnosis between Scurvy and Purpura.—The two cases next to be related were admitted about two months ago into St. Thomas's Hospital on the same day, and they came also from very nearly the same locality. Neither of them exhibited in symptoms so well marked a difference between purpura and scorbutus as is usually the case; and, as we shall see, one of them recovered under the use of the specific remedy for the latter disease. Yet they occurred in patients at an age in which purpura is common, and scurvy rare, who had not abstained from vegetables, but had lived in the same manner that others had done in their respective families who had retained good health. In both there was at first more of febrile commotion than is usually met with in scurvy, and the complexion also did not exactly resemble that of the latter disease. The occurrence of swollen gums in both, and of bruise-like marks in the second, were the circumstances in which they most nearly simulated scurvy; and in the first of them (*Case* 6,) the gums for a few days were decidedly spongy; both of them appeared to derive at first marked advantage from the use of lemon-juice, although one relapsed ultimately in spite of it.

In case 5 an exception was afforded to one rule of differential diagnosis, in that the small purpura spots were not confined to the legs, and perhaps the same should be said of the sub-conjunctival ecchymoses, which are not common in scurvy. The two affections, although commonly very distinct, are evidently closely allied; and the causes producing them may probably co-exist, and tend to produce a mixed disease. The value of the evidence afforded by the patient's history can scarcely be over-rated in forming a diagnosis.

Case 6.—*Purpura Hæmorrhagica of Six Weeks' Duration.—Improvement under Lemon Juice.—Relapse.—Extreme Bloodlessness.—Amaurosis and Cerebral Excitement.—Death from Anæmia at the End of Three Months.—Autopsy.*—Benjamin Richardson, aged 11, a well grown and moderately stout boy, of rather fair complexion, was admitted on November 15, under the care of Dr. Bennett. He was extremely pale and anæmic, his countenance, however, not having the faded yellow appearance so peculiar in scurvy. His manner was heavy and oppressed; he answered questions slowly, like a patient just beginning in fever. Over almost the entire cutaneous surface, but especially on the chest, was a copious, scattered eruption of small purpura spots. The gums were rather swollen, soft, and to a certain degree spongy; they bled readily when touched; the breath of the patient had a disagreeable, faint odour; tongue pale, and almost clean; pulse large, a little jerking, but extremely compressible, 106; skin warm, bowels confined. It appeared that he had been employed as a ropemaker's boy, and had not been very well cared for. His usual diet had consisted of bread, butter, cheese, milk, rice, fresh meat about once a week, and potatoes; of the latter, "a good plateful almost every day." His illness had begun by spots appearing on the neck and chest six weeks ago; they gradually spread over his body, and his gums soon after began to bleed, and once or twice the nose also bled. He became very feeble, and lost his colour. He had been under medical care for nearly three weeks, and, in spite of the judicious administration of quinine and mineral acids, had gradually got worse.

Dr. Bennett ordered him to be placed on milk diet, with an allowance of potatoes; to take half an ounce of lemon juice every four hours, and an aperient powder occasionally.

16th.—The gums still bleed a little. There was no blood in the motion produced by the purgative.

20th.—Is much better; the spots are most of them faded, and no fresh ones have appeared; the gums do not bleed. There was, however, this morning, for the first time, a slight attack of epistaxis. The treatment is continued, and he is allowed in addition two glasses of wine daily.

25th.—The bleeding from the nose, which again took place on the 21st, has not done so since. The gums are now sound, and he is improved in every respect; excepting a few faded marks, no spots remain. To take a draught containing the tincture of iron (ℳx.) three times daily.

27th.—Not so well. He complains of headache; the skin is hot, and there is a slight flush on the cheeks.

Dec. 2.—Some fresh spots have come out on the chest and legs, and the gums are again a little spongy. They do not, however, bleed. Pil. quinæ disulph. ter die.

6th.—He is much more feeble than he was, extremely pale, unable to walk without assistance; the spots, of which a few fresh ones have appeared each day, are small and not very numerous; the gums bled a little last night. Since the 25th, he has been allowed to take the lemon-juice or not, according to his taste, and has consequently taken very little. He is now ordered to have the half-ounce dose regularly administered, and in addition an ounce of the decoction of bark three times daily. He is to take greens as well as potatoes to dinner.

18th.—During the week following the last note, the boy improved considerably, the spots quite disappeared, and he gained strength. No relapse, as regards the purpura, has taken place since, but he has scarcely at all improved in colour, remaining pallid to an extreme degree. This morning a new symptom has shown itself. He is up and walking the ward, but walks with an unsteady gait, has a peculiarly vacant, puzzled expression of countenance, and complains that he can scarcely see. The brows are knit and frowning, but he does not suffer any pain. The pupils are dilated and sluggish.

19th.—The loss of vision is more nearly complete than yesterday; he cannot distinguish even large objects, though he has good perception of light. He complains of headache and of pain around the orbits, and states that he sees birds, beetles, etc., all of a black colour, moving about near him. This delusion is so strong, that he frequently attempts to catch the spectral creatures. The pupils are widely dilated, the left quite insensible to light, and the right extremely sluggish. Pulse 100, small and jerking; skin hot; tongue a little furred. There are not now any spots on the skin, and the gums are quite sound. To take an effervescent saline, and remain in bed.

20th.—Can see much better, the left eye being still the worse of the two.

22nd.—During the night a severe epistaxis occurred. The headache, which was absent yesterday, is again worse, and is referred chiefly to the forehead. No fresh spots; tongue clean, extremely pale; pulse 152. To take a pill of acetate of lead and opium twice daily, and to have an allowance of two ounces of brandy.

23rd.—No headache; rather better.

24th.—No fresh epistaxis, but he has passed by the bowels a considerable quantity of what appears to be thin blood. To check this tendency to hæmorrhage, Dr. Bennett orders—℞ Olei terebinth. ℳx., mucilag. ℥ss., spirit. lavand. ℳxxv., tinct. opii ℳiij., aq. pur. ℥j., 4tis horis sumend.

27th.—Excepting a little from the nose yesterday, no bleeding has occurred since last note. He sees better, but is still troubled with muscæ, and sometimes with spectral illusions.

28th.—Seems much better; no further loss of blood; the muscæ have all but ceased to trouble him.

29th.—During the night he lost several ounces of blood by epistaxis, and is this morning very perceptibly worse. He is so pale, that the colour of his lips is scarcely distinguishable from that of the surrounding skin. To continue the turpentine draught.

30th.—Has been shouting and screaming all the night, but is sensible and rational when spoken to. There has been a little bleeding from the nose, and some soft clots were vomited. He appears to be nearly blind; complains much of pain in the belly, and cannot be got to take any medicine. A sinapism is to be applied to the epigastrium.

31st.—Death took place at three this morning. The boy was sensible to within five minutes of death, and had been much excited during the night. No convulsions had occurred. There had been slight continued oozing of blood from the nose, and a very large quantity of pale, limpid urine had been passed involuntarily.

Autopsy, (performed by Dr. Bristowe, on the day following death, and from whose report the following is extracted):—A considerable quantity of subcutaneous fat in all parts. *Heart.*—Muscular tissue extremely pale, but not flabby. The cavities contained some small fibrinous clots, with scarcely any trace of colouring matter; these were largest on the right side. In the aorta was a thick band of coagulum; the venæ cavæ contained only a very thin coloured fluid. The muscular fibres of the heart, examined with the microscope, were found to be in a state of very advanced fatty degeneration. In most of the fasciculi all traces of striation were absent, and they were filled with oil globules of various, and often large sizes. In some few of them the transverse markings were present, though more or less indistinctly so, and even in these longitudinal strings of oil globules were always visible. It did not appear that the fibres were especially brittle, since no fragments were observed floating about the field. *Lungs.*—The left pleura was healthy, and the lung crepitant throughout, but anæmic almost to whiteness. It was œdematous, and here and there were small spots of congestion, which, on the lower angles of the upper lobe, amounted to distinct ecchymosis. The right lung was enveloped in a thin layer of recently-effused fibrin, but not so œdematous, nor yet quite so pale as the other. The pleura contained about an ounce of serum. *Abdomen.*—The omentum and mesentery contained much fat. The liver was of normal size, pale in colour, but healthy. Spleen small, rather light-coloured, of good consistence. Kidneys of natural size, but so anæmic as to present a uniform pale-yellowish surface. Coats of the intestines very pale, but throughout quite healthy. *Head.*—Dura mater perfectly colourless. Surface of the brain quite bloodless, of a uniform whitish colour, like that of curd soap. In the anterior part, no vessel, capillary or otherwise, could be seen; and, in the posterior region, what few there were carried colourless blood. The brain substance was in the same anæmic condition as its surface, but had a firm consistence throughout. The lateral ventricles contained each about a drachm of serum; the choroid plexuses had only a pale pink tinge.

We have given the above case, the particulars of which are chiefly from the notes taken by Mr. Sweeting, Dr. Bennett's clinical clerk, so much in detail, that comment can scarcely be necessary.

Case 7. — Mild Purpura Hæmorrhagica. — Treatment by Lemon-juice.—Recovery.—Catherine Thompson, aged 8, admitted November 15, 1853, under the care of Dr. Bennett. She was moderately stout, but extremely pale and delicate-looking; of a rather oppressed aspect, but quite intelligent. Her father was a cigar-maker, residing in Walworth, and she appeared to have had a tolerably comfortable home. Her diet was stated to have consisted chiefly of bread and butter and rice pudding, potatoes in large quantity to dinner, on average about twice a-week; very rarely meat, and but little fruit. The disease had begun five days before, by the appearance of some spots on the neck and cheeks, soon followed by others on the body and legs; excoriations, a day or two later, had formed about the gums, and bleeding from them had occurred to considerable amount. She had been getting gradually worse up to the time of admission; there was then a slight degree of feverishness; the breath had a peculiarly disagreeable odour; small purpura spots were scattered sparingly over most of the body, and on the legs were some livid and painless patches of erythema nodosum. The gums were a little swollen, and bled readily, but they could not be called spongy.

Dr. Bennett ordered full diet, with an ounce of wine daily, an alterative aperient powder to be taken every night, and half an ounce of lemon-juice every four hours.

In this case, improvement commenced almost immediately after admission. No fresh spots appeared afterwards, and those present gradually faded. The child was discharged about a fortnight afterwards.

The two preceding cases furnish in their progress and results a most marked contrast. With the exception, that one had lasted much longer than the other, the histories given by the patients, and their symptoms at the time of admission, were almost precisely similar; yet we find the one rapidly becoming convalescent, while, in the other, although much protracted, no treatment was effectual to arrest the progressive deterioration of the blood. Every circumstance in the course of the malady concurs to indicate that in these cases of febrile purpura the essential disease is of the blood itself; but as to whether this results from malassimilation, or from poisoning and depravation of the fluid after its manufacture; if the former, where the changes in sanguinification commence, in what they consist, how they are to be prevented or remedied; these are questions on which we fear it must be confessed that nothing is known. Neither in the cases just related, nor in those which are to follow, had there been any material dietetic error, nor had the patients manifested any indications of failing health prior to its appearance. The following case is, however, yet more conclusive in support of the opinion, that febrile purpura is not directly dependent either on cachexia or bad food.

Case 8.—*Mild Purpura.—Recovery.*—There is at the present time in Guy's Hospital a lad, aged about 15, on whom Mr. Cock performed, four months ago, a successful operation for the removal of a large fungating polypus from the nostril. The disease had troubled the boy for upwards of three years, and had frequently occasioned severe hæmorrhage. Several operations had also been performed in other hospitals, and had been attended by great loss of blood. We had in various institutions had the patient under observation for eighteen months, and during the whole of that time he had been as pale and anæmic as could well be imagined. Among other misfortunes, he had for a considerable period been an inmate of the Homœopathic Hospital. After Mr. Cock had removed the greater mass of the growth, and effectually put an end to the hæmorrhages, the boy was allowed a generous diet of meat, beer, potatoes, etc., took frequent out-door exercise, and rapidly improved in health. This had gone on for upwards of two months; he had gained flesh, felt strong, and the progressively increasing colour of his cheeks evidenced that his blood was fast improving in quality, when suddenly febrile symptoms set in, and an eruption of purpura spots showed itself on the chest and neck. The affection passed off favourably in a few days under treatment by quinine, and he is now again in fair health; but during the period of the eruption his condition was sufficiently alarming, he looked ill, had an oppressed aspect, and disagreeably faint odour with the breath. It is plain, that if purpura be a disease of cachexia, it ought in this instance to have shown itself long before it did, and that it ought not to have appeared when it did, just as the patient was becoming robust.

A case was lately under Dr. Bennett's care, in which a young woman recovering from jaundice had an eruption of purpura on her legs, thus a little tending to support the notion, that the disease has some connexion with hepatic derangement. It was, however, very mild, and quite unattended by either hæmorrhagic or febrile phenomena.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE YORK COUNTY HOSPITAL.

CASES OF PURPURA HÆMORRHAGICA.

During the summer and autumn of 1848 cases of febrile and hæmorrhagic purpura were unusually prevalent in the city of York, and many of them terminated fatally. They occurred chiefly in the less healthy parts of the city, but did not appear to affect, by preference, those who had been underfed. Of five of the severest which fell under the writer's observation, one was in a working man, aged about 40, accustomed to live well, who died after a fortnight's illness; he had much neglected himself during the first week of it, and had neglected to obtain advice. Two were infants at the breast, both fatal. A fourth a delicate, but well cared for child, aged three years, who recovered from a severe attack, attended with repeated hæmorrhages, under the use of Ruspini's styptic, vegetable acids being also liberally given. The fifth was a case of peracute character, of much interest.

Case 10.—*Acute Hæmorrhagic Purpura.—Death from Coma on the Fifth Day.—Autopsy.—Hæmorrhage into the Lateral Ventricles.*—Thomas Carr, aged 18, a farm-labourer, of robust appearance, but who suffered from symptoms of incipient hip-joint disease, was admitted, for a second time, into the York County Hospital, under the care of Mr. Russell, on August 17, 1848. He had been discharged, only a month before, apparently well, but the return to work had again brought on pain. Rest in bed was ordered, and he was allowed a full meat diet, with a good quantity of vegetables. On August 20 he began to complain of headache, sickness, etc., had a whitish tongue, and confined bowels. In the afternoon, a bleeding from the nose occurred, and his headache was much relieved. A purgative dose was ordered. Early the following morning, without any preceding cough, he began to spit up blood, and shortly afterwards the gums began to ooze blood, and a second epistaxis

occurred. The bowels had been freely purged,—evacuations natural. A draught containing sulphuric acid and Epsom salts was ordered every four hours. On the 22nd, a scanty eruption of very small purpura spots had appeared on both legs, bleeding from the gums continued, and, in the evening, epistaxis to a large amount again occurred. On the 23rd, blood was coughed and vomited up repeatedly, and several bleedings from the nose took place. His tongue had continued furred, and his manner was heavy and oppressed, but there was very little heat of skin. Breath of very disagreeable smell. Half a drachm of colchicum wine was added to each draught of his mixture. During the 24th, the symptoms continued, and much blood was lost; some large ecchymoses appeared beneath the conjunctivæ. In the night he vomited largely of blood, and, about five in the morning, symptoms of pressure on the brain began, and he passed into a state of partial coma. Doses of turpentine (℥ss.) were now given each hour for several times, and appeared to have a beneficial effect, as the bleeding from the nose and gums ceased. At noon, he was rather less comatose, and seemed to be improving, but shortly afterwards he again relapsed into perfect coma, and in that state died in the course of the evening. The *post-mortem* examination was made eighteen hours after death, by Mr. Hutchinson, the House Surgeon for the time being. Large ecchymotic patches were sparingly scattered over the abdomen, the body, and extremities; blood was also effused beneath the scalp, the conjunctiva, and the mucous membrane of the mouth. On raising the calvaria, the vessels of the pia mater were found empty, and the surface of the brain remarkably pale; the substance of the latter, when cut, was firm, but very white. Both lateral ventricles were distended with chocolate-coloured, and for the most part fluid, blood, which contained some small greyish masses of fibrin. The septum lucidum was broken down, and the cerebral substance was lacerated in both posterior cornua; the third ventricle contained a clot of blood. The lungs were very pale. The pericardium contained some yellow serum. The surface of the heart was spotted over with ecchymoses, some of them of large size. The chambers of the heart contained much blood, partially coagulated. Liver large and pale. Spleen of enormous size, measured 18 inches in length, and had a proportionate breadth; it was of firm consistence; its upper longitudinal half of a bright crimson colour, the lower of a dark purple. Kidneys large and pale, spotted with extravasated blood. There were large ecchymoses beneath the peritoneum of the stomach, intestines, and viscera generally.

It was impossible to assign any satisfactory cause for the outbreak of disease in this case. The man was robust rather than cachectic, and both at his own home and in the Hospital he had been well fed. Notwithstanding the profuse hæmorrhages which had occurred, the corpse still contained a large quantity of blood.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, March 11.—Royal College of Surgeons. *Hunterian Lectures.* Lecture III. :—"The Skull of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Medical Society of London. *Subject :*—"Observations on Lateral Curvature of the Spine." By Mr. W. Adams. Eight o'Clock.

Monday, March 13.—Medical Society of London. *Subject :*—"On the Medicinal Constituents of the Lemon." By Dr. Cogswell. Eight o'Clock.

Tuesday, March 14.—Royal College of Surgeons. *Hunterian Lectures.* Lecture IV. :—"Myology of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Medical and Chirurgical Society. Half-past Eight o'Clock.

Wednesday, March 15.—Statistical Society. *Anniversary.*

Thursday, March 16.—Royal College of Surgeons. *Hunterian Lectures.* Lecture V. :—"Neurology of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Institution. *Subject :*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.

——— ——— Hunterian Society. *Subject :*—"On a Case of Scalding of the Throat requiring Tracheotomy." By J. C. Wordsworth, Esq. Eight o'Clock.

——— ——— Harveian Society. Eight o'Clock.

Friday, March 17.—Western Medical and Surgical Society. Eight o'Clock.

Saturday, March 18.—Royal College of Surgeons. *Hunterian Lectures.* Lecture VI. :—"Digestive System of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Medical Society of London. *Subject :*—"On Glanders." By Mr. Cox. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, MARCH 11.

REGISTRATION OR REFORM.

Two Bills have lately been brought before Her Majesty's Government deeply interesting to the Medical Profession. The one is the Medical Reform Bill of the Provincial Medical and Surgical Association, the other the Medical Registration Bill of Mr. Brady. The latter is a Bill of registration simply—a registration of all qualified Medical Practitioners by Government—for the purpose of protecting the public from the evils of unqualified practice, by inflicting summary punishment on conviction before the nearest magistrate. The former is also a registration Bill, but it contains clauses which completely re-organise the Medical Profession, on the principles of uniformity of qualification and reciprocity of practice throughout the United Kingdom.

We shall not now stop to inquire whether it would be better to obtain the simple measure of registration, or the more comprehensive scheme of reform and registration together. The question is, which Bill is most likely to obtain the assent of the Government and of Parliament; and looking to the previous progress of Medical Reform, we confess we have no doubt as to the answer. The reply of all Secretaries of State has been, "First agree among yourselves, gentlemen of the Medical Profession, and then let us know what you want." And the reply is not to be wondered at, for neither the Government nor the House of Commons can be sufficiently acquainted with the wants and wishes of Medical men to legislate for them until those wants and wishes are expressed with something like unanimity. Now comes the doubt whether the Profession are more unanimously in favour of the Bill of the Association than of former schemes of Medical Reform,—whether even the majority of the Association itself approve of it. We do not say that Lord Palmerston ought to wait for unanimity among us, but, judging from the past, we may infer that he will; and that, as he will not find anything like unanimous approval of the Association Bill, he will not bring it forward as a Government measure. What will be the consequence? Simply this,—that while debating upon disputed points of reform, we lose our protection, and the protection of the public, from quackery. The Registration scheme is not objected to; but the re-organisation of the Profession with which it is mixed up in the Association Bill excites warm opposition, and all is lost.

Now, Mr. Brady does not touch any disputed question whatever. He proposes a law, which we all agree to be called for. If carried, it is calculated to be of essential service to the Public and the Profession. It interferes with no existing law. It neither adds to nor diminishes the powers of any University or Corporate body. It simply draws a broad line of distinction, by the authority of the State, between those who practise medicine with and without Professional qualification. This distinction we all admit to be imperatively necessary; why, therefore, should we risk the loss of a Bill which makes this distinction, with the authority of the State, and builds a high wall of demarcation between those who practise within and without the boundary of Professional qualification, by connecting it with Clauses which are intended, not to separate the qualified from the unqualified practitioner, but to re-model entirely the means by which Professional qualifications are at present obtained? We maintain, that the two questions are entirely different; and that Mr.

Brady has done good service by separating them, and by bringing forward the scheme of Registration in its simple integrity, as a basis upon which a future re-organisation of the Profession may be attempted.

The argument, that the passing a Registration Bill is likely to be an impediment to the consideration of a Reform Bill by Government and by Parliament, we hold to be completely erroneous. We have spoken to several Members of both Houses of Parliament, and have found that those who know anything at all of the subject are impressed with the feeling that we are so divided among ourselves, that any one who attempts to legislate for us is likely to receive far more blame than thanks, and may be accused of benefiting one class at the expense of others. It is very well for gentlemen to say, that a Home Secretary should make himself master of the facts of the case, and should legislate without waiting for concord among us; but Ministers are not very likely to risk the charge of acting in an arbitrary manner with the internal affairs of a learned profession; and if they did so, those who urge this duty upon them would be the first to raise a cry, if the measures enforced were not precisely those most in accordance with their own peculiar ideas. Again, it is not so easy for a gentleman, who is a stranger to our habits of thought and life, to master the facts of a case which is presented to him on so many different points of view by opposing parties; and we cannot wonder, therefore, that a Home Secretary, besieged by Deputations on every possible subject from day to day, and compelled to fight the battles of his Cabinet in the House of Commons, should make use of any plausible excuse to defer the consideration of a comprehensive scheme for re-organising the whole Medical Profession.

The simple question of registration is very different. The idea is familiar to Members of Parliament. They are registered themselves. The 168 legal Members of the House are registered in the Law-list. Members of Universities are registered. Why, then, should there not be a register of the Members of the Medical Profession? The only answer could be, that the Profession did not wish it; and this, we apprehend, no one would venture to state after the approval with which Mr. Brady's Bill has been received by our Corporate Bodies, and by Medical men of every variety of qualification.

The only difficulty about Mr. Brady's Bill has been the position of those gentlemen who, with a *professional* qualification, have no *legal* qualification under existing statutes. These gentlemen are left, by Mr. Brady's Bill, precisely where they are at present. They have the right to register their professional qualification, but this gives them no legal right to practise. The Bill neither enlarges nor contracts the powers of the College of Physicians, nor of any other corporate body. These powers, under existing Acts or Charters, remain entirely unaffected, and any powers hereafter obtained will not affect the Bill. It provides a Government Register, and a means of prosecuting those who practise if unregistered, and nothing more.

It may be seen by our reports that the Reform Bill and the Registration Bill have both been fully discussed during the last week, at Public Meetings of the Profession, convened by advertisement. At the meeting called by the supporters of the Association Bill, some forty gentlemen only were present; and although it is true that an Amendment to the effect that this Bill should be postponed until Mr. Brady's Bill passed, was lost by a large majority, so many objections were raised to the Association Bill that it was found expedient to refer it to the whole body of the Association. The meeting called to discuss the provisions of Mr. Brady's Bill was a much larger and more influential one. A very long discussion took place upon Resolutions in its favour, and on an Amendment in favour of that of the Association; the result was, that the Amendment was lost, and the original Resolution carried by a very decided majority,—the Chairman said, after the meeting, of fully two to one, and we believe it was still larger than that.

Mr. Brady stated, at the second Meeting, that the Council of the College of Surgeons had sent a Deputation to Lord Palmerston approving of the Bill; and, as it is difficult to imagine on what grounds it can be opposed, we trust that it may speedily become law. It will of course, after a second reading, have to go through a Committee of the House of Commons; and it is possible that it may be advisable to introduce some modifications at that stage of its progress. For instance, in the 1st Clause, the Secretary of State has the appointment, not only of the Registrars, but of "clerks and other officers;" whereas it is probable that the duty would be better done if the Registrars appointed their own assistants. The 4th Clause might be advantageously modified by substituting for its present form the following: "Every person qualified to practise medicine or surgery, either as a Physician, Surgeon, or Apothecary, in any part of the United Kingdom," etc. This would remove the objections of Scotch Graduates, and could not excite the opposition of the College of Physicians. These Graduates would be registered as professionally qualified; yet their relation with the College of Physicians would remain exactly what it is until the College obtain their new Charter. On the same grounds, we would advise that, in the 7th Clause, the word "Professional" should follow "legal," the register being, in that case, a description of "legal and Professional qualification or qualifications," the Schedule C, or example of the register, in this case, containing a description, not only of the legal, but of the Professional qualifications of the Practitioners registered. The same addition might be made in the 9th Clause. In the 15th Clause, line 34, the word *presented* appears to be a misprint for *prescribed*. In the 17th, or interpretation Clause, it would be necessary, to insure consistency, to remove the word *legally*, in the first line, and to add the words, "in any part of the United Kingdom" at the end of the Clause. If this were done, the whole of the 17th Clause might be omitted, with the exception of the concluding paragraph, which would then form a separate Clause, to the following effect: "And be it enacted, that nothing herein contained shall be deemed, taken, or construed to abridge or lessen any of the existing powers, privileges, rights, or remedies of the Universities, Colleges, and Halls, enumerated in schedule D to this Act annexed." This schedule should, of course, contain the name of every University, College, or Hall, which has the power of granting degrees, diplomas, or licences. Mr. Hastings made it appear a great objection to the Bill that the University of London was omitted in the example of the schedule appended to Mr. Brady's Bill, and he was reluctant to admit the explanation that the omission was accidental. We have since learned from Mr. Brady, that the omission of this learned body, and of the College of Surgeons of London, and others, was entirely owing to a mistake of the printers.

We trust we have satisfactorily explained, that neither the Scotch Graduates nor the College of Physicians can have ground for objections to Mr. Brady's Bill, especially if the modifications we have suggested should be made in Committee. Even if unopposed, we believe the Bill will pass; if supported by petition, and by private applications to Members of Parliament in its support, its success is certain. Let us, then, venture to advise our Professional brethren to be for once united, and to join, at least, in supporting the principle of the Bill; and, if they have objections to certain clauses, to specify their objections as grounds for modification in Committee, not as reasons for opposing the Bill.

INSURANCE COMPANIES AND THEIR FEES TO PRACTITIONERS OF MEDICINE.

THE Twelfth Annual Report of the Registrar-General, recently published, contains a most masterly paper by Mr. Farr, on the subject of Life Insurance.

A Life Insurance Office is, says Mr. Farr, at page 16 of that paper, "a trading firm, in some cases seeking partners every year, and always seeking customers; it is a Company of capitalists, constantly looking out for long investments and well organised, to deal profitably in securities at some greater risk than those returning 3 per cent. interest."

The "trading firm" then must be always *seeking* customers, the company of capitalists must be "constantly *looking out* for long investments;" and, unless the trading-firm find the customers "it is always seeking," it must shut its Office; unless the company of capitalists light on "the long investments" for which it is "constantly looking out," it must close its accounts.

Now, in order to secure these long investments, in order to deal profitably and safely in securities, the Company or firm must be, as Mr. Farr observes, well organised. The organisation of the Company must be such as to secure, as far as possible, "long investments;" to deal profitably the Company must insure at the ordinary premium only good lives. If the life insured be that of a man suffering from a disease which shortens life, the trading firm would have a bad customer; the Company of capitalists have failed to get "a long investment;" they would have dealt unprofitably.

The trading firms, the companies of capitalists called Life Insurance offices, can only deal advantageously to themselves by securing good lives as customers; these good lives cannot be secured without the co-operation of the ordinary Medical attendants of the would-be customers or insurers. Can there be any doubt, then, as to who ought to pay the Medical man for his co-operation? Certain trading firms cannot trade securely without the advice of a professional man; certain companies of capitalists cannot obtain "the long investments" essential for their commercial success, cannot deal profitably, without the professional man gives them the benefit of his knowledge, and yet, strange to say, there are still some trading firms "always seeking customers," some companies of capitalists "constantly looking out for long investments," which refuse to pay the professional man whose aid is essential for their success as traders; and, stranger still, there are some professional men who give their knowledge gratis to these "trading firms"—these companies of capitalists.

There are now sixty-nine Life Assurance offices at least which pay their professional informants. Several of these offices are second to none in the Kingdom, as regards commercial stability. Medical men may, therefore, settle the question at issue between themselves and the non-paying Offices; they have only to refuse to give that information to the repudiating "trading firms" which is necessary to enable them to deal profitably; and these same firms and Companies will soon find that honesty is for them, as well as others, the best policy. We revert to this subject at the present moment, because our attention has been lately called to a new position taken up by the Legal and General Life Insurance Society, of 10, Fleet-street, to evade full payment for the professional opinions they obtain.

The correspondence referred to took place between Dr. J. Brown, of Islington, and Mr. Nettleton, the Secretary of the above-mentioned office.

While Mr. Nettleton admits the claims of the Medical man, of whom he seeks information, to remuneration from the Office he represents, he pretends to draw a line between the worth of the information afforded by a General Practitioner and that to be had from a Physician. To the former he offers half-a-guinea for his knowledge; to the latter a guinea. The information these trading firms desire for their own security—the information it is essential for them to have, if they are to trade profitably, can only be obtained from the *ordinary* Medical attendants; to pay them less, therefore, than the Consulting Practitioner, would, under these circumstances, be manifestly unjust. Against this injustice the Profession must strongly protest, and we repeat the matter is, there being sixty-nine paying Offices, in our own hands. Let every Practitioner of Medicine refuse politely, but decidedly, to afford these trading firms the information they require without a sufficient fee, and the matter will soon be concluded to the full satisfaction of the Profession.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

[To the Editor of the Medical Times and Gazette.]

The gentlemen who have signed the following Resolution will feel obliged by the Editor of the *Medical Times and Gazette* publishing it in the next Number, if possible, of the Journal.

"We, the undersigned Medical Practitioners, resident in Hull, in the county of York, having had under our consideration the case of the dismissal of Mr. Gay from the office of Surgeon to the Royal Free Hospital, London, and having compared that gentleman's vindication of himself with the charges preferred against him, are desirous of publicly expressing our opinion, that his accusers have entirely failed to substantiate the justice of their accusations, and must therefore be held guilty of an act of great injustice towards a substantially innocent man, as well as a most meritorious Medical officer. We beg, therefore, to express our cordial sympathy with Mr. Gay; while, at the same time, we feel bound to condemn, as unworthy of the members of a liberal profession, the practice of publishing the biographies of living men.

"F. R. HORNER, M.D., Physician to the Hull Infirmary.
HUMPHREY SANDWITH, M.D., ditto.
HENRY COOPER, M.D., ditto.
FRED. HUNTINGTON, F.R.C.S., Senior Surgeon ditto; Surgeon to the Admiralty.
WM. J. LUNN, Surgeon to the Hull Infirmary.
ROBERT M. CRAVEN, jun., ditto.
THOS. LYAS LAMBERT, House-Surgeon ditto.
ALFRED KITCHING, Surgeon to the Dispensary.
ROBERT ATKINSON, House-Surgeon ditto.
ROBT. HARDEY, Lecturer on Midwifery, Hull School Med.
HENRY MUNROE, Lecturer on Forensic Medicine ditto.
EDWARD RECKETT, Lecturer on Botany ditto.
JAMES DOSSOR, Surgeon to the Trinity House.
J. A. LOCKING, M.R.C.S.
GEORGE LOWTHER, M.R.C.S.
JOHN F. HOLDEN, M.R.C.S.
ARTHUR O. ARDEN, Surgeon to the Hull Lying-in Charity.
JOHN P. BELL, M.D., Senior Surgeon ditto.
EDWARD HEALEY.
WILLIAM HODGSON.
ROBERT M. CRAVEN, Surgeon.
HENRY GIBSON, Surgeon.
GEORGE DYKES, M.R.C.S.
ROBERT LEADHAM SLEIGHT, M.R.C.S.E.
KELBURNE KING, M.D. Edin.
ROBERT P. SLEIGHT, M.R.C.S.E.
F. W. CASSON, M.R.C.S. and L.A.C.
JOHN H. GIBSON, M.R.C.S. and L.A.C.
OWEN DALY, M.B.

P.S. At a recent meeting of the Members of the Hull Infirmary Library, it was unanimously resolved to discontinue the *Lancet*.

"Sevenoaks, March 2, 1854.

"We, the undersigned Medical Practitioners, express our indignation at the conduct of the Committee, and of the Governors of the Royal Free Hospital, towards Mr. Gay; more especially for his having been dismissed, without any reasonable cause, from the office of Surgeon to the said Hospital, where, during the space of seventeen years, he has devoted his abilities, and a large portion of his time, with so much benefit to the poor, and with so much credit to himself.

"We record our warm approbation of the conduct of those Professors to the Royal Free Hospital who have tendered their resignation in consequence of Mr. Gay's unjust dismissal.

"We declare our sympathy for Mr. Gay, and our great confidence in him, both as a Surgeon and a gentleman.

"George Kelson, Sevenoaks, Kent.
J. Lucas Worship, Riverhead, Sevenoaks, Kent.
J. H. Baller, Penshurst, Tunbridge, Kent.
Robt. Mostyn Rathill, Westerham, Kent.
Jas. Creasy, Brastead, Sevenoaks, Kent.
Robt. E. Adams, Sevenoaks, Kent."

We the undersigned Medical Practitioners, residing in the city of Durham, beg to express our entire concurrence with the Resolution passed at the Meeting held on the 18th of January, 1854, at the Hanover-square Rooms, relative to the unwarrantable and unjustiable dismissal of Mr. Gay from the Royal Free Hospital.

Durham, Feb. 28, 1854.

William Green, F.R.C.S.
Edward Cane Jepson.
Edwin Tyler, Surgeon.
William Stoker, Surgeon.
Matthew Hepple, Surgeon.
Robert W. Robson, Surgeon.
Joseph Barker, Surgeon.
John Bland, Surgeon.
John W. Maltby, Surgeon.
Robert W. Gillespie, Surgeon.
John B. Bridick, Surgeon, etc.
Cortes David Telfair, Surgeon.
Nieh. Oliver, Surgeon.
William Boyd, Surgeon.
W. C. Blackett, Surgeon, etc.
George Shaw, M.R.C.S.E.

REVIEWS.

The Elements of Materia Medica and Therapeutics. By J. Pereira, M.D., etc., etc. Third Edition. Vol. II., Part II. London: 1853. 8vo. Pp. 1539 to 2316.

About a fourth part of the concluding Part of Dr. Pereira's work had been completed by himself at the time of his decease. The remainder has been revised by Dr. A. Taylor and Dr. Owen Rees; the third edition being thus completed. On reviewing the whole work, we think every reader must agree with Drs. Taylor and Rees in their opinion, that "in copiousness of details, in extent, variety, and accuracy of information, and in a lucid explanation of difficult and recondite subjects, it surpasses all other works on Materia Medica hitherto published." The articles Chinchona and Opium, in the present part, abundantly justify this high encomium. The first was completed by Dr. Pereira himself; for the latter, we are indebted to the revisers; and we cannot too strongly express our conviction, that, in this and every other portion of their task, they have fully entered into the spirit of the author, and have justified the good opinion of those by whom the task was assigned to them, by the admirable manner in which they have fulfilled it.

Class-book of Botany; being an Introduction to the Study of the Vegetable Kingdom. By J. H. Balfour, M.D., F.R.S.E., Professor of Medicine and Botany in the University of Edinburgh. Edinburgh. 1854. 8vo. Pp. 1014.

The Second Part of this excellent Class-book is now before us. It treats on Physiological Botany; Taxological Botany, or the Classification of Plants; their Geographical Distribution, on Geographical Botany; and Palæontological Botany, or the Study of Fossil Plants. In an Appendix there are directions for collecting and preserving botanical specimens, and a glossary, or explanation, of the common botanical terms, abbreviations, and symbols.

The First Part contained a complete Treatise on Vegetable Organography, or a Description of the Tissues of which Plants are Composed, and of the Various Organs which are concerned in the Processes of Nutrition and Reproduction.

The work is extensively illustrated by excellent wood-cuts, and we can recommend it most strongly to botanical students. The information with regard to medicinal and poisonous plants, and the chemistry of vegetation, is especially valuable, and the histological department is no less so.

Seamen's Hospital.—On Wednesday the Thirty-third Anniversary of the Seamen's Hospital Society was held at the London Tavern, under the presidency of the Right Hon. E. Cardwell, M.P. The total of subscriptions was nearly 1200*l.*

GENERAL CORRESPONDENCE.

ALBUMEN COAGULATED BY ACETIC ACID.

[To the Editor of the Medical Times and Gazette.]

Sir,—In my letter to you on the action of acetic acid on albumen, I did not apparently make the object of my writing perfectly clear. As your Reviewer attributed to me, as well as to Lieberkühn, an experiment which, according to the usual rule in such cases, should have been assigned only to the German observer, I thought it right to explain what was the exact object of my paper in your Journal of 1850, to which that of 1852 was a continuation.

Your Reviewer was, however, quite correct in stating that I had explicitly mentioned, in 1852, the gelatinising effect of acetic acid on albumen, as the following extract from a clinical lecture, published in your Journal for the 10th April, 1852, will show:—

"As pointed out by Berzelius, and lately so fully illustrated by Lieberkühn, acetic acid added in quantity to the serum of blood or to the albumen of the egg, produces a remarkable effect; the albumen forms a jelly-like solid mass. Heat this mass, and instead of coagulating it melts; allow it to cool, and it again gelatinises," etc.

The paper to which your Reviewer refers was published subsequently to this lecture. I am, &c.

13, Harley-street. E. A. Parkes.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

February 28, 1854.

Dr. Copland, F.R.S., President, in the Chair.

A Paper was read

ON THE KELOID OF ALIBERT, AND ON TRUE KELOID.

By THOMAS ADDISON, M.D., F.R.S., Physician to Guy's Hospital.

The more immediate object of this communication was to show that the keloid originally described by Alibert was altogether different in its mode of development, character, and progress, from another disease occurring in the same tissue, and to which, with much greater aptitude, the term *keloid* might be applied, if regard be had to the resemblance to the effects created by a burn, which the author thought the correct interpretation of the word, deriving it from κηλις, *quasi ustione facta macula.* The keloid of Alibert, and others, could hardly be regarded otherwise than as a fibrous tumour developed in the subcutaneous areolar tissue; the other form of the disease, although originating in the same tissue, was of a character, and led to consequences widely different. The keloid of Alibert first appeared in the form of very small, hard, shining, tubercular-looking, elevations, round or oval in shape, of a dusky deep-red colour, and attended with itching and pricking sensations in the part. These tumours slowly increased, and comprised an area varying from that of a horse-bean to that of a small almond. The tumour displayed oftentimes a hardness and elasticity which conveyed the notion of so much fibro-cartilage, to which it had not inaptly been compared. After an uncertain period, the outline of the tumour became broader, and more irregular, and by the aid of a magnifying glass, delicate, whitish, tendinous-looking, lines might be perceived stretching across the surface of the tumour, mingled with minute blood-vessels of a bluish or purple colour. The extension of each individual tumour seemed to be effected by certain tapering claw-like processes proceeding from its edges and angles; and thus was produced a puckering of the skin. The development and growth of these tumours might

proceed for months, or even years, and at last attain the size of an inch, or even two inches. As the growth of the tumour increased, the sensations of pricking and itching become aggravated to a sense of constriction, or even severe stabbing, extremely distressing to the patient. The morbid product which essentially constituted the keloid of Alibert took place in the subcutaneous areolar tissue between the cnrtis and adipose membrane. Females, from the age of eighteen to thirty-five, were most frequently the subject of the disease. The situation of these tumours was usually near the sternum, or between or upon the mammæ. It was, however, found sometimes in the male. Alibert considered the disease in some way allied to cancer. Several cases were described, and a number of beautifully-executed models and drawings illustrated the form of the disease. The author then entered upon the subject of "true keloid;" a form of disease leading to much more serious consequences than that lately described. With the exception of a slight allusion to it by Dr. Coley, it had not been noticed or described. Like the keloid of Alibert, it has its residence in the subcutaneous tissue, and is first indicated by a white patch or opacity of the skin, round or oval in shape, covering a space varying in size from a silver penny to a crown piece, scarcely elevated above the surrounding part, and unattended with any local pain or other inconvenience. A more or less vivid zone of redness surrounds the whole patch, which certifies to the presence of vascularity of the parts beneath. When the patch attains a larger diameter its surface presents a faint yellowish, or brownish tint, communicating a mottled appearance to the spot. With the progress of the disease occurs a hardness and rigidity of the part, accompanied by itching, and a sense of pain and constriction; and, when situated on the extremities, the hardness may be traced along the course of the tendons, when it then interferes with the action of the limb, imparting a sense of constriction, distorting the gait, and rendering the patient a cripple for life. As the disorder proceeds, a change of colour takes place, the diseased surface becoming reddish, yellowish, or of a dead-leaf colour. The cutis manifests a disposition to superficial ulceration, and, when not excoriated, there are often seen tubercular or nodular elevations, the whole strongly resembling the remains of an extensive and imperfectly cicatrised burn. From some part of the boundary of the discoloured skin may now and then be seen reddish claw-like processes extending into the sounder integument, and bearing a very exact resemblance to those mentioned as characteristic of the keloid of Alibert. The pain and uneasiness of the part, the red zone surrounding the patch, the injection of the neighbonring veins, justifies the inference that the morbid process was one very nearly allied to inflammation, probably of the strumous kind. This form of the disease was illustrated by a number of cases, models, and drawings. The author did not deem it expedient to dwell upon the various remedies which had been employed, as, with the exception of iodine, none seemed to make the slightest impression either upon the appearance or progress of the disorder.

Mr. Chalk was not able to distinguish the grand difference between that form of disease described by Dr. Addison under the name of "true keloid," and that formerly described by Alibert. The plates, models, and drawings exhibited served to strengthen his opinion.

Mr. Solly stated, as the result of his experience, that the disease, when removed by an operation, was almost certain to return.

Mr. Arnott, after expressing his astonishment that Mr. Chalk had failed to distinguish between the two forms of disease as described by Alibert and by the author of the paper, especially when he had the opportunity of seeing the beautiful models and drawings exhibited upon the table, proceeded to criticize the nomenclature adopted by Dr. Addison. He objected to the term "true keloid" being used in reference to the disorder so ably described in the essay that they had heard. He had attended Alibert's Lectures, and had heard him describe the disease that Dr. Addison had termed "Keloid of Alibert;" and he considered it more correct to term that malady "true keloid" than the other ailment, which he thought to be a totally different disease. He pronounced it to be identical with the disorder termed scrofulous lupus, that attacks the face of strumous persons; and he described the symptoms of the latter, which he maintained to be the same as those which appear in the disease which formed the subject of the paper. He could not give his adhesion to the doctrine laid down by Mr. Solly, that the tumour, when removed, always returned; but he admitted that the subject was but in its infancy of investigation, and that no decided opinion could be given upon that portion of the subject. In conclusion, Mr. Arnott paid a high compliment to the talent exhibited by Dr. Addison in his investigations.

Mr. Maclachlan related the particulars of a case where a tumour of the kind described by Dr. Addison disappeared under applications of the tincture of iodine, in conjunction with the internal exhibition of iodide of potassium.

Dr. George Birkett mentioned a case that was at present under his care, where there was a collection of the tumours described by Dr. Addison; which he had attempted to remove, but with bad success. Escharotics had been used once upon one of these tumours, but the pain caused thereby was so intense, that it was deemed impossible to renew the application. The most extraordinary part, however, of the history of the case, was, that when the patient was attacked with a severe fever, these eminences disappeared, leaving only a brown discolouration of the skin to mark where they had been; but, upon recovery, they re-appeared, and were now present, resisting still every effort that had been made to remove them.

Mr. Birkett said, that most of the cases that had been described by Dr. Addison had been first seen by him in the out-patient rooms of Guy's Hospital. One case, on which every method of treatment had been tried without effect for a long time, suddenly began to improve, and since January the patient had become nearly well. Another case had not been so successful, the relief having been but temporary. One patient, who had undergone excision of the tumour, left the Hospital suddenly, in consequence of a dispute with a nurse, before the wound was healed; and the speaker requested, that, if the case should, by any chance, come under the notice of any of the members, they would kindly inform him of the result of the operation. Mr. Birkett proceeded to describe the microscopic character of these tumours. They were chiefly recognised by dark masses upon the surface, having the power of refracting light. Upon a transverse section being made, the surface presented a glittering appearance, which was supposed to be caused by the presence of nerve substance; but, upon the application of acetic acid, it became perfectly translucent, proving that such could not be the case.

Mr. Quain remarked, that his experience tallied with that of Mr. Solly, as regards the fact, that these tumours seem singularly prone to return after extirpation. This occurrence had taken place in the only case in which he had ever operated. He referred to the works of Dr. Warren, of Massachusetts, U.S., who held the same opinion.

Dr. Addison, in answer, wished, in the first place, to set himself right with regard to Alibert and his investigations, and to answer Mr. Arnott's objections as to his mode of terming these diseases. He considered that the malady that he had described was far more like the effects of a burn in its appearance than that described by Alibert, and, therefore, remembering the exact meaning of the word from which the term "keloid" was derived, thought it proper to call his disease "true keloid." But, fully acknowledging the services rendered to those investigating the pathology of these diseases by Alibert, he considered it correct to dignify that class which he had particularly described by calling them by his name. Mr. Arnott had compared the "true keloid" to scrofulous lupus; but with all respect to the great authority of that gentleman, he was not able to trace the slightest resemblance between the two; for, whereas lupus attacked the integument, and then descended to the subjacent tissues, the great peculiarity of this disease was, that it began deeply, and affected the skin secondarily. He agreed, however, with Mr. Arnott in the fact, that the disease attacked strumous persons alone. He considered the affection as forming a class *per se*, and remarked upon the advantage of grouping together various cases of disease which bore a striking resemblance to each other, whereby several which appeared novel, and would in consequence be generally deemed anomalous, received a fitting station in the list of recognised diseases. He could not speak positively as to the likelihood of the return of the disease after removal, but thought it probable. Alibert had stated, that when keloid happened in healthy structure, it was likely to recur after removal; but if it happened in a damaged part (when it took the name of "pseudo-keloid"), its extirpation would be followed by success. In conclusion, he reiterated his assertion, that the true keloid was a new, and, until now, an undescribed disease.

The Society adjourned at the usual hour.

The models which were exhibited for the illustration of the paper were brought from the noble Museum of Guy's Hospital. The skill and delicacy exhibited by the artist in the moulding of these works of art elicited the warmest approbation from the Fellows present.

MEDICAL SOCIETY OF LONDON.

March 4, 1854.

Dr. Forbes Winslow, President, in the Chair.

This was the General Meeting of the Society, at which the Officers and Councillors for the ensuing year are elected. The Treasurer and Librarian presented Reports showing that the affairs of the Society are in a satisfactory condition.

DISEASED HEART.

Mr. B. W. Richardson presented a diseased heart, and gave the following particulars of the case. The patient was aged 78 years, and during the past three or four years had presented symptoms of irregular circulation and constant congestion. The pulsations of the heart seldom exceeded 25 per minute, and were at all times intermittent. She had suffered from long-continued fainting-fits, in one of which she had at length died. Blood was found upon her lips, and in the trachea, showing that asphyxia as well as syncope had been an immediate cause of death. The heart was enlarged, and the pericardium so adherent, that the old writers would probably have considered it as a case in which the pericardium was wanting. The valves were a little thickened, without positive disease, although a bruit had been present during life. Mr. Richardson attributed the bruit to an assumed deficiency in the closure of the orifices from the pericardial bands. Dr. Crisp had found fatty degeneration of the heart, with atheromatous and bony deposit in both coronary arteries, and also in the splenic artery. The blood corpuscles he also believed to be of various sizes. There was a well-marked arcus senilis.

ADENOCELE.

Mr. Birkett exhibited a mammary glandular tumour, which he had recently removed, and which he believed to be unique. Its structure consisted of good glandular tissue, with lobes and lobules, and was, as nearly as possible, like that of the true mamma. It had also ducts, but as they had no external outlet, they were rather sinuses. These contained milk, and that secretion in the duct, and also, where extravasated, was found in three stages, resembling thick cream, Neufchatel cheese, and cretaceous matter. The ducts did not communicate with those of the mamma, for the tumour was altogether external to the fibro-cellular fascial covering of that gland, and was further enclosed in its own proper sheath. The patient was a married woman, aged 25, and had first noticed the tumour seven weeks after marriage. She was delivered of a third child in December last. There was no sensation of pain, except that resulting from the dragging down of a tumour 3lbs. in weight.

Mr. Dendy inquired if the proper capsule of the tumour and that of the mamma were identical in structure.

Dr. Routh wished to know if the tumour might not have existed in early life, long before it was discovered; and reminded the Fellows that supernumerary mammæ had been observed in both men and women.

Mr. Birkett, in reply, stated that both capsules were composed of the ordinary fibro-cellular material; and that the patient, who was very intelligent and truthful, had not discovered it before her marriage.

Mr. I. B. Browne exhibited an

IMPERFORATE HYMEN,

which he had just removed from a lady, aged 35, who had been married a year and a-half. On previous examination, he could at first discover only a *cul de sac* an inch in depth; but after much attention, he was enabled to pass a probe through a small opening into the vagina. He cut away the hymen by a circular incision, and found the vagina and os uteri perfectly healthy. He preferred this mode of operation in middle-aged persons, and those who had been married some time, to the ordinary one of crucial incision, provided that lint dipped in oil be laid upon the cut surface, and a plug of dry lint inserted and allowed to remain for three days. He was of opinion, that a more patulous opening was obtained by this than by the old mode of procedure. He considered the case of interest, from the belief that imperforate hymen is a more common cause of sterility than is usually supposed.

Dr. S. Griffith questioned if the circular mode of operation would not result in constriction of the vagina.

Dr. H. Bennett thought this might be an exceptional case, for if it were otherwise, it was magnifying a most simple operation into a surgical feat. In nineteen of twenty cases, it would suffice to divide the hymen and a few of the constrictor fibres, with a pair of scissors, and that, even if the hymen were thick and fleshy. He then referred to several cases which had been under his care, in which the hymen remained imperforate after the patient had been married for several years, and in each of these the simple division by the scissors had effected a cure, and the patient had borne children.

Mr. Browne, in reply, considered such cases to be less frequent than Dr. Bennett had assumed. In his case the hymen was highly organised, and had a mucous membrane upon either surface. The division of the hymen by the crucial incision had, in some cases, caused death.

Mr. Gay then read a paper

ON CARIES AND NECROSIS OF BONE IN REFERENCE TO THE TREATMENT OF DISEASED JOINTS.

He made the following deductions:—That necrosis of a bone is analagous to mortification, and caries to ulceration, in the soft structures. That the former affects the compact, while the latter affects almost exclusively the cancellous tissue of bone; but that, by a morphological process, the compact structure might be converted into a texture in all respects resembling the cancellous, and, under such circumstances, might be attacked by caries. That the separation of fragments or larger portions of bone from their living connexions is not by the same process in the two affections; and that the term "necrosis" is not applicable to *carious* disintegration. That caries is either the result of local irritation, or of constitutional vice or disease, or of both combined, and that the obstinacy of individual cases will in a great degree be determined by the nature of the predisposing and immediate causes in each respectively. That in cases of purely local caries, the removal of the exciting cause and other appropriate treatment will often induce moderately speedy reparation; whereas, in the constitutional forms, the affection will be obstinate in proportion to the severity of the systemic vice, and the degree to which the system is imbued with it, the cancerous and strumous diathesis determining the most inveterate forms. That the treatment of caries must have respect to the particular cause in each case; and therefore be constitutional as well as local. That among the local remedies those might be enumerated which have the effect of favouring the extrusion of the diseased bone from the joint, or ulcer; and the constitutional, those which have the power of invigorating the general health. Among the former, the use of concentrated mineral acids, of the acid nitrate of mercury, the nitrate of silver, caustic potass, red oxide of mercury, iodine, the actual cautery, and deep incisions into the diseased bone, with the separation (by means of the gouge) of all that which might appear to be in any way affected, had been recommended. Of these, Mr. Gay preferred the free incisions, in accordance with the views which he had before promulgated. Among the latter, cod-liver oil, iodine, iron, etc. etc., but especially warm clothing, wholesome food, and fresh air. With respect to the use of local remedies, it is now apparent why incising carious bone, and joints the bony constituents of which are carious, is not, in many cases, immediately followed by any very marked advantage; but the value of the treatment is not gainsayed by negative results. Such treatment is well adapted to expedite the recovery, and to aid the effects of such constitutional treatment as may be contemporaneously adopted. "Patience" must be the byword in the management of carious bones; and the more severe remedies of excision or amputation ought to be delayed until evidences are obtained of the disease being absolutely intractable, and that beneath its influence life itself is exposed to hazard. Boyhood with a carious joint is to be preferred to manhood with the mutilation or loss of a limb. Mr. Gay showed specimens of carious bones, and microscopic illustrations of the views of the pathology of caries which he brought forward.

The lateness of the hour almost precluded any discussion.

Mr. Rogers Harrison, after expressing his concurrence with Rokitansky's views, asked the author's opinion on a case then under his care. It was that of a young lady, who had had an abscess of three years' standing, which, on being opened, emitted a quart of pus, and several long pieces of bone from the fourth or fifth rib. During the past two years these exfoliations of bone had continued at intervals. He had supported the system, but expected the case to end fatally, by abscess opening into some serous cavity.

Mr. Bishop combatted the author's views, as to the vitality of the earthy matter of bone, by referring to the opinion of Lehmann, who affirmed the contrary, on the ground that it may be removed without carrying away any vital structure.

Dr. Camps was disposed to support the author in his views, both as to the organic nature of earthy matter, and the essential pathological changes in caries of bone.

Mr. Hird, on the contrary, agreed with Mr. Bishop and the German chemico-pathologists, and referred to the fact that we may take away the organic material alone, by calcination, and the earthy matter alone, by acids. He considered that the earthy matter was mixed with organic matter, simply for mechanical purposes. In reference to definitions, he stated, that Dr. Colles had formerly defined caries to be an ulceration of the bone, and necrosis a destruction with simultaneous regeneration of bone. He thought the author had begged the point as to treatment, when he stated that he would treat the structures of a joint precisely as he would treat the same structures elsewhere; the fact being that there are no similar structures apart from joints.

Mr. W. Adams did not consider, with the author, that caries and necrosis are identical processes, but was unable to state precisely the distinguishing characters of each.

Mr. Gay, in his reply, stated, that his object in bringing the subject before the Profession was to prevent the removal of a limb as a necessary consequence of a carious state of the joint. He affirmed, that caries was not an irremediable disease, but one amenable to a great extent to local and general treatment.

This being the last meeting in the Society's rooms during the present Presidency, the President, in a short address, expressed his acknowledgments to the Fellows for the support and courtesy which they had invariably extended to him during his period of office. He also referred to the successful character of the past session, and stated, that the papers had been of a highly valuable and practical character, and the discussions at all times free from the slightest approach to personality or acerbity of feeling.

ANNIVERSARY DINNER.

MARCH 8, 1854.

We shall give a report of this meeting in our next Number. The following gentlemen were announced as the officers and Councillors for the ensuing year:—*President*—Edward Headland, Esq. *Vice-Presidents*—Dr. Tyler Smith; Dr. Snow; I. B. Brown, Esq.; W. Coulson, Esq. *Treasurer*—Henry Hancock, Esq. *Librarian*—W. A. Harrison, Esq. *Secretaries in Ordinary*—E. Smith, M.D., LL.B.; J. Rogers Harrison, Esq. *Secretary for Foreign Correspondence*—Thomas Davidson, M.D. *Councillors*—J. Bishop, Esq., F.R.S.; E. Canton, Esq.; W. D. Chowne, M.D.; C. Cogswell, M.D.; V. De Méric, Esq.; W. C. Dendy, Esq.; J. Gay, Esq.; C. J. Hare, M.D.; H. Henry, M.D.; F. Hird, Esq.; E. Lankester, M.D., F.R.S.; B. W. Richardson, Esq.; C. H. F. Routh, M.D.; W. B. Ryan, M.D.; F. Sibson, M.D., F.R.S.; S. Stedman, Esq.; W. Smiles, M.D.; J. S. Stocker, M.D.; J. M. Winne, M.D.; Forbes Winslow, M.D., D.C.L. *Orator*—J. F. Clarke, Esq.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 21, 1854.

Dr. BABINGTON, President, in the Chair.

Dr. Bristowe exhibited an

ANEURISM OF THE HEART.

The patient, a man, aged 53, was admitted into St. Thomas's Hospital, complaining of great pain between his shoulders, with difficulty of breathing, and chronic bronchitis. He had suffered from a similar attack some years ago. No signs of any heart-disease, except simple hypertrophy, were detected by stethoscopic examination. He became œdematous, and died in a few days after admission into the Hospital. On examination, the heart was found large, and the pericardium adherent, but the valves were healthy; the left ventricle was dilated, and an aneurismal cavity was found encroaching on all the cavities, but more especially on the left auricle. There was effusion into the abdominal cavity, and the kidneys showed traces of granular degeneration.

Dr. Bristowe also showed a

CHOLASTEATOMATOUS TUMOUR FROM THE BRAIN.

The patient, a woman, 60 years of age, had been treated very cruelly by her husband, and had become intemperate, vicious, and insane. Twenty years ago, when pregnant, she was kicked on the abdomen, and the catamenia had never since appeared. Her insanity took the form of imbecility,—she was slow in her movements, and complained of a heavy, dull pain in the head. She died from a sudden attack of apoplexy. After death, the brain was found to weigh 44½ ounces, slightly softened, and with effusion of serum into the ventricles and at its base. The pituitary and pineal glands were large. The tumour was found in the base of the brain, was tuberculated and glistening in appearance, and laminated in structure, though not very decidedly so. The outer lamina, on microscopical examination, appeared to be a layer of structureless membrane; and in the deeper parts of the tumour were found cholesterine, epithelial scales, and fatty matter. It appeared similar in its characters to one taken from the ovary, and exhibited to the Society by Mr. Adams two or three years ago. The heart was large, and filled with black blood. The liver was mottled in appearance, and the colon in some parts much dilated. The os uteri seemed almost if not quite obliterated, and the ovaries showed many cicatrices on their surfaces.

Dr. Ramsbotham would have expected more decided affection of the ovaries associated with the cessation of the catamenia; but perhaps the age of the patient, at the time she received the injury to the abdomen, might have had some influence.

The President inquired whether any apoplectic clot was found in the brain.

Dr. Bristowe said that none was mentioned.

Dr. Ogle exhibited an instance of

SOFTENING OF THE SPINAL CORD.

The diseased part was found in the lower cervical and upper dorsal regions. There were no traces of inflammatory deposit shown by the microscope. The patient had suffered from want of power in the extremities, and great pain in the abdomen. The posterior columns chiefly were diseased.

Dr. Ogle also showed a case of

ABSCESS BETWEEN THE LIVER AND DUODENUM.

The liver and duodenum were found adherent to each other, and between them was an abscess containing several gallstones. The patient had died suddenly from effusion into the pericardium, and arterial disease. The gallstones had probably found their way into their abnormal position by the inflammation of the gall-bladder containing them leading to ulceration, and discharge of its contents.

Professor Simmons laid before the Society an example of

DISEASED BONE AND CARTILAGE.

He had brought it to illustrate the discussion which took place at the Society's last meeting on this subject, and to show, that, in the lower animals, extensive disease of the bone of a joint without correspondingly great destruction of the cartilage was not uncommon. It was taken from a horse who had become lame, as it was thought, from an injury, and who, after an apparent recovery, suddenly became much worse, perhaps from the previously undermined cartilage giving way.

In answer to a question from the President Professor Simmons, said, that he thought the disease had commenced in the bone, as so much of the cartilage was still unaffected.

Dr. Ogle inquired whether this was a scrofulous disease of the bone?

Professor Simmons did not think that it was. It was often a consequence of injuries.

Professor Simmons also showed an

EXTENSIVE FIBRINOUS DEPOSIT ON THE HEART OF AN OX.

The animal was bought in Smithfield Market, apparently in perfect health. Nothing particular was observed about it until after it was killed, when the cavities of the heart were found lined with several layers of fibrinous deposit, the innermost layer being apparently of very recent formation. There were no traces of inflammation. On the outside of the heart was also a layer apparently of older date, and under that a deposit, probably tuberculous, on which he wished to take the opinion of the Society.

The President suggested that Dr. Ogle should examine it and report upon it.

Mr. Obre showed two examples of

DISEASED AORTIC VALVES.

The first was from a lady who died suddenly at the age of 80. The left lung was much contracted, and in it was a large calcareous mass, probably the remains of healed tuberculous deposit. In the heart, the aortic valves were completely ossified, leaving but a very small orifice for the passage of blood. Through each of the valves was a recent slit. The patient from whom the other specimen was taken had also died suddenly, under circumstances of mental excitement, after unusual bodily exertion. Tuberculous disease was found in one lung, and two of the aortic valves were ossified and one of the diseased valves was rup-

tured. Probably the rupture of the valves had been the cause of death in both these cases.

Dr. Peacock inquired whether the slits might not be the result of the necessary violence of a *post-mortem* examination.

Mr. Obre felt confident, from the care with which the examinations had been made, that the appearances were not the result of violence.

Mr. Haynes Walton exhibited some preparations from a case of

DISEASE OF THE ARTERIAL SYSTEM.

with aneurism of the subclavian, femoral, and popliteal arteries. The history of the case was as follows :—A gentleman, aged 66, was attacked, in the spring of the year 1851, with incessant neuralgic pains in the right arm, forearm, and hand, aggravated by any jerking movement, especially riding in a hackney carriage. The muscular force of the limb was impaired, but there was neither swelling nor atrophy; no tumour or other mechanical cause of the symptoms could be discovered. No rest could be obtained at night without the use of large doses of opium. He consulted several Medical men, but never got more relief than that afforded by the opium. On the 25th of November, 1853, Mr. Walton was called from town to tie his femoral artery for a popliteal aneurism in the right leg, that had been discovered five days previously. He was emaciated to an extreme degree. The aneurism was about the size of a small orange, and had increased to more than twice the dimensions from the day on which it was noticed. The augmentation was upwards and inwards, in the course of the artery. Examination of his body detected dilatation of each femoral artery, close to Poupart's ligament, an aneurism at the upper part of the chest, on the right side, supposed to be of the arteria innominata, and valvular disease of the heart. Added to these, the urine contained traces of albumen, and a small quantity of blood. The popliteal aneurism was, by Mr. Walton's suggestion, treated by pressure on the femoral artery, and consolidation was progressing most favourably, and the pulsation had nearly ceased, when on the twelfth day a sudden increase at the upper part of the tumour, with a sense of fluctuation, indicated an extensive effusion of blood. Considerable œdema of the leg now supervened, and the use of the tourniquet was discontinued. Amputation was now proposed to the patient (not by Mr. Walton), and strongly insisted on, but rejected; more blood was poured out beneath the integuments; mortification commenced around the knee-joint, and death ensued on January 1, 1854. Mr. Walton made the *post-mortem* examination in conjunction with the family attendants. Inspection of the chest revealed the cause of all the arm symptoms. There was a large aneurism (preparation exhibited) of the subclavian artery that completely covered the brachial plexus of nerves, and pressed tightly on them; the aneurismal tumour commenced at the arteria innominata, and was entirely in front of the artery. The disease had involved all the branches that are given off from the subclavian, in a manner that rendered any tracing of them impossible. Certain dilatations in the tumour seemed to correspond to their origin. There was considerable fibrinous deposit in several of the pouches, of which there were many. The centre of the first rib was completely absorbed from the pressure of the tumour. The right femoral and popliteal arteries only were examined (preparation exhibited), the dilatation of the upper part of the artery already alluded to was to the extent of three inches, and sufficiently capacious to admit the little finger. The coats of this part of the vessel, as also the remainder of it, were partly atheromatous, and partly bony. The popliteal artery had not any ossific deposit, but was merely atheromatous; the point of rupture was on the side of the vessel, and very small, and the edges of the aperture were thick and smooth.

Mr. Hutchinson asked if the artery was under pressure at the time when effusion of blood took place.

Mr. Walton said that it was.

Mr. Hutchinson exhibited a specimen of

DETACHED UTERUS, CONTAINING TWO FŒTAL HARES.

The tumour, which was about the size of a fist, had been removed from the abdomen of a healthy hare, in which it had floated quite loose, and without the least attachment to any viscus. There were no marks of recent laceration in the uterine appendages or on the tumour itself, the latter being invested in every part by a smooth serous membrane. The two fœtuses which it contained were of nearly full growth, and did not exhibit any evidences either of decomposition or of becoming shrivelled. Mr. Hutchinson had only removed one of them from its bed, and in this instance there were investing membranes and placenta of normal size and development; but the funis, with the exception of some remains of it about the umbilicus of the young, was entirely wanting. The generative organs, which had been carefully dissected, were also exhibited. The right uterus, Fallopian tube, and ovary, were healthy; the left uterus and Fallopian tube were wanting, the ovary being placed within about half-an-inch of the extremity of the vagina, and connected to it by puckered and contracted tissue. Mr. Hutchinson believed that gestation had been carried on in the left side, and that the uterus and Fallopian tube in which the fœtuses had been lodged had gradually grown upwards, and ultimately been detached into the abdominal cavity. The interesting question was, at what period of pregnancy had this detachment taken place. From the complete serous covering which the tumour had acquired, and from the absence of connexion between the fœtus itself and its placenta, while both were perfectly fresh and recent in appearance, it seemed probable that some vital processes had gone on subsequent to the accident, and, as a consequence, subsequent to the complete separation of the mass from all vascular connexion with the parent animal.

Dr. Ramsbotham said, that these cases of detachment of an impregnated uterus were not at all uncommon among the lower animals. This was probably a gestation of last year, and the fœtus might have been dead for some time without decomposition commencing, so long as the air was excluded.

Professor Simmons confirmed the observations of Dr. Ramsbotham, and mentioned a similar instance which he had observed lately in a sheep; in which case, however, the uterus, after becoming loose, had acquired a fresh attachment to the walls of the abdomen.

Mr. Hutchinson asked how Dr. Ramsbotham accounted for the absence of the funis.

Dr. Ramsbotham said, it was difficult to explain, and mentioned a case in the human subject where the funis was wanting.

The President suggested, that Dr. Ramsbotham and Professor Simmons should examine the condition of the fœtus, which still remained undisturbed, and report upon it.

MEDICAL REFORM.

A Meeting was held at Freemason's Tavern, on Friday, the 3rd inst., for the purpose of taking into consideration a comprehensive measure of Medical Reform. At the time announced for the commencement of the proceedings (eight o'clock) some thirty or forty gentlemen had assembled, but as there were no indications, at that time, of any business to be transacted, no Secretary or Chairman being present, and no one to give any information as to who convened the meeting, some of those present left, while others remained discussing the meaning of the public advertisement, which was signed by Mr. Hastings, a barrister. About a quarter past eight, Mr. Hastings arrived, when he was questioned as to the nature of the meeting, and the parties by whom it was summoned. He then stated that the meeting was called by Dr. Lankester. The meeting having waited with some impatience till half-past eight, for the arrival of Dr. Lankester, Dr. Cormack was voted to the chair.

The Chairman then explained that Dr. Lankester was the Chairman of a Committee of which he (Dr. Cormack) was a member, that met last year to promote a comprehensive measure of Medical Reform. The Committee was an independent one, and not connected with the Provincial Association. The object, he believed, of the present meeting, was to promote some such general measure of Reform as was contemplated by the Committee.

A question having been asked, as to why the advertisement convening the meeting had been signed by Mr. Hastings,

Mr. Hastings explained that he was not aware before he entered the room that his name was appended to the advertisement in the *Times*; that the advertisement was prepared by Dr. Lankester; that his (Mr. Hastings') clerk took it to the *Times* office, and that probably his name was then given by the clerk, and printed without his knowledge.

Dr. Lankester now entered the room, and, after apologising for his late attendance, stated that the meeting had been convened upon two grounds. In the first place, it had been announced that a Bill would be brought before Parliament by

a Member of the House of Commons, and that the Provincial Medical and Surgical Association would wish to urge upon the Government the feeling which had been expressed by the Profession during the present Session. It appeared to him, that the more comprehensive measure of the two which had been brought forward was that of the Provincial Medical Association, as far as its principles were concerned, those principles recognising and securing uniformity of education and a reciprocity of practice throughout the United Kingdom. It was objected by the promoters of Medical Reform, that, according to the existing law, a Medical man who had received licence to practise in one part of the kingdom might be refused permission to do so in another. He knew a Medical man, a member of the College of Physicians in Dublin, who could not practise in London because he would not undergo a second examination by those who were younger, and perhaps less qualified than himself. Such was, in fact, the present state of things, that a man might come to London with eleven diplomas in his hand, and yet be denied the privilege of practising as a Physician; and he (Dr. Lankester) thought that a measure which contemplated the abolition of such unwise distinctions was well deserving of support. He was of opinion, that registration was necessary, but he thought it should be accompanied by a common test for education; whereas Mr. Brady's Bill, now before Parliament, provided for registration alone, and the other Bill was based on a much larger and more comprehensive basis. The object, however, of this meeting was, not to support any particular measure, but to pass a Resolution in favour of one or other of the Bills now pending in Parliament. It was most important that the Profession should now act vigorously and in concert, apart from anything like personal feeling. If Mr. Brady's Bill was a good one, let its good points be combined with the Bill of the Provincial Association. In order that the matter should be brought fairly under discussion, he would move a Resolution to the effect:—

"That this meeting, having been made acquainted with the existence of a Bill for Medical Reform, drawn up by the Provincial Medical and Surgical Association, approved of the principles involved in that Bill, comprehending uniformity of education, reciprocity of practice, and registration for all persons practising the Medical Profession in the United Kingdom."

Mr. Read seconded the Motion.

Mr. Hastings then, at the request of the Chairman, gave an outline of the measure in question. He said he had strong objections to Mr. Brady's Bill, as being ill drawn and inefficient; and if it passed, it would be a disgrace to the statute-book. It did not propose to repeal any of the existing laws, so that all those conflicting statutes which had been found so objectionable would still be perplexing and harassing the Profession. The Bill contained no provision for the efficiency of education, so that after it had passed, any College might reduce the standard of education, and sell its diplomas to the most ignorant persons. Strangely enough, too, in the schedule for the provision for registration, the London University and the Dublin University were omitted. (Several gentlemen: "That must be an oversight.") In many other respects the measure was an imperfect one, and he could not help regarding it, as a whole, as a miserable rag of a Bill. The Profession wanted a comprehensive measure of reform, which would meet the wants of the day. He then explained the objects and principles of the Bill introduced by the Provincial Association. He stated, that the intention of the measure was to establish uniformity of Medical education and qualification, and to register retrospectively every one who was qualified to practise, and prospectively every man who had gone through a common educational test, to be laid down by Medical Councils and Examining Boards appointed under the Bill. He thought the test should be the same in England, Ireland, and Scotland. Another object of the Bill was to protect the Medical Profession from being beset by illegal and unqualified men; and this was a feature which, in conjunction with the various principles contained in the measure, was fully entitled to the support of the Profession. Mr. Brady had admitted that his Bill was not efficient, and that another Bill relating to Medical education would have to be passed; but he (Mr. Hastings) thought it extremely improbable that the House of Commons would pass a second measure of Medical Reform.

Mr. Spencer Wells then moved the following Amendment:—

"That though favourable to a 'comprehensive measure of Medical Reform,' this meeting does not approve of [*all the details of*] the Bill brought forward by the Provincial Medical and Surgical Association, and would recommend that it should be postponed until the Registration Bill introduced into Parliament by Mr. Brady become law."

The Chairman said, that this was hardly an Amendment upon Dr. Lankester's Resolution, as he referred not to the details of the Bill of the Association, but to its principles.

Mr. Wells, to obviate that objection, said that he would remove the words, *of all the details*, and let his Amendment stand to the effect that the meeting did not approve *of the Bill*, although he should have preferred the original terms. Dr. Lankester and Mr. Hastings had stated their objections to Mr. Brady's Bill; he (Mr. Wells) would state his objections to that of the Association. In the first place, it was a Bill upon which its own promoters were not agreed. It was by no means shown that it was approved by the majority of the Association; and even its own framer, Mr. Hastings, had acknowledged that the details were not agreed upon. Now, what would be thought of the Profession if they went to Lord Palmerston, and said,—"Here is a Bill upon the principles of which we are agreed, but we have not agreed upon the details. Carry out our principles, but arrange the details as you please."

Mr. Hastings: I beg to say, that we are *agreed* upon the details. What I said was, that we are not *bound to them.*

Mr. Wells: That was much the same thing; but he would not press that point, and would pass on to what he considered a fundamental objection to the Bill. The details did not carry out the great principle of representation. Under it, the great body of the Profession would not manage their own affairs even as much as they did at present; they would scarcely have a voice in the election of the Councils; and he therefore regarded it as a Bill framed to conciliate the heads of Colleges and Universities at the expense of the great body of General Practitioners. (Hear, hear.) It was true that six General Practitioners would be part of the English Council, but their influence would be completely overpowered by that of the Principals of Universities and the Governing Bodies of Colleges—(hear, hear)—and there was not a single General Practitioner in the Irish Council. The Bill would give rise to a number of other debateable questions calculated to excite opposition. It had already excited the opposition of the Edinburgh Colleges, and would meet with still more. He thought, therefore, that, as our first object was to obtain protection for the public and ourselves against unqualified illegal Practitioners, that we should rather support a Bill which aimed at this simple object. He thought that the objection urged by Mr. Hastings, that Mr. Brady's Bill left Medical Reform exactly where it was before, that it did not abrogate any law, or interfere with any existing Institution, so far from being an objection, was a great argument in its favour. (Oh, oh! hear, hear.) It was based on a point upon which we could all agree, the necessity for giving a Government authority to our Directories, that the public might at once see who was a legal Practitioner and who was not; and it supplied a simple means of punishing illegal practice. It had been said, that in the Association Bill, we had all that Mr. Brady's Bill gave us, and a great deal more. But, while were agreed upon the necessity of the Registration Clauses, we were not agreed upon the re-organization of the Profession; and while we were disputing about that, we lost the opportunity of obtaining an efficient means of suppressing quackery. Even the registration Clauses of the Association Bill were inferior to Mr. Brady's, as, instead of one general register, the Bill, while intended to secure uniformity of qualification, kept up and widened existing distinctions, by establishing separate registers for Physicians and Surgeons. (Hear, hear.) He concluded by moving the amendment, omitting the words in brackets.

Mr. Jones seconded the Amendment.

Mr. Ancell stated that he agreed in the main principles of Medical Reform as stated by Dr. Lankester; in fact, upon those principles all were agreed. On some points, however, if it were the time to enter into them, differences of opinion might be found. For instance, Dr. Lankester had stated, that, under an improved system, those who wished to practise medicine might go to the College of Physicians, and those who wished to practise surgery to the College of Surgeons; but it was not so clear how the General Practitioner would be placed. As respected the Bill now under discussion, there was something remarkable in its history. It had been framed as far back as the spring of 1852. Conferences had been held, and an understanding entered into with the Scotch Colleges, and yet the Bill, published Jan. 6, 1854, contained Clauses inconsistent with the principle of reciprocity, and was not agreed to by those Colleges.

Mr. Hastings explained that it had arisen from a misunderstanding, and had since been corrected.

Mr. Ancell: Yes, but it was the correction of Mr. Hastings, and not of the Committee. It should be well understood, that the Bill is still only the Draft Bill of a Committee, and not properly the Bill of the Association. It had been handed by the

Committee to the Government, and by the Government to its solicitors, so that one of two things must happen. Either the Government would adopt it, in which case it would, in its completed form, be read a first time and printed, and, he apprehended, ample time would be given for the Profession to consider its details; or it would be returned to the Committee, when it would be the duty of the latter to promulgate it. The Committee of the Metropolitan Branch, for instance, had not yet considered its details; they had forwarded questions to the Central Committee, to which they had not yet received a reply. Under these circumstances, it was premature for this meeting to come to any conclusion, for or against this Bill. In the discussion of the question of Medical Reform, it must never be overlooked that there are two principles in play, in one point of view antagonistic. Without meaning to impute any improper motives to any party, there were still those who desired to uphold the powers and privileges of the few, taking but little heed of the masses, and there were those who desired to raise the qualifications, and to promote the respectability of the Profession at large. He (Mr. Ancell) was one of those who had thought, that the only means of effecting the latter object, was by a new incorporation. But, for himself,—and he believed he could answer for those with whom he acted,—he would be most anxious to support a comprehensive Bill, whoever it might be framed by, if it secured the interests of the General Practitioner in any other way. As to the first Clause of the present Bill, was it to be expected, that the six Medical Practitioners to be appointed to the Supreme Council by the Secretaries of State would be General Practitioners? Certainly not. There might not even be one. Where, then, was the security, under this Bill, for sustaining even the present standard of qualification of the General Practitioner? We might have uniformity of qualification, but, instead of the highest minimum practicable, it might be uniformly a very low minimum. There were other points equally open to discussion, but he would not further trespass upon the time of the meeting. On Mr. Brady's Bill he concurred in what had fallen from Mr. Hastings. It was one to increase the confusion in the Profession.

Mr. Cousins thought the Provincial Association should reconsider and correct its Bill before pressing for its adoption. He could not recommend either the Bill of the Association, or that of Mr. Brady.

Dr. O'Connor expressed similar views in relation to the Bills.

Mr. Baker thought that the Government would not be disposed to enter into the details of the Bill of the Association. Mr. Brady's Bill was short and clear. It was such, therefore, as the Government would be likely to support; and it was certainly a step in the right direction. Just the same objection now brought to registration, was brought long ago against the Medical Witnesses Act,—namely, that it would obstruct Medical Reform; but they both left Medical Reform where it was.

Mr. Ross spoke in support of Mr. Brady's Bill, as being a valuable instalment of Reform.

Dr. Sexton thought Mr. Brady's Bill would not effect the desired purpose. No Bill would be effectual for suppressing quackery unless imprisonment was made the punishment. (Hear, hear.)

Dr. Routh urged some objections to Mr. Brady's Bill, as perpetuating the privileges of the College of Physicians.

Dr. Lankester, in reply, said he was quite astonished to find that any body of men should argue in favour of a Registration Bill like that brought in by Mr. Brady. He maintained, that if that measure were allowed to pass into a law the Profession would go back twenty years, inasmuch as it would have the effect of revivifying laws which had been long dead. If Mr. Brady's Bill should be passed, they would get no other, and he sincerely hoped that the Profession would support the more comprehensive measure which had emanated from the Provincial Medical and Surgical Association.

The Amendment was then put and negatived by a considerable majority.

On the Motion of Mr. Cousins, seconded by Dr. Greenhalgh, it was next resolved that the Association be requested to call a meeting in London for the consideration of the Bill, and that a meeting of the Profession be afterwards summoned, to whom the Bill should be submitted before it be introduced into Parliament.

Mr. Hastings said he had good reason for believing that Lord Palmerston would take up the Bill of the Association, and therefore Mr. Brady's Bill stood little chance of success.

A Committee was then appointed to carry out the Resolutions for the support of the Bill, and the meeting separated.

MEDICAL REGISTRATION.

MR. BRADY'S BILL.

A MEETING, convened by advertisement, was held on Monday evening, at Freemasons' Tavern, "for the purpose of considering the provisions of the Medical Registration Bill introduced to Parliament by Mr. Brady, M.P."

Sir JOHN FORBES, M.D., took the chair, and, in opening the business, said, that he thought the promoters of the meeting had exercised a wise discretion in advertising the meeting in the terms above-mentioned, inasmuch as, by such a course, they could not be considered as constituting a packed meeting, but one met to consider the measure in all its provisions, and in every possible phase. (Hear, hear.) In reference to his own position, he said, that if the meeting had been called for the purpose of entirely promoting Mr. Brady's Bill, without due consideration or without giving opportunity for the expression of contrary opinions, he could not well have presided, because it was well known to his friends that he had been a Reformer many years, and that he entertained opinions on the subject which went far beyond those of Mr. Brady's Bill—(hear, and cheers)—and he should then have been obliged to say, "No doubt, registration is a good thing for us, but that is hardly Medical reform. We want a good deal more: we must have an examination which will include the three kingdoms, and we must enter into practice on equal terms." He said this much for his own consistency's sake. But he must say this for Mr. Brady, that he was sure his (Mr. Brady's) object was solely to do good to the Medical Profession. (Hear, hear.) Mr. Brady was of opinion, that his Bill was of the first necessity, and he (the Chairman) knew his sentiments were of that liberal kind that if any one would enable him to pass a better one, or could suggest a plan of amalgamation with any other which would make the measure of more extensive usefulness, Mr. Brady would be thoroughly satisfied. (Cheers.) The Chairman then called on

Dr. Ramsbotham who moved the following Resolution:—

"That this meeting, convinced of the manifold evils to public health and morality arising out of the practice of medicine by unqualified persons, considers it to be the imperative duty of the Legislature to adopt some simple and decisive measure to suppress practices which tend to injure and demoralise society; and further, that this meeting is of opinion, that the Bill introduced to Parliament by Mr. Brady for the registration of qualified Medical Practitioners is eminently calculated to check this great and growing evil; and earnestly recommends the measure to the support of the Profession and the public."

He said, that although the situation in which he was placed was quite new to him, it being the first time he had ever addressed a meeting on Medical politics, nevertheless, he had great pleasure on the present occasion in moving the Resolution, with the terms of which he was much gratified. He thought the time was now come—(cheers)—when gentlemen were bound to enter upon the question of medical politics, and especially now that they had such a leader as the hon. Member for Leitrim. (Cheers.) It was on that account that he would endeavour to induce the Legislature to make Mr. Brady's Bill a part of the law of the land. True, the Bill was only of a partial character; but it gave the public the opportunity of distinguishing between the qualified educated Medical men and the ignorant charlatan. (Hear, hear.) Under such circumstances, he did hope that this measure was but the earnest of what they might obtain hereafter. They were not yet agreed upon what was actually wanted towards reform; all knew that something was required; but what that something consisted in, was, at present, a perfect chimera. But get Mr. Brady's Bill, and they would then have a stepping-stone—a basis upon which to proceed to further reform; and at any rate it would be seen that it was not from supineness or apathy that the Profession left the public in ignorance as to who were and who were not qualified to attend them in sickness. (Cheers.) He had great pleasure in moving the Resolution.

Dr. Humble, in seconding the Resolution, said, that since Mr. Brady first brought forward his measure, he had materially altered it, at the suggestion of members of the Profession, and he thought had succeeded in making it such as would merit their confidence. As regarded the first part of the Resolution, he thought there could be no doubt that quackery led to injury to public health, as had often been shown before courts of law and at inquests. One great recommendation of Mr. Brady's Bill was, that it did not propose to interfere with any existing corporation, but simply enacted that the unqualified Practitioner should be rendered punishable.

Dr. Lankester, in rising to move an Amendment, paid his

tribute of respect to Mr. Brady, and said that no one could deny the importance of that particular point—registration; perhaps there were few points which Medical Reformers attached more importance to than that of getting a clear legislative distinction. At the same time, all must allow that the difficultics in the path were immense. He did not expect that the Registration Bill would ever prevent that mass of prescribing behind the counter which now went on in the druggist's shop; and even if they succeeded in that, they could not drive out the medicine-chest at home. Such difficulties as these formed the reasons why he could not advise too great a demonstration to be made in favour of Mr. Brady's Bill. "Sir," said the speaker, "Quackery is not confined to the unqualified practitioner. I would be as happy to see my name on a list side by side with Coffin or others, as with some members of my own Profession. (Hear, hear.) And while things are so, I am not so anxious to see this Bill carried, while by the same amount of exertion we may be enabled ultimately to deal with the internal forms of quackery which are disgracing us. On this ground I object to support Mr. Brady's Bill, becausc I feel that there is a greater chance now of securing the co-operation of Government in a larger measure than ever there was; and that we could as easily now carry out a full measure of reform, as carry Mr. Brady's 'little Bill.' (No, no.) And on this ground I would ask the Profession not to accept Mr. Brady's Bill; and also because it revives old laws which had become obsolete. If the Legislaturc sanctions a measure like this, they will have the power to prosecute members of our own Profession—as in the case of a case of a Scotch graduate practising in England. This is monstrous. But this Bill actually registers them, gives life to them. It might be well for some men in London that the Bill should be passed; but it is time for us to sink all distinctions between English, and Scotch, and Irish, and between Physician. Surgeon, and Apothecary; and I maintain, that the Legislature has no right to make such distinctions for us. Let us constitute them, if we like; but the Legislature should have nothing to do with them. There were two questions of importance to consider: the one, a question of internal reform; the other, the question of the relation of Government to the Profession. Let us ask the Legislature to mark the Medical Profession as such, and mark its members as right men; but as to the Colleges, leave them to ourselves. This is the view of Medical Reform which I have taken for some time; and I beg, therefore, to move, as an Amendment" :—

"That, forasmuch as the anomalous condition of the Medical Profession was matter of universal notoriety, and a demand for a comprehensive measure of Reform was general and imperative, it was the opinion of the meeting that a Bill, merely providing for registration, would only tend to obstruct and seriously delay the passing of a measure of more general utility."

Mr. Ancell seconded the Amendment. He said, he would be the last man to oppose any measure which a large number of gentlemen considered would be of benefit, if he thought it harmless; but he really believed that the measure of Mr. Brady would be injurious to the interests of the Profession. He would not go over the general ground of Medical Reform, but would adhere to the operation of the Bill as it would affect his own class in the Profession. Now, he was not greatly enamoured of the Apothecaries' Act, or of the system, as a part of professional arrangements. But look at the position they stood in with regard to that Society. It had been said that it would yield when the General Practitioner did something better for himself; and they would be extremely injudicious, until then, to allow that the powers of the Apothecaries' Society should be in jeopardy. But this would be the consequence of Mr. Brady's Bill—(no, no)—or it would place the Profession in a greater state of chaos than it was at present. One of three things would result on the passing of this measure. Either the Apothecaries' Society must leave illegal practice unnoticed,—then there would be an end of their privileges; or, supposing the Society prosecuted and failed, then there would be an end to suppressing illegal practice; or, if they recovered, the consequence would be, that they would have to prosecute every Licentiate of Edinburgh and Dublin practising in London; and would it not be so with the College of Physicians also. He was not one to apologise for, or justify those distinctions; but inasmuch as the practice of medicine by those parties had been tolerated, it was too late then to place a register of names in the power of the bodies he had named. Then, as to druggists, under what circumstances did they carry on their practice. They did not pretend that they were Surgeons or General Practitioners; and if the public were anxious, and were to be directed by the registry proposed, why the Directories would answer the very same purpose. (No, no!) He objected on these grounds, among others, to the exhaustion of their efforts in obtaining that "little Bill." They were then at the culminating point. Let them continue their agitation, adhere to their principles, and take care to go to the House of Commons with something worth having. Mr. Brady's Bill could not be carried without great exertions, and by going to them with one measure after another they would exhaust the patience of the House. At the same time, he could not but express his own feelings of gratitude to Mr. Brady for his intentions.

Mr. Brady said he had come to the meeting for the purpose of a calm discussion of the measure. After twenty-five years' experience, he had come to the conclusion that the Profession was retrograding; and from what he saw that night, the great differences which existed, and the difficulty of getting Medical men to consider with prudence their position as to the public, he felt that no Legislature could adopt a measure which would satisfy them, split up as they were, first, by their corporate bodies, and then by individual interests. He had brought forward the Registration Bill purely in the interests of the Profession; and as some remarks had been made at a previous meeting questioning his motives—(No, no!)—he was not present, but he heard—

Dr. Cormack: I was Chairman on the occasion, and I assure the Hon. Member that not a syllable derogatory to his motives was uttered.

Mr. Brady resumed: I most emphatically declare, that I will never take any office under my Bill if it should become the law of the land. I am thankful that I am in a position to do without it; and I have higher and holier motives actuating me. Dr. Lankester has said, that if the Profession were united, the present Home Secretary was never more inclined to pass a measure of Medical Reform. In answer to that, I say, that this very morning His Lordship said that he never reads such measures, because they are so difficult to deal with; and I may say also, that His Lordship has ordered my Bill to be sent to the Examiner of Bills for the Government. ("Hear, hear," and cheers.) If I thought that my Bill would interfere with Medical Reform, I say that I would never have introduced it; but I say again, emphatically, that no regular measure of that kind is contemplated this Session. ("Hear, hear," and cheers.) And, therefore, as to the objection that my Bill will obstruct Medical Reform, there is no ground whatever for the assertion; but, if it should be passed, I believe it will act as a fence round the Profession—that by it they will be protected from the thousands of empirics that are sapping and undermining our foundations, and driving the Profession itself into quackery. ("Hear, hear," and loud cheers.) What are men in our position to do, but use the weapons which are used against ourselves, because the enemy is out, and the means which would support us in dignity are daily being taken away from us by men without title to practise. I call on the 16,000 qualified Medical men to say whether they are prepared to allow themselves to be juggled by corporate bodies or agitators. Unless these are protected by some such measure as that which I propose, I am satisfied that no Reform can take plaac. One eminent in the profession (Dr. G. Bird) says, in a note to me, "Your Bill is the best scheme which I have seen; it meets every difficulty that I can discover for the compelling of a registration like that which lawyers have." Why, gentlemen, all others are protected, from the cabmen to the High Court of Chancery. There is not a proceeding in the House of Commons, or in our Courts of Law, or a cabman, that is not registered. (Hear, hear.) And why are not we? I have heard to-night, that by this Bill, the Apothecaries' Company are to have a list, upon the strength of which they will prosecute qualified men. That is a monstrous proposition. They have got the means of doing so already, why do they not do it? I say that I have met as liberal-minded men in that Company as ever I met in my life. Mr. Ancell's whole care seems to be for the Apothecaries' Company, and not for the 16,000 men who are daily robbed by intruders—(hear, hear)—and one would think that he came here more for the purpose of obstructing the Bill than for the good of the Profession. (No, no.) I say, first let us separate from the Profession those who are destroying it; and, in attempting this by means of the Bill I propose, we should lead the Legislature to give their minds to deliberate on Medical questions; and that would be no small thing gained. ("Hear," and cheers.) Then, it has been said, that the College of Surgeons would be injured. Why, Sir, that College is among the most staunch supporters of my measure. Now, surely it is time that the wounds which have heretofore divided the Medical bodies of this country should be healed; for I am no exclusionist; I will go as far as any man, and give the most strenuous support and assistance in any well-devised system of Medical Reform. But, in all honesty, I must declare,

that the measure of the Provincial Association has no more chance of passing through Parliament this Session than has the camel of passing through the eye of a needle. ("Hear, hear," and cheers.) Why, where has it received any support? One of the last Petitions presented was from Glasgow, and the allegation of that Petition was, that the measure of the Association was an inefficient one, and that it would throw the Profession into a state of chaos. Then the Provincial Association would tell the country and the Profession that my Bill is imperfect. Well, and when shall there be a perfect Bill? Does not every Secretary of State tell you, that as soon as you are agreed among yourselves then he will consider what you bring before him? But, while all this is going on, the Profession is being swindled, and will be so as long as the system is tacitly submitted to. I feel convinced that, if my measure should be carried, it would be a great stepping-stone to further reforms. As to its imperfections, how easy it would be, next Session, to take steps to improve the Bill; and in reference to what important measure could it be said, that it did not require future amendment. Therefore, in the name of all that was dear to them, he would say, "Unite, and put in the first wedge, and let no eloquent displays or little differences which my Bill may have aroused, divert you from the one great purpose of that Bill,—a Bill which has received more support than any other emanating from the Profession." ("Hear," and cheers.) As to our standing with Parliament, I would say that I went there perfectly unknown. The Profession had then no advocate; and as a specimen of their feeling towards our Profession, I would instance the case of the Lunacy Bill, where it was proposed to pay for the examination of the patient the munificent sum of 2s. 6d.; and when I ventured to propose that 10s. 6d. was no more than strict justice called for, I was laughed at. (Hear, hear.) And so I say, that when such injustice as that can be perpetrated in our House of Representatives, how can the Profession expect that the Legislature will take a large measure relating to Medical Reform into consideration? As to the cause of this feeling in Parliament, I attribute it, in a great measure, to the painful fact, that the Profession are not united as other Professional bodies are; let us, therefore, show a unity of purpose and action, and then we shall ultimately succeed in attaining that position we ought to hold. As to the opinions of corporate bodies, Mr. Brady said, Mr. Upton, of the Apothecaries' Company, saw his Bill before it was brought forward, and could make no objection to it; and so as to the College of Surgeons; and he did hope that the College of Physicians and the Universities would not oppose it. Not that it was a final measure. He never so regarded it. ("Hear, hear," and cheers.) In conclusion, he would say, Who had more moral influence than the Medical Profession? Then let them exert it for the good of society at large. He believed that a vast proportion of the mortality accruing in this country was through the quackery which was allowed in it,—a system so foul, that they must be determined to strike one determined and deadly blow at it. As to the defects of his Bill, he would say, that it was impossible to do everything at once. An instalment was better than nothing,—if they had a bad debt, let them always take an instalment; and he would promise the Provincial Association, that they would never find him behindhand in supporting, to the best of his ability, any measure or proposition calculated to benefit the Profession of which he was proud to be a member. (Loud applause.)

Dr. Cormack rose to explain. He said, that at the meeting on Friday, no disparagement of the motives of Mr. Brady had ever been intended; but the meeting felt that the "little Bill" had arisen in their path to the obstruction of a more useful measure. Mr. Brady had said, that the measure of the Association had not received the assent of the Association; that was, in a certain sense, true. A Committee had been convened to consider on the Bill, and to report to a future meeting. When that meet- was held, they would be in a position to estimate the opinion of the Profession; and therefore he thought it would be most damaging to throw this "little Bill" in as an obstruction.

Dr. Crisp said, his experience had been, that, wherever this subject had been mooted, that the principle of action seemed to be that men looked to their own selfish interests. That he believed to be the great clog on Medical Reform. He should be much disappointed if he did not find that the meeting fully approved of Mr. Brady's Bill. Could any honest man object that the illegal Practitioner should be separated from the empiric. The Bill of Mr. Brady was for the purpose of effecting simple registration. What a basis would that be for any Government hereafter to legislate upon! (Hear, hear.) Let the Government see that they laid aside all selfish prejudices,—let them show themselves independent in the advocacy of this measure, and it would form the very basis of a future efficient measure of Medical Reform. (Cheers.) He could not help making a remark on the doings of the Provincial Association. At one of their meetings, he went down and proposed a Resolution, which was carried, but which the chief of that Institution thought did not entirely correspond with their notions, and those resolutions were purposely excluded from the report of the meeting. He wrote a letter, but his letter remained unnoticed. (Hear, hear.) At the meeting at Brighton he stated the facts; and there was no one to deny them. Was that worthy of the Profession? So much for the Provincial Association. (Hear, hear.) He supported the Bill of Mr. Brady because he believed it was a simple registration Bill to separate the qualified man from the quack, and would ultimately form the basis of something good and lasting for the interests of the Profession. (Cheers.)

Mr. Cousins believed it would be a long time before the Profession gained a hearing in the House of Commons. He did not think Mr. Brady's Registration Bill would release the Profession from quacks, because men could join the College and get a diploma which would enable them to practice quackery with impunity. A man had joined his own College for this purpose, and was now a most notorious quack. (Laughter.) He maintained that they had no right to go to the Legislature, and ask to be put in the position of traders, as Mr. Brady's Bill would do. ("No, no.")

Mr. Evans said he had been thirty-seven years in practice, and was quite tired of attending meetings of that kind, on account of the differences which prevailed among the members of the Profession. He was a member of the Provincial Medical Association, and he would state that many of the clauses of the Bill which had been prepared by that Association were perfectly unintelligible, and therefore how could they propose it to the House when they did not understand it themselves. And were they now to quarrel with one another over that little instalment which Mr. Brady offered them? ("Hear," and cheers.)

Mr. Charles Brady spoke in favour of the Bill, and complained of the small influence the Profession had in the House of Commons. He believed that many Medical men would be very glad to take an instalment of 5s. in the pound for what was owing to them, and he called on them not to reject an instalment, however small, of reform, trusting that the Legislature would ultimately pay them a full 20s. dividend. He contended that the Profession ought to be thankful to the honourable Member for Leitrim for what he had done, and that they should accept this Bill as an instalment.

Dr. O'Connor called attention to the various clauses of the Bill, several of which he read, with a view to show that they involved inconsistencies. He said that everybody would admit that there should be due and sufficient registration; but there were clauses in the Bill which, instead of removing doubts, only confirmed them, and opened up new sources of persecution to those who had power to put them in practice.

A long discussion on several points connected with the Bill took place, in which Dr. Routh, Dr. Seaton, Mr. Charles, Dr. Powell, Mr. Streeter, Mr. Carter, a student, and other gentlemen, took part. Mr. Brady answered the several objections.

Mr. Ross contended, that the clauses complained of rendered persons in practice at the time of the passing of the Act secure, and this was their only object. Objections had been taken to the words "legally qualified." Gentlemen seemed to think that there was nobody legally qualified but the Licentiates of the Apothecaries' Hall and the Members of the College of Surgeons. He begged to say, that the Member of the College of Surgeons was qualified *quoad* a Surgeon under the Poor-law Amendment Act, while an Irish apothecary was legally qualified under the Lunacy Act. To get rid of these discrepancies it was proposed that, for the purpose of this Bill, every man possessing a Medical qualification shall be regarded as a "legally qualified man." Mr. Ross also explained another clause of the Bill, relating to the right of charging for Medical attendance.

The Chairman then proceeded to take the sense of the meeting upon the Resolution and the Amendment. Dr. Lankester's Amendment, on being put, was declared lost, and the original Resolution was carried by a large majority.

Dr. F. C. Jones moved, and Mr. Baker seconded, "That it be referred to the Committee to prepare a Memorial embodying the foregoing Resolution for presentation to Her Majesty's Principal Secretary of State for the Home Department;" and it was left to the Committee to nominate a Deputation to wait upon His Lordship.

Thanks were voted to Mr. Brady, M.P., and Sir John Forbes, which, being acknowledged, the meeting separated.

RETURN OF CHOLERA.

DEPUTATION TO LORD PALMERSTON.

An influential Deputation, headed by the Earl of Harrowby, and consisting of Lord Ebrington, Lord Goderich, Mr. T. S. Cocks, M.P., Mr. Granville Harcourt, M.P., Sir James Clark, Admiral Smyth, Captain Galton, Dr. Watson, Mr. Simon, Mr. James Bullar, Mr. Reginald Cocks, Mr. Aubrey de Vere, Mr. Williams Helps, Mr. Arthur Helps, Mr. Hullah, Rev. C. Kingsley, Mr. W. G. Prescott, Mr. Rintoul, Mr. John Ruskin, Rev. T. J. Rowsell, Mr. C. Walsh, Mr. F. O. Ward, and Mr. J. M. White, on Monday week waited upon Lord Palmerston, at the Home-office, for the purpose of inquiring what precautionary measures the Government intended to adopt with respect to the apprehended return of cholera.

The Earl of Harrowby said, that a number of gentlemen interested in the health of the Metropolis waited upon His Lordship for the purpose of ascertaining whether any measures more efficient than those of 1849 would be adopted by Her Majesty's Government to meet the emergency. It had been found that there were numerous obstacles in the way of giving effect to the Health of Towns Act; and what appeared to be indispensably necessary at the present time was, some additional powers for the Board of Health, or other authorities, to deal immediately with those nuisances which had been found to be productive of disease. He thought it would be desirable, in the present state things, that a Committee should be appointed in either House, which might examine the officers of existing Boards, Medical men, and others, with reference to the imperfections in the operation of the Health of Towns, and other Acts passed for the protection of the public health.

Lord Palmerston stated that the subject referred to was one which rested more completely with the Board of Health than with his department. Sir W. Molesworth, as President of that Board, intended to bring in an amended Bill, for the purpose of enlarging the powers which the present law gave to the Board. He should feel greatly obliged if any member of the Deputation would furnish him in writing with the heads of improvements which any measure of the sort ought to contain, and he would be happy to communicate with Sir William Molesworth on the subject.

Lord Ebrington stated, that the Public Health Act did not apply to the Metropolis, and it was difficult to work. He was at an early period connected with the Board of Health, but resigned his position in consequence of the difficulties of carrying out the provisions of the Act.

Mr. Helps said there were four or five great powers in existence —District Boards, Boards of Health, Commissioners of Sewers, and Boards of Guardians, each of which was adverse to, or opposed to, the other. In addition to these, there were certain little irregular bands of Cossacks, or Water Companies, constantly pressing forward their contradictory claims. What was wanted was one efficient Board, capable of dealing with the evil at once and rapidly. The lives of not less than 20,000 persons were at issue, and the necessity for prompt, stringent, Governmental action was most imperatively felt by all who had paid any attention to the subject.

Mr. Simon pointed out several defects in the existing Sewers Acts, which prevented their being efficiently carried out.

Mr. F. O. Ward stated that, with two amendments which he would point out, the powers of the existing Metropolitan Sewers Act would prove sufficient, if wielded with judgment and energy, to place a large proportion of London in a state of defence against the apprehended invasion of cholera. The first was, a power for the enforcing of a supply of water, without which, as His Lordship was aware, drains and soil-pans could not be got to act. But this power required, for practical service, to be coupled with the draining power; and if such a power were added to the existing powers of the Metropolitan Sewers Act, a great step would be made towards rendering it a perfect and workable law, adequate to the present emergency. The other amendment to which he had referred, was the giving such security to the rates as would render them acceptable to capitalists as security for loans; and, secondly, by putting into operation a clause of the Act empowering loans to the Commissioners of Sewers from the Commissioners of Advances to Public Works. In conclusion, Mr. Ward stated his conviction, that by such meliorations, immense benefit, pecuniary as well as sanitary, would accrue to all classes; the landlords would profit as well as the tenants, and though cholera might not be absolutely exterminated at once, the severity of its ravages would receive an effectual check.

After some further discussion, Lord Palmerston stated, that he should be most happy to receive any communication in writing from the Deputation, pointing out the evils complained of, and the remedies which it was considered advisable to adopt.

The Deputation thanked his Lordship for his courteous reception. Mr. Ward, Mr. Simon, and Mr. Bullar, were appointed a Committee to draw up a draft report.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, March 2.

Petitions were presented by Lord Goderich, from Mr. John Walker, of Barnsley, in Yorkshire, against the Medical Reform Bill; by Dr. Michell, from the Professors and Students of King's College, praying that the Surgeons in the Royal Navy may be placed on the same footing as those of the Army; by Mr. Horsfall, from certain inhabitants of Liverpool, against the Medical Reform Bill.

Tuesday, March 7.

Petitions were presented by Mr. Cobbold, from the Medical Practitioners at Ipswich, for the redress of the grievances of the Medical Officers in the Navy; by Mr. I Butt, from Thomas Flemming, Surgeon, Walworth; by Mr. Forster, from the Medical Practitioners of Walsall, and from Henry Robinson, Surgeon, Walworth; by Mr. J. O'Connell, from J. E. Davies, Surgeon, Stones-end, Borough; by Mr. Davison, from Dr. Humble, London-road; by Mr. E. Ball, from L. H. Goddard, Surgeon, St. John's-wood-road; by Mr. Cowan, from Charles King, M.D., City-road; and by Mr. Brady, from Charles Rixon, Surgeon, City-road,—all in favour of the Medical Registration Bill.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 3rd instant:—

Aldridge, Charles Joseph, Myddelton-square.
Bartrum, Robert Henry, Norfolk-crescent, Bath.
Brodrick, Henry Critchley, H.E.I.C.S., Madras.
Christie, Thomas Beath, Pembroke House, Hackney.
Day, William Henry, Stratton, near Swindon.
Fox, John, Manchester.
Goullett, Arthur Peter, Australia.
Ho Chee, James, H.E.I.C.S., Bombay.
Lay, James Cochran, New York.
Stainthorpe, George Farbridge, Newcastle.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons, having undergone the necessary examination, were admitted Licentiates in Midwifery at the meeting of the Board on the 8th inst.:—

Grylls, Wm. Richard, Lock Hospital; Diploma of Membership dated April 2, 1852.
Jackson, T. Carr, Hamilton-place, New-road; May 30, 1845.
Jenkins, J. Theo., Prince Edward's Island; Feb. 3, 1854.
Juler, Henry Cundell, Norwich; Dec. 2, 1853.
Salter, Arthur, Exeter; Dec. 17, 1852.
Skinner, John, Exeter; May 2, 1851.
Stephens, James, Bloomsbury-square; Aug. 4, 1843.
Williams, Eubulus, Williton, Somerset; Feb. 17, 1854.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 2:—

Bartrum, Robert Henry, Norfolk-crescent, Bath.
James, Charles Pope, Aldborough, Suffolk.
James, Joseph William Wilmot.
Rowcliffe, Edward Hancock, Tarporley, Cheshire.
Webster, Henry.

At the Levee, on Wednesday, the following gentlemen were present in the general circle:—Mr. Edwin Saunders, Surgeon-Dentist to the Queen; and Dr. Lyon Playfair, Gentleman Usher to Prince Albert. The following were presented:—Mr. M. T. Coleman, on appointment as Surgeon to the Royal Surrey Militia: Dr. Hassall; Assistant-Surgeon A. T. Jones, on appointment in Bengal Army; Assistant-Surgeon F. Lodwick; Mr. S. B. Mitchel, on appointment Assistant-Surgeon 3rd Royal Surrey

Militia; Surgeon-Major Monro, M.D., on promotion; Surgeon-Major Richardson, on promotion; Assistant-Surgeon, R. J. Russell. The following attended the Levée:—Sir James Lomax Bardsley, Sir Charles Aldis, Sir John Forbes; Dr. Locock, Dr. Aldis, Dr. Walter, Dr. Jones, Dr. Ashley, Dr. Macloughlin, Dr. Billing, Dr. Richard Bright; Mr. Erasmus Wilson, Mr. Stanley, Mr. G. B. Childs, Mr. Lawrence, Mr. Simon, and Mr. Fergusson

APPOINTMENTS.

NAVAL.—Surgeons: Walter Dixon, M.D. (b) (1848) to the Archer, 14, screw corvette; John A. Corbett, M.D. (1849), to the Miranda, 14, screw steam-sloop, at Sheerness; Nicholas Littleton (1851), to the Rosamond screw steam-sloop, at Sheerness; John B. Nicolson, M.D. (1853), to the Prometheus paddlewheel steam-sloop, at Devonport; William Macleod, M.D. (1853), from the Racehorse to the Driver, paddlewheel steam-sloop, at Sheerness; Jas. J. Martin (1853), to the Gorgon paddle-wheel steam-sloop, at Portsmouth; W. H. Sloggett (1853) to the Conflict, 8, screw steam-sloop, at Portsmouth. Assistant-Surgeon J. R. Holmes (1847) to the Phœnix, 8, screw steam-sloop of 260 horse power, at Deptford. Surgeon Daniel Ritchie (1846) to be Surgeon-Superintendent of the Ramilies, hired convict-ship.

MILITARY.—Scots Fusilier Guards: Francis Bramley Baker, gent., to be Assistant-Surgeon. 19th Foot: Assistant-Surgeon Thomas Longmore to be Surgeon, vice Odell, promoted on the Staff. 20th Foot: Staff-Surgeon of the second class Edward Howard to be Surgeon, vice Alexander, promoted on the Staff. 47th Foot: Assistant-Surgeon William Walter Weld, from the 49th Foot, to be Surgeon, vice Battersby, promoted on the Staff. 80th Foot: Assistant-Surgeon William Nelson Irwin, from the 27th Foot, to be Surgeon, vice Taylor, promoted on the Staff. Hospital Staff: To be Staff-Surgeons of the First Class—Surgeon Robert Battersby, from the 47th Foot; Surgeon John Robert Taylor, from the 80th Foot; Surgeon William Odell, M.D., from the 19th Foot; Surgeon Thomas Alexander, from the 20th Foot. To be Surgeons of the Second Class—Assistant-Surgeon Robert Lewins, M.D., from the 63rd Foot; Assistant-Surgeon William Maclise, from the 90th Foot, vice Howard, appointed to the 20th Foot. To be Assistant-Surgeons—Henry Thos. Sylvester, M.B.; James Balfour Cockburn, M.D.; George Lawson, gent.

COLONIAL.—Messrs. John Grant and James Sawkins are appointed Colonial Surgeons for the Gold Coast.

MILITIA.—West York: Joshua Ingham Ikin, Esq., to be Surgeon.

PROMOTIONS.

NAVAL.—Assistant-Surgeons Samuel S. D. Wells (1845), serving in a naval hospital, to be Surgeon, and his promotion to bear date Feb. 28, 1854; James Jenkins (1841), borne on the books of the Fisguard for service in the dockyard; and Henry Piers, serving as Assistant-Surgeon (1842) in the Investigator, discovery-ship, in Mercy-bay in the Arctic regions, to be Surgeons.

VACANCIES.

GATESHEAD DISPENSARY.—A Resident Medical Officer is wanted. Election, April 3.

ISLINGTON DISPENSARY.—There is a vacancy for a Surgeon. Election, March 29.

BOLTON INFIRMARY AND DISPENSARY.—A House-Surgeon is wanted. Election, March 24.

SUFFOLK GENERAL HOSPITAL.—The office of House-Surgeon is vacant. Election, May 9.

DEATHS.

BASTOW.—Feb. 26, aged 62, John Bastow, Esq., Surgeon, of Hardcastle-lane, Bradford.

FURNIVAL.—Feb. 24, aged 40, William Furnival, Esq., of Manchester, formerly House-Surgeon of the Manchester Royal Infirmary; M.R.C.S.E. 1837; L.S.A. 1837; Surgeon to the Ardwick and Ancoats Dispensary.

SMITH.—Feb. 24, at Lew Down, near Launceston, after a few hours' illness, Thomas Smith, Esq., Surgeon, aged 43; M.R.C.S.E. and L.S.A. 1831; Medical officer of Tavistock Union. From his long residence and extensive practice in the neighbourhood, the deceased was well known and much esteemed by a large circle.

TESTIMONIAL.

METROPOLITAN DISPENSARY.—On Friday, 3rd instant, a numerously attended meeting was held at the London Tavern, Bishopsgate-street, for the purpose of presenting a testimonial to the late Physician of the Institution, Dr. Waller. It consisted of a massive silver epergne and candelabrum, and bore an inscription to the effect, that it was given by the Governors of the Dispensary, in recognition of his unwearied and gratuitous Medical services, and of the liberal aid which he had afforded them in carrying out its objects. Mr. John Dillon, who presided, in presenting the testimonial to Dr. Waller, pointed out the large increase which had been effected in the scope of the Institution since Dr. Waller joined it in 1836. His exertions had not been confined to the exercise of his professional skill, for he had himself been a contributor to their funds of 100*l.*, and three times that amount had been received from his friends. Dr. Waller having acknowledged the compliment paid to him, the proceedings terminated.

THE SOCIETY FOR THE WIDOWS AND ORPHANS OF MEDICAL MEN.—By an advertisement which appeared in our last Number, it will be perceived that a Quarterly Court of Directors will be held on Wednesday next, at which candidates for admission to the Society can be proposed, and we take the opportunity of again calling the attention of our professional brethren to this excellent Institution, with a hope that those who are still struggling in the battle of life will not neglect to avail themselves of the opportunity of securing a provision for their widows and children, and that those, on the contrary, who are placed above the reach of want, will lend a helping hand to their less fortunate neighbours. The observation, that Medical life is more than usually precarious, is so trite, that it is unnecessary to expatiate on the subject; but, familiar as the fact must be to all, the blow falls with fearful violence upon the individual who has neglected the warning. We may take occasion also to remark, that the Society in question is now one of old standing, that it possesses a large amount of funded property, and that the only stimulus which it requires for the diffusion of still more extensive blessings than those which it at present dispenses, is the accession of new members; and we cannot too urgently impress upon the members of the Profession generally the propriety and expediency of adding their names to its ranks; for each one should recollect, that misfortune comes to all alike, and that he who is now thoughtless of the future, may hereafter leave a family to deplore the opportunity which has been frequently offered, but at last may be irretrievably lost.

PARIS ACADEMY OF SCIENCES.—M. Moquin-Zandon, Professor to the Faculty of Medicine, has been elected a member of the Academy of Sciences in the Botanical Section, in the room of M. A. de St. Hilaire.

CHOLERA IN LEEDS.—It is said, that cholera, in its most fatal form, has again appeared in Leeds, altogether, 13 cases are reported, 6 of which have proved fatal. The Poor-law Guardians have determined upon the most energetic measures to arrest the spread of the contagion. There was one fresh case only on Tuesday, and none on Wednesday. Altogether fifteen cases have been reported to the Leeds Poor Law Guardians, and eight deaths. This is, however, exclusive of deaths in the out-townships.

THE CHOLERA IN IRELAND.—Cholera of a very malignant type has broken out at a place callad Calinconlish, in the county of Limerick.

ABERDEEN UNIVERSITY.—On Wednesday week Colonel W. B. Sykes, H.E.I.C.S., was elected Lord Rector of the University of Aberdeen for the current year. Colonel Sykes has commended himself to the favourable notice of the University by placing at the disposal of the senators an appointment in the Medical department of the East India Company's Service which is under his patronage.

MR. HOUSLEY.—It will be observed with pain by our readers, that Mr. Housley, the late defendant in the cause Seward *v.* Housley, appears in the *Gazette* of March the 3rd as a bankrupt. *Apropos*, it has become quite a fashion in America to sue Surgeons for damages if the operations they perform are not successful. Dr. Crosby, a Surgeon of Manchester (U.S.), recently refused to attempt the reduction of a fracture unless the patient engaged in writing not to prosecute him in case of non-success.

MORTALITY NOTABILIA.—The deaths registered in London exhibit a decrease from 1334 in the preceding week to 1135 in the week that ended last Saturday. The sudden rise

was preceded by a fall in mean temperature from 42° to 35°; the temperature then rose to nearly its former position at 42°, and maintained it during the last two weeks, and a reduction in the mortality to the extent of 200 deaths is the consequence. The actual number of last week is less than the estimated amount by 60. The mortality from hooping-cough is still above the average, but shows a gradual decrease. Eleven women died after childbirth.

Cases of child-murder appear to be frequent in Islington. Mr. Butterfield, in his last return, records three cases, two of which were discovered on the 20th and 28th December respectively, and one on 28th January.

Small-pox seems to be rather on the increase; the total number of deaths registered in the week as caused by it is 11, of which 4 occurred to persons at 20 years of age and upwards. It deserves notice, that all the sufferers, with one exception, were males.

Births.—Last week the births of 893 boys and 846 girls, in all 1739 children were registered,—average, 1530.

Meteorology.—At the Royal Observatory, the mean height of barometer was above 30 in. on every day of the week. The reading of the barometer has been very remarkable throughout the week; it increased from 30·38 in. at the beginning of the week to 30·45 in. by 10 h. a.m. on the 26th; decreased to 30·20 in. by 9 h. p.m. on the 27th; increased to 30·62 in. by noon on 1st March; decreased to 30·49 in. by 3 h. p.m. on the 3rd; and increased to 30·67 in. by the end of the week, a point higher than it has reached for many years. The mean temperature of the week was 41·0°, which is 1·1 above the average of the same week in 38 years. The mean dew-point temperature, 31.8°. The difference between this and air temperature was 9·2° The wind, mostly in the south-west and south-east during the week, changed on Saturday to north-east. No rain. Horizontal movement of air, 375 miles; no electricity shown.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending March 4 :—

	Males.	Females.	Total.
Workhouses...	52	75	127
Military and Naval Asylums ...	5	...	5
General Hospitals	24	17	41
Hospitals for Special Diseases ...	2	...	2
Lying-in Hospitals	...	1	1
Lunatic Asylums	3	7	10
Military and Naval Hospitals ...	12	...	12
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	1	1	2
	99	101	200

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March* 4, 1854.

CAUSES OF DEATH.	MARCH 4. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	519	393	223	1135	10857
SPECIFIED CAUSES	519	392	222	1133	10791
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	170	32	13	215	2064
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	4	28	19	51	502
3. Tubercular Diseases	90	120	7	217	1806
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	58	39	28	125	1282
5. Diseases of the Heart and Blood-vessels	2	25	16	43	410
6. Diseases of the Lungs and of the other Organs of Respiration ..	93	72	66	231	2275
7. Diseases of the Stomach, Liver, and other Organs of Digestion	32	30	10	72	613
8. Diseases of the Kidneys, etc. ..	1	16	7	24	115
9. Childbirth, Diseases of the Uterus	..	12	..	12	102
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	1	3	6	84
11. Diseases of the Skin, Cellular, Tissue, etc.	..	1	1	2	16
12. Malformations	3	..	..	3	30
13. Premature Birth and Debility ..	18	2	1	21	254
14. Atrophy	29	1	8	38	222
15. Age	..	..	40	40	629
16. Sudden	2	2	..	4	104
17. Violence, Privation, Cold, and Intemperance	15	11	3	29	283
CAUSES NOT SPECIFIED	..	1	1	2	66

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am sorry to be obliged to trouble you again, to correct some mistakes in the last Number of your Journal (Feb. 25), respecting my communication to the Physiological Society on the Aorta of the Elephant. The substance of the report was as follows:—"That no muscular fibres, as supposed by Hunter and others, could be detected by the microscope, and that the cellular coat in this and in all arteries, instead of being highly "elastic," as stated by Mr. Guthrie and others, is "inelastic."

I am, &c.

21, Parliament-street, March 1, 1854. EDWARDS CRISP, M.D.

[To the Editor of the Medical Times and Gazette.]

SIR,—I believe you are interested in the suppression of humbug, and take the liberty of directing your attention to the advertisement of the "British Medical Directory," in the *Lancet* of February 25, where, under "Opinions of the Press," you will find that the opinions(?) expressed by the *Morning Chronicle* and *Weekly Dispatch* are exactly the same.

Cork. I am, &c. M.D.

The following are the extracts referred to :—

(From the *Morning Chronicle.*)

"The second annual edition of this publication—a work so useful to every qualified regular practitioner—has just appeared; and it fully supports the favourable opinion we expressed of the volume which preceded it. It is a perfect compendium of useful information relative to the Profession."

(From the *Weekly Dispatch.*)

"The second annual edition of this publication—a work so useful to every qualified regular practitioner—has just appeared; and it fully supports the favourable opinion we expressed of the volume which preceded it. It is a perfect compendium of useful information relative to the Profession."

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of the 28th ult. I notice your remarks on the period of time allotted by Hospital Surgeons to visiting their patients. You say that one surgeon has perhaps 140 beds under his care, and that it is impossible for him to give the necessary amount of attention to this number. But it must be remembered that probably not one-fourth of this number require to be seen at each visit, and many of these not more than once a week. During my attendance in the wards of St. Bartholomew's Hospital I have continually seen a quarter of an hour or twenty minutes devoted to one patient, and I cannot call to mind that I have ever seen a case neglected or hastily passed over. I am, &c.

Tunbridge Wells. W. B. M.

Mr. Ballard's second paper on Dentistry shall appear.

Mr. Chapman's communication is unavoidably postponed until next week.

Wm. Pretty, Esq.—We have made the inquiry, and have been informed that Dr. Copland fully expects to complete his Dictionary before the close of the present year.

W. Turnbull, Esq., had better consult some respectable solicitor.

Dr. Fairless.—We will not neglect the topic discussed in the letter.

Paterfamilias should send his name.

M.R.C.S.—It contains the names of all who return answers to the circulars sent round for information.

S. B.—There is no hospital of the kind at St. Andrew's.

Impatiens.—The paper shall appear very soon.

M.D.—He must be proposed by Fellows of the respective Societies.

Dr. Weber.—Many thanks.

Errata.—In our Obituary, last week, for "M. Macquart," read "M. Nacquart;" and in Mr. Paget's Case, p. 209. line 10 from bottom of second column, for "Vol. IV.," read "Vol. XIV. of *Dublin Journal of Medical Sciences.*"

Lectures by Dr. Bence Jones and Mr. Cæsar Hawkins, a Paper by Dr. Waller, Letters from Dr. Macloughlin and Mr. Barton, are in type but are unavoidably postponed from want of space. The Address from Dr. Copland at the Annual Meeting of the Royal Medical and Chirurgical Society, the Report of the Epidemiological Society, and extracts from Mr. Guthrie's important Letter on the Medical Service of the Army, are deferred on the same grounds.

COMMUNICATIONS have been received from—

Dr. HOLLAND; GEORGE SHAW, Esq.; Dr. T. R. JONES; SECRETARY OF THE GEOLOGICAL SOCIETY; Mr. STRANG; Dr. BUDD; Mr. WALKER; Mr. BALLARD; Dr. SALTER; Mr. CHESHIRE; Dr. FAIRLESS; Dr. CRISP; Dr. PARKES; Mr. PROPERT; Dr. RAMSKILL; G. L. COOPER, Esq.; AN ASSISTANT SURGEON, R.N.; Mr. WATSON; Mr. WEBBER; Mr. BARRON; Dr. ROBERT REID; M. D.; W. B. M.; Mr. BALLARD; Mr. CHAPMAN; W. PRETTY, Esq.; W. TURNBULL, Esq.; PATERFAMILIAS: M.R.C.S.; Mr. GAY; Dr. LYONS; Dr. STOKES; C. H. HAWKINS, Esq.; Dr. FRANK, Dantzic; OBSERVER; J. LUCAS WORSHIP, Esq.; GEORGE ALLCARD, Esq.; Mr. TURLE; Mr. PALMAR; Mr. LAURANCE; Mr. MORRIS, Mr. SUMMERS; JOHN BIRKETT, Esq.; Mr. MARRIOTT.

PHYSICIANS' FEES IN AMERICA.—The Physicians of Worcester (U.S.) have unanimously resolved to increase their fees so as to correspond in some degree with the increased expenses of living. They will charge for an ordinary visit one dollar; for a night visit two dollars; for a consultation visit, three dollars.

ORIGINAL LECTURES.

SUBSTANCE OF A CLINICAL LECTURE,

DELIVERED AT

St. George's Hospital.

By CÆSAR HAWKINS, Esq.

Senior Surgeon to the Hospital, and late President of the Royal College of Surgeons.

1. Inflamed Bursa of Tibialis Anticus.—2. Caries of Tibia and Fibula, and Diseased Ankle-Joint.—3. Enlargement and Union of Tibia and Fibula—Anchylosis—Caries.—4. Medullary Disease of Ankle and Leg.—5. Disease of Os Calcis, Femur, and Cranium, resembling Carcinoma.—6. Injury of Head—Peculiar Symptoms, from Hæmorrhage(?)

In the last lecture, I spoke to you of our epidemic phagedæna and hospital gangrene, and of the two cases to which I then directed your attention, one—the scalp-wound—has gone on well, and the bone still lives, and is likely to be covered over; but, in the other case, the disease in the great toe, which was then arrested, suddenly returned, and, with much swelling of the edges, a slough formed, which showed signs, by its white circle of pus under the cuticle, of still further extension. I therefore directed the strong nitric acid to be applied, which is exceedingly useful in the sloughing form of the disease; and by this it seems to have been again directly stopped, though, I fear, the joint of the first phalanx may have been opened by the slough, in which case the end of the toe may perhaps be lost. There have been also, I understand, some other cases of sloughing phagedæna in the Hospital; so that we cannot, unfortunately, yet reckon that the epidemic has ceased. [Several others have been admitted with it, or have been attacked while in the Hospital, since this Lecture was delivered.]

I propose next to bring under your notice three cases of disease of very different character, but associated together, as being all situated about the ankle-joint.

The first is the case of Ann Duff, 21 years of age, admitted on the 28th of December, in whom pain came on in the ankle six or eight months ago, with swelling and weakness. Previously to her coming in, a Medical man had cupped her; but she had only laid up for one day, so that the pain cannot have been very acute. On her entrance, there was some swelling below the inner malleolus, smooth, and containing some fluid, and very tender. Was it, then, an inflamed ankle-joint, as some supposed?

Inflammation of a synovial membrane requires that the swelling should be of the form of the membrane itself; in the ankle-joint, therefore, you perceive a puffy swelling in the front of the joint, below the extensor tendons, from one malleolus to the other; the lateral ligaments prevent much swelling at the sides, and therefore you see none on the inside, and not much on the outside; the membrane is not restrained behind, and therefore you can feel a puffy swelling beneath and on each side of the tendo-Achillis above the heel. But there was nothing of this in our patient, whose swelling was of an oblong shape, about two inches long, beneath the inner malleolus; and it appeared, therefore, to be an enlargement of the bursa of either the tibialis posticus or extensor communis digitorum, and most likely of the former, as it was quite close to the bone.

Cold lotion was applied till the cupping marks had healed, and haustus quinæ was prescribed. Then a blister was ordered, which was applied, by mistake, over the tibia, instead of over the swelling; but, being close to the swelling, it was somewhat lessened; and, a second blister being applied, the note of the 23rd of January says, that the fluid is entirely absorbed. The tenderness is not quite gone, and the use of the tendon must be restrained by strapping or bandage, to prevent the return of the swelling,—particularly as she is weak and hysterical; and to-day I found her weakened still further by an attack of diarrhœa, which began a day or two ago.

The enlargement of a bursa about a joint, sometimes bears much resemblance to inflammation of the joint itself; for example, when the bursa of the psoas magnus inflames, it is not easily detected by one who is not aware of this affection. The bursa, in this particular part, is not often inflamed by itself, but sometimes, in a scrofulous person, you will see a very considerable enlargement about the ankle-joint in connexion with all the flexor and extensor tendons at once, lasting for years together. Do not forget the bursæ around every joint however, for many of them are in close contact with synovial membranes, even when there is no actual communication between the bursa and the joint, and, therefore, inflammation excited in a bursa readily spreads to other bursæ, or to the synovial membranes, which are in contact with them. The numerous bursæ about the shoulder joint especially become, when in a state of inflammation, the source of formidable, and even fatal inflammation of the joint. Sometimes also strumous deposit and chronic abscess of a bone close to the insertion of a tendon, looks like enlargement of the bursa of the tendon, and such might be the appearance here, if the astragalus or os naviculare were carious.

When a joint is acutely inflamed in a healthy person, either after an accident or disease, such as rheumatism, there may take place complete anchylosis, as you may see in this ankle-joint (on the table,) in which no trace of the original cartilaginous surfaces is left.

Again, if inflammation takes place in an unhealthy person, you may find the usual evidences of scrofulous disease, which this ankle-joint (on the table) shows you, increased vascularity, partial ulceration of cartilages, abscesses in various directions, leaving sinuses through which a probe enters the joint, with thickening of all the soft tissue around it.

But, thirdly, there are certain forms of disease of a mixed character and of rarer occurrence, in which the bones of the leg are inflamed, thickened, become carious or necrosed, without evidence of strumous constitution, though chronic; and so originating, the joint of the ankle may become secondarily diseased, giving rise to various complications, and often becoming of serious consequence to the life of the sufferer. Of this mixed character, is the case of Charles Stanley, 64 years of age, admitted on the 30th of November. His history is, that a year before he had struck his leg against a step, on the inside, about three inches above the joint, making a wound, which soon healed, but remained adherent to the tibia; that about five months ago a gathering formed on the outside, close to the fibula, and soon afterwards an abscess formed in the cicatrix on the inside, and that both openings had discharged ever since, and that he had considerable pain about the ankle before the abscesses formed. On his admission, the lower part of the leg was inflamed and swollen, and the skin red and tense. The probe felt exposed bone on the tibia, which was probably dead, but not loose; and on the outside it touched the fibula, but no bone seemed dead, though it might be carious; and from this opening the probe passed completely across the front of the joint beneath the extensor tendons, and its end could be felt near the skin, just in front of the inner malleolus; but as there was no swelling or pain behind the joint, it was not certain whether the synovial membrane was penetrated by the probe, or whether it passed in front of the joint. Both openings, it was afterwards ascertained, communicated with one another. The fluid which came from the inner opening, resembled synovia; but so it might do if the suppuration came from the bursæ of the tendons.

After a little while, the inflammation subsided, and on the 9th of December, it is stated, that the wounds were healing. To lessen the swelling below the tendons, and keep the joint quiet, and assist in healing the openings, if the state of the two bones allowed of it, some strapping and bandage was applied, but this plan was not continued long, as it seemed to close the openings too much, and confined the pus. Still the limb appeared to be going on well, and his health improving, till the 9th of January, when he had some chilliness, though no distinct rigors; his foot and ankle, and the lower part of the leg, became swollen and red, without inflamed absorbents, or erysipelas, and his manner became excited, with a red and dry tongue, and quick weak pulse, and the pain kept him awake for several nights. Under opium and chloric ether, and wine with salines, and subsequently bark with opium, he became better, and the inflammation and swelling subsided; but he remains in a precarious state of health, with considerable pain, and the joint, apparently, communicates with the abscess, even if it did not do so at the time of his admission; and a cough, to which he is subject, has been more troublesome for the last three weeks, though probably only from bronchitis.

With such a combination of disease of both tibia and fibula, and of the ankle-joint, in a weak man of advanced age, there seems scarcely any chance of saving the limb, by procuring healthy anchylosis, and a cure of the apparent caries. But then, on the other hand, an amputation at his age, and in such a state of health, would be very hazardous, for he is just in the most favourable condition for the occurrence of secondary hæmorrhage, or for foul suppuration in the stump, and secondary abscesses. On the whole, therefore, I am inclined to postpone such a course, and endeavour to improve his state of health, if

the limb does not admit of improvement, at least till it is certain, of which I am not quite assured at present, that the irritability of his system depends on the pain of his ankle.

[This case will be continued in the next lecture.]

But different states of the limb may occur in these complicated cases. When both of the bones of the leg are inflamed, and the ankle-joint is at the same time diseased, such a condition may be produced as you see in two preparations on the table. In the first of these the patient's constitution must have been tolerably healthy, for you see that there is complete anchylosis of the articular ends of the tibia and fibula, and four inches above the joint, a mass of new bone has been thrown out, which has entirely joined the bones together for some distance, the osseous deposit obviously reaching from the one to the other, where the interossous ligament formerly joined them; and the appearance of the bones is such as seems to show, that all disease must have stopped for some years before the patient's death.

In the second, however, you see a great mass of new bone, with much enlargement of both tibia and fibula through their whole length, by which they are irregularly, but entirely joined together, so that you might think you were looking at a single large bone, hollowed out in different parts to a great depth by caries, and loss of substance from necrosis or surgical operation, the disease extending, as you may perceive, quite down to the articular ends of the bones in the ankle-joint. I took this from a patient who was in the Hospital when I was House-Surgeon, and the limb was not amputated, as the time seemed to have gone by, for the patient was dying of general dropsy. Now, in this case, you can easily understand to what a size the diseased limb must have reached, when you look at the circumference of the two united bones in their dry state; in fact, what with effused and organised solid lymph in all the soft textures of the leg, and œdema added to this, it was very much enlarged and misshapen, as in elephantiasis of the leg.

Having made these observations, let us now proceed to the case of James Lear, 21 years of age, admitted on the 30th of last month (December). It appears the disease began, according to his account, after he had made a long journey on foot, about six months ago, soon after which it began to swell and become painful on the outside, as if about the lower part of the fibula. In this situation were two flat prominences, like hard fibrinous tumours of the cutis, both of which seemed to be over the bone, —one of which was about half an inch high, and an inch and a-half in diameter, and the other somewhat smaller. They were hard, and redder than the adjacent skin; but when the blood was pressed out of the vessels, their colour was yellower than healthy skin. In other parts the skin was not altered in texture or colour. The whole of the lower third of the leg, including the level of the joint, was enlarged, as if deeply-seated matter might be forming; the front of the leg and the anterior surface of the tibia were not swelled, but the swelling seemed to travel from the outside, behind the leg, to the inner margin of the tibia. At the back part and the inner side the swelling was hard, but all the upper part was soft and elastic, and the foot and leg around the swelling were somewhat œdematous. The patient had been living well on meat and two pints of beer; his appetite was good, and his tongue clean, but yet he said he had been getting thinner, and looked pale and anxious from pain.

I first placed the limb on an inclined plane to get rid of the œdema, the subsidence of which showed the tibia more completely to be of its natural size, but the general swelling remained as it has just been described, and the pain was not much lessened. What, then, was its nature?

There was certainly considerable obscurity, especially from the hardness on the back part, and the flattish projections on the outside; but, on the whole, I was inclined to treat it as disease of the fibula, spreading probably to the joint, and producing a large collection of thick pus in the back of the leg, covered by much thickening of subcutaneous tissue, like that which accompanied the last case I have mentioned. I therefore applied a blister to the outside, and afterwards to the inside, and gave the patient each night soap pill with opium, to allay the pain he suffered from, with some colocynth, to prevent constipation from the opium. On the 20th, the notes say that the swelling was softer, and not so painful. Still, however, the swelling was spreading higher in the leg, and, although soft and elastic, there was no distinct evidence of fluctuation, or of fluid. On the 27th, therefore, four days ago, I punctured the upper and softer part of the swelling with a grooved needle, but nothing appeared to come out but blood. I then punctured the largest prominence, where the disease seemed to have commenced, but with no other result,—soft, solid matter occupied both places. I now inquired about the glands in the groin, which were not enlarged on his admission, and found two masses of enlarged glands divided from each other by a band of fascia, one of them of the size of a small orange, and consisting of several glands joined together, the growth of which, he said, he had noticed for about a month, but which he had not mentioned, as he had felt no pain in them, and therefore had not supposed that they were of importance.

Yesterday, the 30th, he complained of increased pain in the swelling, and I changed his pill for some liquor opii sedativus, to be taken every night.

Now, then, there can be little doubt that the swelling of the leg is formed by a medullary tumour, which, perhaps, began from the fibula, and has since spread upwards and around the leg among the deeper textures. Such a growth, in the neighbourhood of a joint, is not unfrequently very obscure, from the manner in which it spreads irregularly in different directions, according to the degree of pressure it is subjected to in different parts, and according to the textures involved in it as it spreads, being softer among the muscles, where little resistance is afforded to the growth, and harder where it is below fasciæ, or tendons, or ligaments, and where these tissues are involved in the tumour.

I need scarcely say, that, on this supposition, the result of to-morrow's consultation can only be that amputation is not to be recommended, since the glands are so much enlarged, and it is of no use whatever dissecting out the absorbent glands when poisoned in cases of carcinoma; if all which now appear were removed, it would be almost certain that others not now apparent would subsequently show themselves. The only circumstance which could justify such risk as an amputation involves, would be a state of greater suffering than at present, with ulceration and hæmorrhage, in which state of things the removal of the diseased limb sometimes palliates the patient's condition and prolongs his life.

But supposing that no abscess exists, is there nothing whatever besides medullary disease which could produce such a mass of solid materials as in this case? We have seen that a kind of growth, like elephantiasis, may be the consequence of long-continued inflammation of the bones; and such is just possible, but in the highest degree improbable; and it is exemplified in these two preparations of a foot which I amputated; and the case is very interesting from its showing you the anomalies which you must expect to meet with occasionally in practice, and I will, therefore, read a brief account of it.

A woman, 28 years of age, was admitted Dec. 2, 1840, having had pain and swelling about the ankle for seven years; an incision had been made into a growth of considerable thickness seven months before her admission, but only blood escaped, and the opening had never healed since. There was much solid enlargement about the joint, with a deep irregular ulcer on the inside, and excessive pain on motion of the limb. Amputation was proposed in January, but was declined by the patient. The ulcers spread, and their surface and the adjacent skin assumed a warty appearance with much hardness, and had very much the appearance of cancer, as, indeed, you may still see in the preparation. In February a mass of glands of considerable size formed in the lower part of the groin, and in April a soft tumour appeared on the inner condyle of the femur, evidently growing from the periosteum. In May the mass of glands sloughed out without previously suppurating; the surface healed; but in June another mass formed, as large as an apple, nearer to the groin, and went on sloughing slowly for several weeks; and in this month a tumour formed in the forehead by apparent expansion of the outer table of the bone with a central aperture, in which soft substance could be felt in the diploe, not fluid, attended with much pain, and with yellowness of countenance and failing health.

Could any case possibly bear more resemblance to cancer? and, with such a combination of symptoms for several months, it is no wonder that I did not accede to the wish she now expressed for the amputation of her excessively painful leg.

In September, however, the use of sarsaparilla and iodide of potassium began to have the effect of lessening, and finally removing the tumours of the cranium and femur, and healing the sore left by the sloughing glands; and, in November, I amputated the leg below the knee, with the hope that, notwithstanding so many most suspicious appearances, the bones might possibly be affected only with scrofulous disease, though of very unusual character.

In the notes of the dissection, it is thus described:—"There was much condensation of the skin and subjacent tissue, resembling that of cancer, with warty growsh, also like cancer; there was partial ulceration of the cartilages of the tibia and astragalus, and partial anchylosis of the astragalus and os calcis; and

in the centre of the os calcis was a portion or dead bone infiltrated with pus, and with surrounding inflammation, but with scarcely any effort at separation, as you may see best in this thin section of the bone.

The notes say, that she was quite fat and well in July, 1842, without any trace of the tumours of the condyle and frontal bone; and I have reason to believe that she continued well for several years at least, though I have not heard of her for some time; so that certainly, beginning as caries of the os calcis, the result of the medical treatment and of the amputation, appears to show that, however anomalous and extraordinary in its progress the case had been, the other parts of the disease continued to possess the same character of struma. I wish I could think it might also be so in our present patient Lear; but I fear it is only barely possible.

I wish, in the next place, to direct your attention to a very curious condition of the brain, which you ought to watch carefully as long as the symptoms last, as they are of a very unusual character. I allude to the case of John Atherton, 31 years of age, who was admitted on the 26th of January. He was unloading a barge of stone, and was standing under the crane, when the tram broke, letting the stone fall back into the barge, and it struck his thigh, fracturing it in the middle. On this part of the case, however, I will not dwell; but there was also a slight graze of the surface of the scalp, over the occipital bone, which was to all external appearance uninjured, nor has there been any swelling over it. It seems, from the notes, that on his admission he was in perfect possession of his faculties, except of his hearing, which he recovered soon after his admission. He is said to be a regular and abstemious man.

On the following day, however, this state of matters was very different, and you may have seen him since that time in the singular condition of apparently being perfectly conscious of all that is done or said, and yet being unable to answer anything except "Yes," to every question or remark, whether applicable or not. If you say, "Are you better?" he will say "Yes;" and then if you say, "Are you worse to-day?" he equally answers "Yes." It is as if he knew what he intended to say, but had not power to form the words he intends, as if, indeed, he had not command over the tongue; for, if he is told to put out his tongue, he opens his mouth, but does not appear able to protrude the tongue. You see him at the same time moving all the other voluntary muscles freely; he has a perfectly quiet, conscious look, folding his hands, perhaps, over his head; he follows you with his eyes, gives you either of his hands when you ask for it to feel his pulse, and holds it quietly; and his legs also move voluntarily, and he turns in bed, and uses his hands and arms as if to explain his meaning. Sometimes he commences some sentence not in answer to a question, but not getting beyond "Yes,"—and if you smile he often does the same. But, although he shows such an amount of conscious intelligence, and possesses sensation and voluntary power to the degree which I have mentioned, he is perfectly unaware of the calls of nature, and always passes his fæces and urine involuntarily in the bed.

On the 27th, the pulse being rather quick and full, but quite regular, I gave him fever diet, saline with antimony, and five grains of calomel, with a senna draught, which was repeated on the 28th. On the 29th, there was a variation in his symptoms, he became restless, trying to get out of bed, for which I ordered a morphia draught, and a blister to the nape of the neck, and, being restless and troublesome, the morphia was repeated at bed-time, and in the morning of the 30th. On this day I found that he had not had a good night, but had slept at intervals. The rectum and bladder had continued to act involuntarily, and he still answered, as he does to day, only "Yes" to everything; and, for a very short time, the nurse observed the eyes twisted towards the right side, and the muscles of the right side of the face working spasmodically; but this convulsive movement has not returned. I found, also, that his pulse was only 72, quiet and regular, and his tongue moist, and his consciousness rather more than in the restless condition, which appeared to be passing off. I now, therefore, omitted his antimony, gave him some beef-tea and arrowroot, and directed half a grain more of morphia at bed-time; and to-day (the 31st) you see him quite quiet again, his pulse soft at 80. I have thought it right, however, to give him three grains of calomel now and at bed-time.

Now, what is the nature of the injury in this case? Something analogous to this man's state is occasionally observed after an apoplectic seizure, and the patient sometimes, when much more restored to his senses than our patient, remains unable to utter the words he intends, using the same wrong word always in the same place, asking for paper when he means sealing-wax, or sealing-wax when he means paper; and sometimes, being unconscious of his mistake, the patient, irritable in this disease, becomes very angry when he is not understood. Sometimes, too, you may see a patient able to write what he means, when he cannot frame the words with his tongue.

In such a case there is rupture of the inner fibres of the brain or internal effusion of blood; but a similar condition is not often seen in injuries. Still it has been noticed; for example, there is an interesting account by Dr. Hennen, of an officer who was struck by a bullet, which fractured the skull, who for several days was constantly saying only something like "o" or "ther;" and he says that he at last asked his patient by writing, "shall I write to your mother," this being the word he had been so long endeavouring to utter; and he remarks, that he shall not readily forget the gratitude of the patient that his wishes had at length been recognised.

Is there, then, something of this form of internal injury of the brain in our patient? You see that his state is not one of ordinary concussion; there is not the sleepiness, and irritability, and excitable pulse, and expression of frowning, and suffering, and unwillingness to move or do anything which constitute that state of brain. It is not a condition of ordinary compression, for the senses are in a manner perfect; there is no absence of sensation or voluntary muscular power over the limbs and head which compression implies, though from some cause, which I am unable to explain, the actions of the rectum and bladder are no longer associated with the voluntary muscles.

There is no apparent fracture at the seat of injury, which does not, however, prove that there may not be depression of the inner table, such as you see in this preparation, without any depression of the outer table.

On the whole, the period at which the symptoms came on point to hæmorrhage as their cause, perhaps under the seat of the blow on the surface of the cerebellum, with probably some bruising or partial laceration of its substance, though the absence of convulsions, except to the small extent I have mentioned, seems to show that there is no extensive or deep laceration. To this, perhaps, has been added some slight concussion of the brain, generally followed by irritation from disturbance of circulation. With these views you will understand the lowering in the first instance without depletion; the opiate followed by a blister and by calomel, to prevent congestion, after the period of restless excitement had passed, and the giving more nourishment when the pulse began to flag.

The chief danger for our patient is probably the occurrence of inflammation at a later period; but on the whole I am inclined to hope for his recovery, if there is not an internal effusion or rupture of fibres, as in apoplexy. The case, is however, a highly interesting one, which you will do well to observe carefully.

[Continued in the next lecture.]

LECTURES

ON THE

FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture V.

FORMS OF INDIGESTION CHARACTERISED BY SOME PECULIARITY IN THE SYMPTOMS—URTICARIA —PYROSIS.

We have lately considered some forms of indigestion connected with derangement of the general health, and characterised by an unusual tendency to the formation of certain principles in the system; which principles pass off, and may be detected, in the urine. I come now to speak of other forms of indigestion, which probably lead to the formation of unnatural matters in the system; but these matters have not been distinguished, and the disorder is defined by some peculiarity in the symptoms.

The disorder of this class that I shall speak of first, is one characterised by an eruption of nettle-rash.

Nettle-rash may be produced in various ways. It may be produced by the direct application of a sting-nettle, or some other irritating substance to the skin itself; and it occasionally occurs without this, probably from some irritating matter formed in the system and conveyed to the skin with the blood, in ague, in jaundice, in rheumatic fever, and in disordered states of the

menstrual function. Its most frequent cause, however, is indigestion, or, rather, imperfect digestion of particular articles of food.

When brought on in this way, it occasionally occurs in persons whose digestion is not generally weak, from eating some particularly unwholesome or indigestible substance. The substances that have been observed to bring it on most frequently are, shell-fish, especially crabs and mussels, other fish of various kinds when tainted or out of season, honey, various vegetable substances, especially mushrooms, cucumbers, almonds, oatmeal. I have lately met with an instance of extensive nettle-rash which seemed to be brought on by eating a pork-pie, and once suffered in this way myself, in common with two other persons, from eating mackerel.

In such cases, the eruption generally comes on within an hour or two after the unwholesome substance has been eaten; and, when it is extensive, is generally attended with nausea and uneasiness at the stomach, a sense of constriction at the chest, restlessness, confusion of the head, and heat, swelling, and flushing, first of the face, and soon afterwards of the entire surface. These symptoms are sometimes soon followed by pain or uneasiness of the bowels and diarrhœa.

The object of treatment should, of course, be to expel, as soon as possible, the offending matter ftom the intestinal canal. The stomach may be first emptied by an emetic of ipecacuanha or sulphate of zinc, and the bowels afterwards cleared by some warm but quickly acting purge.

When the offending matter is thus got rid of, the eruption in most cases soon disappears, and some degree of debility is the only effect of the disorder that remains.

Nettle-rash may, as I have said, be produced by eating some substance particularly unwholesome, in persons who have no permanent weakness of digestion. The fault is not so much in the stomach as in the food; but the disorder is much more apt to be brought on, even in this way, in persons whose digestion is habitually weak.

Some persons, on the contrary, have frequently recurring nettle-rash from eating substances which others readily digest. With them it is the stomach that is chiefly at fault, and its weakness is shown by general slowness of digestion and by inability to digest particular articles of food. The eruption in such cases is seldom extensive, but recurs very frequently, generally an hour or two after dinner—which is the heaviest and most complex meal of the day—or in the evening. It harasses the patient for two or three hours, or during the greater part of the night, and then disappears until the imperfect digestion of another meal brings it on again. In some persons it is caused by common articles of food, and recurs almost daily for years together; in others, it is caused only by some particular substance.

One of my former pupils at the College was affected in this way only from eating oat-meal. In a letter which I received from him in 1842, he says:—"The peculiarity of my constitution in reference to the action of oatmeal upon it first manifested itself about four years ago. Prior to this time the singular susceptibility did not exist, I believe, for I can recollect that in my boyhood I could take oatmeal gruel as well as most persons. But about four years ago, having a cold, I took, according to custom, a cupful of gruel on going to bed.

"I had taken nothing before or with it, and with the exception of a common slight cold, was perfectly well. I lay down but felt no inclination to sleep. I soon became very restless, and my skin hot and irritable; a violent sneezing came on; my eyes felt hot and painful; they soon discharged. The sneezing became unceasing, accompanied also with discharge; I was very feverish and thirsty; my head was swollen, hot, and painful. This extended to my whole body; it became swollen, and covered with wheals, accompanied with intolerable itching. The combination of all the symptoms produced in me the most wretched state of mind, amounting to perfect misery. I tried walking about in the cool air, but without any relief. A Medical friend with whom I was residing gave me a saline effervescing draught, with a few drops of the wine of colchicum. Whether by the aid of this or that the irritation had worn itself out I know not, but as nearly as I can recollect, in about two hours from the accession of the horrors, they began to abate. I again went to bed, this time exhausted, fell asleep, and found myself the next day not much the worse for the illness; a slight feeling of debility was the only sensible effect of it.

"Some time after this I suffered in the same way, but less severely, from eating soup that contained some oatmeal.

"A more remarkable instance occurred in the summer of 1839. I was in the country, and having occasion to go into the stable just before talking a walk, I put two or three oats into my mouth. I had not walked above a mile before I began to sneeze, and the symptoms above described quickly came on, but much milder. I soon recognised my old enemy and recollected eating the oats. I was glad to get home as quickly as possible. The irritation soon left me this time and I have not since repeated the experiment."

An account very like the one I have read to you is given by Willan in his work on Cutaneous Diseases, in the words of Dr, Winterbottom, who twice had an extensive eruption of nettle-rash from eating a few sweet almonds; and another similar account drawn up by Dr. Gregory, who once had an illness of this kind from eating almonds, and once from eating an unpeeled green cucumber.

When brought on in this way, the duration of the disorder is very variable. Dr. Winterbottom states, that in his first attack the illness came on within a few hours after eating the almonds and continued during the greater part of the night. It gradually abated towards morning and the next day not the least vestige of the complaint remained.

In his second attack, the illness came on a few hours later, and lasted the greater part of the ensuing day.

Dr. Gregory states, that in him the disorder brought on by the sweet almonds went off the next day; that brought on by the cucumber continued four days, and was at length removed by a cathartic.

I have known a nettle-rash that seemed to be accidentally brought on by eating tainted fish, last for months.

Willan tells us, that he has known an extensive nettle-rash proving very troublesome for a length of time, induced, in persons otherwise healthy, by rubbing oatmeal on the hands and wrists.

It would seem, from this, that, with respect to oatmeal, the irritating matter that causes the eruption is not developed in the stomach; but exists, ready formed, in the oats, and merely escapes transformation in the process of digestion.

It is well known that the principles to which many substances owe their smell and flavour, are not changed by the gastric juice. The odoriferous principle of asparagus passes off in the urine, without any diminution of its aroma; oysters, and many other substances, are often tasted again, with a heightened flavour, hours after they were eaten, and when they are perfectly dissolved in the juices of the stomach.

When nettle-rash is brought on by eating some substance in common use, and recurs frequently, the offending substance may sometimes be detected by the plan followed by Willan. He says: "I have desired several persons affected with chronic urticaria to omit first one and then another accustomed article of food or drink, and have thus been frequently able to trace the cause of the symptoms. This appeared to be very different in different persons. In some, it was malt-liquor; in others, spirit or spirit and water; in some white wine, in others vinegar; in some fruit, in others sugar; in some fish, in others unprepared vegetables. I must, however, confess, that several cases have occurred to me where a total alteration of diet did not produce the least alleviation of the complaint."

It sometimes happens that a nettle-rash resulting from defective digestion is brought on not merely by some one substance, but by several substances in common use; and it is then very difficult to detect the offending substances or to prevent the disorder by any restriction of diet to which the patient will submit.

In such cases, the disorder may sometimes be prevented by giving daily, immediately before dinner, or before breakfast and before dinner, a pill containing three or four grains of rhubarb; or, what is still more effectual, three or four grains of rhubarb, and from half a grain to a grain and a-half of the powder of ipecacuanha.

I several years ago learnt the occasional efficacy of rhubarb given at such times, from a lady, who told me that she was harassed by frequently recurring nettle-rash for many years, and consulted many physicians, and tried various remedies in vain, until some person who had suffered in the same way advised her to eat a few grains of rhubarb every day, just before breakfast and just before dinner. She followed the advice, and was freed from the nettle-rash. After some time she left off the rhubarb, and the nettle-rash returned. She took the rhubarb again, and the nettle-rash again disappeared. This experiment she often repeated at distant intervals, and always with the same result. When she gave me this account she had continued the practice of thus eating rhubarb for several years, with the occasional intermission of a few days, by way of experiment. She had a persuasion that if she then left off the rhubarb the nettle-rash would recur.

Small doses of rhubarb and ipecacuanha are, as I have before

observed, often of service where, from slowness of digestion, a sense of weight and oppression at the stomach is felt for some hours after meals, and seem to quicken and strengthen digestion by increasing the flow of the gastric juice.

While taking these medicines, the patient should endeavour to strengthen digestion by exercise and fresh air; should be careful not to eat too much at a time, or too often; and should live on a very simple diet—avoiding spirits, and cheese, and pastry, and undressed vegetables, and, in particular, those substances which have an especial tendency to bring on nettle-rash.

It sometimes happens, especially in women, that the nettle-rash, though depending immediately on the stomach, occurs only when digestion is weakened by over-fatigue, or by anxiety or some other mental emotion, or by profuse monthly discharges, and that remedies of a different class are availing.

In some such cases, where all the means of which I have before spoken had failed, I have known the eruption disappear under the use of carbonate of ammonia, alone or in conjunction with tincture of gentian.

Serpentaria is another remedy that has obtained some repute in the treatment of this disorder, but I have never made trial of it.

I may as well observe here, that an excellent application for allaying the irritation of nettle-rash, whatever be its cause, is a lotion made by mixing ℥ss. of acetate of lead and ℥ss. of tincture of opium with ℥viij. of water.

Another variety of stomach disorder, well defined by its symptoms, is *pyrosis* or *water-brash*.

What serves to distinguish water-brash are fits of heartburn—that is, of a burning sensation at the pit of the stomach, or extending from the stomach to the fauces—followed by the rejection of a liquid, thin and colourless like water, which seems to be forced into the mouth by a kind of ruminating action of the stomach and œsophagus.

The term pyrosis expresses merely the sensation of burning; the popular terms, "water-brash" and "water-pang," are meant to express the combination of the two symptoms that distinguish the disorder—the sensation of burning, and the rejection of the liquid.

Water-brash sometimes results from a palpable source of irritation in the stomach itself, or in some organ that can much affect the stomach by sympathy.

It now and then occurs in organic diseases of the stomach, especially cancer and simple ulcer.

It occasionally results from pregnancy, in which case the disorder often continues till the womb delivers its burden.

Dr. Watson has spoken of a case in which it seemed to be owing to an enormous liver which pressed upon the stomach.

But it often occurs, when there is no serious disease of the stomach, nor any palpable cause of disturbance elsewhere, and constitutes the most characteristic symptom of a gastric disorder which has always been very common among the poor in the northern countries of Europe, where its prevalence seems to have been mainly attributable to unwholesome diet.

It is stated, on the authority of Linnæus, that it was very prevalent in Lapland when the great botanist travelled there in 1732.

Cullen tells us, that it was a frequent disorder among the poor of Scotland in his time, and that it also occurred there, though more rarely, in people of better condition.

Dr. West, writing in 1841, states that it was then endemic among the poor in North Wales.

A few years ago, it was common in the North of England, and also, as I can myself testify, in some parts of the West of England, among the peasantry, who then subsisted almost entirely on coarse farinaceous and other vegetable food.

It is less frequent in towns than in rural districts but still is not uncommon among the dispensary patients in London, especially the women, who have bad and insufficient food, and at the same time live much indoor and are subject to many other depressing influences.

A good description of this endemic water-brash has been left us by Cullen, who saw much of it in Scotland. He says:—

"The fits of this disease usually come on in the morning and forenoon, when the stomach is empty. The first symptom of it is a pain at the pit of the stomach, with a sense of constriction, as if the stomach was drawn towards the back. The pain is increased by raising the body into an erect posture, and therefore the body is bended forwards. This pain is often very severe; and, after continuing for some time, it brings on an eructation of a thin, watery fluid in considerable quantity. This fluid has sometimes an acid taste, but is very often absolutely insipid. The eructation is for some time frequently repeated, and does not immediately give relief to the pain which preceded it, but does so at length, and puts an end to the fit."

In the next paragraph Cullen says, "It is often without any symptoms of dyspepsia." This statement, however, is not perfectly correct. The water-pang is often the only ailment complained of, and the disorder is popularly known by this name; but generally flatulence and other evils of feeble digestion co-exist with it.

The disorder varies very much in duration and degree. In some cases it occurs only ocaasionally, and for a short time; in others, it continues, with occasional intermissions, for months or years. In some cases, there is only an ounce or two of fluid rejected at a time, and this seems to be secreted in the mouth only; in other cases, as much as a pint or more is rejected daily, for months together, by distinct efforts of rumination, which sometimes pass into vomiting.

The disorder most frequently occurs in states of anæmia, and by impairing digestion and causing a drain from the system, tends to produce further debility, so that when it is severe, and has lasted long, the patient is usually pale, and thin, and weak, and out of spirits.

The fluid is, as I have said, thin and colourless, and looks very like saliva. It is generally slightly alkaline, and almost tasteless, but sometimes, even in persons in whom it is commonly insipid, it is sour. When alkaline or insipid, it has the characters of saliva, which is probably its chief constituent: when sour, it contains some of the gastric acids. The character of the fluid depends very much on the time at which it is ejected. The fluid ejected soon after a meal is commonly alkaline, and probably consists chiefly of saliva, the alkalinity of which increases during the process of digestion; the fluid ejected towards the completion of digestion is frequently sour.

It has often been a question, What is the source of the fluid in pyrosis? Does it come from the stomach, or from the pharynx and œsophagus, or from both these sources at once?

Some persons have, indeed, supposed, from the resemblance which the fluid has to saliva, and from the effort of vomiting or rumination that attends its rejection, that it might come from the duodenum or the pancreas. But such a supposition is scarcely admissible. As Dr. West, who has published an admirable treatise on Pyrosis, has well observed, fluid could hardly be forced up from the duodenum into the mouth without more violent efforts than attend the rejection of the fluids in pyrosis; and, if the fluid secreted by the pancreas were so forced up by an inverted action of the bowel, the fluid secreted by the liver, which is poured into the intestine at the same spot, must be forced up as well. But the fluid of pyrosis, though often sour from containing some of the gastric acids, is never bitter, and never tinged with bile.

The fluid must, then, come either from the stomach, or from the œsophagus and mouth, or from both these sources at once.

There can be little doubt that, when the fluid is acid, it consists, at least in part, of acids secreted or formed in the stomach; but there is reason to believe, that, when it is alkaline, it is derived chiefly, if not exclusively, from salivary and other glands in the mouth and pharynx, and that it is secreted under the influence of an uneasy sensation in the stomach, which is especially felt when the stomach is empty.

In a former lecture I remarked, that irritation of the fauces may excite the secretion of gastric juice, and that Spallanzani, by tickling his own fauces in the morning before breakfast, when the stomach was doubtless empty, obtained gastric juice enough to perform some experiments on digestion, of which he has given an account. There can be little doubt that certain kinds of irritation of the stomach may excite the action of the secreting follicles in the fauces.

M. Velpeau, at one of the meetings of the *Académie de Médecine*, in 1849, related the case of an agricultural labourer, 32 years of age, who had swallowed a large iron fork, with which he had attempted to extract or force downwards a veal bone which had stuck in his throat. The attempt bringing on vomiting, he let go the fork, which, after some movements of deglutition, fell into the stomach. The account states, that at first he did not suffer much pain, but that after a while his sufferings became almost intolerable, especially after he had taken food or a little drink. From time to time he had the desire to vomit. *Water came often in abundance in his mouth.* The fork lay at first in the big end of the stomach, with its prongs turned towards the left side. It remained in this position a fortnight, and then approached the pylorus, where it remained nearly four months. During all this time vomiting of black matters occurred several times a-day; *the mouth was continually filled with a watery liquid;* his sufferings were excessive and unceasing; and he

could not support the least nourishment. The fork then passed through the pylorus, and, twenty months after he had swallowed it, was discharged by the bowel.

All authorities on the endemic water-brash agree with Cullen, that it is much more frequent in women than in men, and much more frequent in grown-up persons than in children.

It does not prevail equally at all seasons, but is much less frequent in summer than in winter and spring.

In Scotland, it has long been generally ascribed—and I believe rightly—to the diet of the poor, consisting too exclusively of farinaceous food. The supposition that the disorder is so produced explains its prevalence among the poor in the rural districts in Scotland, in North Wales, and in the north and west of England, where oatmeal or barley-bread is—or rather was until lately—for some months in the year one of the chief articles of subsistence with the poor. It explains the general exemption of the rich, who have a more nutritious and a more varied diet. It explains the fact, that, even among the poor, the disorder has been much more frequent in rural districts than in London and other large cities, where the poor have eaten wheaten bread and consumed larger quantities of animal food.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, where spirits are plentifully drunk, has led to the belief expressed by most writers on the subject, that spirit-drinking has had great influence in bringing it on. There can be little doubt that the intemperate use of spirits, by causing a catarrhal condition of the stomach, and uneasy sensations in the stomach when it is empty, occasionally produces water-brash; but the supposition that the water-brash that has been endemic in the northern countries is attributable to this condition is hardly reconcileable with the fact, that the disorder has always been very much more common in women than in men, while men have been doubtless the chief consumers of spirits.

The circumstance, that the disorder has prevailed chiefly in the northern countries of Europe, and that it has been there less frequent in summer than in winter and spring, has also led to the supposition that cold and wet have great influence in bringing it on. The supposition is most probably true. The combined influence of cold and wet, by deranging the chemistry of the body and by checking the action of the skin, is often instrumental in rendering the secretions of the stomach unhealthy; and when a catarrhal or a very acid state of the stomach exists, it is very important, with the view of removing it, to keep up the action of the skin. But the greater prevalence of the disorder in the northern countries and in cold seasons is probably attributable in much greater degree to the influence of diet. In warmer countries, the poor inhabitants live, indeed, on vegetable food, but not so exclusively on coarse farinaceous food as the agricultural poor in the north of Europe. The fact that in Scotland, and in the north of Europe generally, the disorder gets less frequent as summer advances, may be in great measure owing to the circumstance, that milk is then more abundant and more largely consumed by the poor. It has been shown of late, that milk has great efficacy in preventing and curing scurvy. Milk, the sole food of the young of mammalia, contains all that is requisite for the growth and nutrition of the body, and will doubtless remedy many disorders engendered by a diet wanting in some of the elements required for healthy nutrition.

It would seem, then, most probable that the disorder in countries in which it is endemic, is mainly owing to the influence of climate and to the diet of the poor not being sufficiently varied, and consisting too much of coarse and innutritious farinaceous food.

But if such be the main causes of the disorder, there are, doubtless, various other conditions that assist in bringing it on. Most of these may be classed under two heads:—

1. Excessive labour, insufficient clothing, loss of blood, and all other conditions that tend to exhaust the body.

2. Pregnancy, constipation, anxiety, and other conditions that tend to disorder the functions of the stomach.

We have already seen that waterbrash occasionally occurs in a high degree in the wealthy classes, especially in women, where it cannot be ascribed to any peculiarity in diet, and seems to be owing solely to such conditions as these.

Pyrosis, then, considered with reference to its exciting causes, is of two kinds:—

1. That which has been termed by some writers *symptomatic* pyrosis, which is brought on (without any peculiarity in diet) by pregnancy, or some other condition that disturbs the functions of the stomach.

2. That which has been termed, in contradistinction to the former, *idiopathic* pyrosis, which prevails chiefly among the agricultural poor in rural districts, and which seems, in most cases, to be mainly owing to defective diet.

Many conditions conspire to render the disorder much more frequent in women than in men. Women are much more frequently in states of debility from the nature of their constitutions and from their having in suckling and in excessive or unnatural uterine discharges, causes of exhaustion from which men are exempt; they have also more excitable nervous systems, and, in consequence, the functions of the stomach in them are more apt to be deranged by mental influences and by disease in other parts of the body; and, among the lower classes, they have generally a less nutritious diet, since the men, in order to support their more laborious work, take or have accorded to them a larger quantity of animal food and of malt liquors than is consumed by the weaker sex.

In the treatment of water-brash, our first endeavour should, of course, be to remove the conditions that may seem to have brought it on or to maintain it.

If the disorder should seem to be caused mainly by a diet not sufficiently nutritious or consisting too much of farinaceous substances, the most effectual remedy will be a wholesome nourishing diet, containing a proper quantity of animal food *in its most digestible form*. Little permanent benefit can, indeed, be expected from medicine unless the diet is improved.

If the dirorder should seem to have been induced, or to be kept up, wholly or in part, by fatigue, it is very essential that the patient should rest; if by constipation, that this condition should be removed by purgatives, such as aloes or colocynth, that do not offend the stomach.

After these points have been attended to, much further good may be done by medicines.

The medicines that have been found most useful in pyrosis are—

1st. Medicines which have an astringent action on the coats of the stomach. Among these may be classed bismuth, lime-water, and the vegetable astringents—kino, catechu, krameria, logwood.

2nd. Sedatives, especially opium, and the salts of morphia, which probably also tend to restrain undue secretion by the mucous membrane, but which are chiefly of use in allaying the gastralgia that attends pyrosis.

Medicines from these two classes may often be combined with advantage. Five grains of bismuth with a twelfth of a grain of the muriate of morphia, or five grains of the compound kino powder, or an efficient dose of catechu, krameria, or logwood, with opium, may be given two or three times a-day.

3rd. Some other medicines have obtained repute in pyrosis which cannot be classed with the preceding. They have most of them an astringent action on the coats of the stomach, but act, directly or indirectly, on the nervous system as well.

The chief of these are, nitrate of silver, which may be given in pills, in doses of half a grain, three times a-day; nux vomica, which may also be given in pill, in the dose of from three to five grains, three times a-day; quinine; and the mineral acids.

Some of the medicines I have mentioned have been popular remedies for pyrosis in districts in which the malady has prevailed.

It is stated that nux vomica is a popular remedy among the Laplanders, to whom it was recommended by Linnæus, and that lime-water was some years ago a popular remedy among the rural population of North Wales.

4th. The disorder is often connected with anæmia, and steel is of great service both in removing it and in preventing its recurrence.

The medicines of which I have had most experience in disorders of this class, and which are probably as efficacious as any, are bismuth, with morphia; krameria, and logwood, with opium; and steel.

THE WAR.—The Paris Correspondent of the *Times*, writing on March 9 and 10, says:—"A Military Intendant sets out this evening, or to-morrow, for Candia, in order to select a spot in a healthy and commodious situation for an Hospital to contain 300 beds. The proposed Hospital is to be only one of a series of such establishments for the use of the troops. It will be appropriated to those whom wounds or illness may incapacitate from further service,—invalids, in fact, who will be kept there until sufficiently recovered to be sent home. Candia would be too distant from the seat of war for any other purpose. The first Hospital will, of course, be established close to the theatre of military operations—perhaps Shumla—and the second at or near Constantinople. The climate of Candia is most favourable, and there are plenty of buildings that might be used for the purpose."

ORIGINAL COMMUNICATIONS.

CASES OF PLACENTA PRÆVIA.

By CHARLES WALLER, M.D.,
Obstetric Physician to St. Thomas's Hospital.

Case 54.—June 13, 1853.—Visited a patient in consultation with Mr. Goldsmith. The lady's age was 24; she was now pregnant for the second time, having, however, had one miscarriage since the birth of her first child. There had been hæmorrhage more or less for many weeks, never very profuse. On this day the flow was much more considerable; her constitutional power was not materially affected; she was in excellent spirits, and complained only of the irksomeness of being confined to the recumbent position. On making an examination, the vagina was found in an extremely relaxed condition, easily admitting the introduction of the whole hand into the passage, without which the nature of the case would not have been ascertained, as the uterus could not be reached by the finger alone, its situation in the pelvis being remarkably high. There was a considerable portion of undeveloped cervix still remaining, the os sufficiently dilated to allow the passage of the finger, when the placenta was felt adherent all round, but no part of the fœtus could be distinguished. This examination produced no increase of flooding. The state of the parts prevented any further manual interference; the patient was, therefore, recommended to continue in the recumbent posture, to take suitable nourishment, and patiently to wait until an advance in the parturient process should render assistance available. The nurse was directed carefully to watch for a recurrence of the hæmorrhage, and, in case of its renewal, immediately to communicate with the Medical attendants.

We met on the following day, and were informed that there had been bleeding at intervals during the night; the constitutional symptoms had not increased, there was no sign of increasing debility, and there had been no labour-pains. Under these circumstances, we determined still to wait until there should be some clear manifestations of labour, or until the hæmorrhage should become more alarming. On the 19th we again met, the loss of blood having been much more profuse. The os uteri was now beginning to open, and with slight extending efforts the hand was introduced into the cavity of the uterus, the entire placenta separated from its remaining attachments, and the arm of the fœtus found to be the presenting part. On rupturing the membranes, a large quantity of liquor amnii escaped, after which version was effected without much difficulty. The child was born living, but died during the night. Little if any bleeding occurred during the delivery, the uterus contracted well, and the patient did not appear to be much exhausted. Shortly afterwards, she complained of great thirst, with restlessness, and expressed a great desire for something cold. Small portions of Wenham-lake ice were at first given her, but as the pulse became more feeble, and she was getting faint, stimulants were afterwards exhibited, but with no better effect; exhaustion increased, and within two hours after delivery the patient expired. The termination of this case was very unexpected, as the pulse was tolerably firm after the extraction of the fœtus, and the drain afterwards exceedingly trifling.

Case 55.—This case occurred when I was confined to my bed with severe indisposition; it was therefore superintended by my friend and neighbour, Dr. Conquest, who, with his usual kindness, attended in my stead. Mr. Blackmore, the lady's Medical attendant, furnished me with the following particulars:—"Mrs. W., aged 24, had just completed the eighth month of her second pregnancy. On the 15th of November, sudden hæmorrhage came on, without any appearance of labour pains; this was not sufficient to cause faintness, and soon subsided. The next morning it returned, and was much more copious. On examination, the placenta was found partially presenting, the detached portion projecting into the vagina. On Dr. Conquest's arrival, he recommended immediate delivery, which I easily accomplished by rupturing the membranes, and grasping the feet. The child was dead, but the mother had a very rapid recovery."

Case 56.—Dec. 29, 1853.—Visited Mrs. B., a patient of Mr. Jones. This lady was 28 years of age, was the mother of one child, and had again advanced as far as the eighth month of gestation. She had a very protracted "getting up" after her former labour. She has this time suffered from severe pain in the side during the whole period of her present pregnancy. On the 22nd of November, Mr. Jones was suddenly summoned, in consequence of sudden and severe flooding. There was at this time no dilatation of the os uteri. The hæmorrhage was checked by the application of cold water externally, and the internal exhibition of small doses of secale cornutum. No further discharge occurred until December 14, when it recurred again, and much blood was lost; the os uteri was closed, and the presentation could not be distinguished. The former means were used with the like result. On the 29th, the flooding became alarming in quantity, and slight labour pains were experienced. Mr. Jones again examined his patient; the os just admitted the point of his finger. At this period a consultation was requested, and, in the course of an hour, we met at the patient's bed-side. I found Mrs. B. very pale and faint; the countenance indicating that the loss of blood had been great; the pulse rapid and feeble. The vagina was filled with clot; the os uteri high up. The process of dilatation had, however, advanced since Mr. Jones's examination, as it now admitted three fingers within its opening lips. The implantation of the placenta was nearly complete, but not entirely so.

After dilating the os, and introducing the hand, the membranous bag, with the head of the child, could be felt posteriorly. The bag was ruptured; the feet grasped, and readily drawn down. Some delay took place in the extrication of the head, the dilatation not being sufficient to allow it to pass. The child was born dead; the mother recovered without an unpleasant symptom; the pain in the side, so long complained of, was immediately relieved.

Case 57.—December 31, saw Mrs. B. in consultation with Mr. Dukes. This patient was of an excitable, nervous temperament. For some years her general health had been much impaired, and her strength greatly reduced. From some irregularity in the catamenial function, conjoined with an increase of size, she expected to have been confined in February last. In April, she menstruated once only, after which the usual symptoms of pregnancy manifested themselves. Mrs. B. had given birth to six children, each labour being natural. On the 19th November, while sitting quietly on a sofa, a fearful discharge of blood suddenly occurred, which immediately ceased, and was not renewed until the 9th December, when again, without exertion, another profuse gush took place, and as the discharge did not entirely cease, I was requested to meet Mr. Dukes on the 31st. The abdomen of the patient seemed to be unusually distended, the size doubtlessly increased by a large quantity of adipose deposit under the integuments.

The os uteri could be reached with difficulty, and was found closed. From the undilated portion of the cervix uteri, which still projected into the vagina, I judged the ninth month of pregnancy to be just commencing. The presentation could not at this time be discovered from the position of the uterus, which was high in the abdomen.

At the time of my visit, there was no hæmorrhage, the examining finger not being in the slightest degree tinged with blood, and although there was generally a slight drain, the quantity was by no means sufficient to excite alarm. Perfect quiescence was enjoined, the symptoms to be very carefully watched, as the indications were those of placental presentation, and the female already weakened by the loss of blood. She recovered sufficiently to leave her room, and was down stairs in the afternoon of the 14th January. The next day (15th), I was again sent for. She was then in a very enfeebled condition. The flooding had been more profuse than ever, and the effect much more alarming, although she had been somewhat roused by the exhibition of stimulants, and there was now but little external flow. Although much exhausted, she assisted in placing herself in the usual obstetric position. A little brandy and water was administered, and I then made my examination. The vagina was full of blood; the os uteri somewhat dilated, and very dilatable; the entire placenta presenting, which was however detached, except at certain points of its circumference. The adhering portions were separated, the membranes ruptured, and the feet grasped. An immense quantity of liquor amnii made its escape; indeed, the flow over the edge of the bed produced so much noise that the mother, who was not in the same room, rushed in to know what was the matter, imagining, naturally enough, that hæmorrhage had been renewed. No difficulty was experienced in removing a fine, living, and healthy child.

The patient expired just before the completion of the delivery.

I have already stated, that Mrs. B. was of a nervous temperament. I may add, that she was exceedingly terrified when the examination was commenced. Her fright no doubt increased when the liquor amnii was poured forth; and I cannot but think that the depressing effect of fear hastened the fatal event,—there was no increase of hæmorrhage to account for it, neither could it have arisen from fainting caused by the sudden empty-

ing of the uterus, for the organ was not emptied when death occurred.

Case 58.—January 27, 1854.—Was requested to see a patient of Mr. Blackmore's, who was suffering from unavoidable hæmorrhage. Mrs. H., aged 30, advanced to nearly the full period in her second pregnancy, was, about a month since, surprised by the discharge of a quantity of blood. The flow was not very great, produced no alarming symptoms, and was easily suppressed. This day it recurred in a much more formidable degree; the loss was large and sudden, producing faintness and exhaustion. In this state I found her on my visit; her countenance blanched, pulse feeble, but not very rapid. On examination, the placenta was felt partially presenting; the membranes could be distinguished anteriorly, and the head presenting. The os uteri only partially open; it was dilatable, however; and, after a little manipulation, the hand was passed on, and turning effected. Some delay was experienced in the delivery of the head, from the non-dilated condition of the os. The child was still-born; the mother recovered slowly, and suffered much from cephalalgia.

Finsbury-square, February, 1854.

REMARKS ON A RECENT PROPOSAL TO REVIVE THE ANCIENT TREATMENT OF THE CALLOUS ULCER BY EXCISION OF THE MARGIN.

By HENRY T. CHAPMAN, F.R.C.S.

Late Surgeon to the St. George's and St. James's Dispensary.

The two Numbers of the *Medical Times and Gazette* for January 21 and 28 contain a paper of some research, by Mr. Hainworth, on the above subject; in which, quoting passages from the works of Hippocrates, Paulus Ægineta, Galen, Aëtius, and Rhases, in favour of the practice, he remarks, that, "even in a pathological point of view, strange as the assertion may be deemed, the ancients in this class of cases appear to have known more than the moderns," inquires why an established operation, which was the approved mode of treating the callous ulcer down to the close of the last century, should have fallen so completely into oblivion, and strongly urges its claims to revival.

Mr. Hainworth's views may fairly be embodied in the following propositions:—

1. That the indurated margin of this class of sore is composed of "a gradual accumulation of effete cuticle, secreted layer beneath layer under the stimulus of a morbid action, or of an abortive effort at reparation."

2. That "the callous margin of accumulated cuticle forms a hard, solid ring, pressing injuriously on the parts beneath, and strangulating, to a certain extent, the vessels of the cutis immediately around the ulcer."

3. That its presence is "the primary obstacle to all successful treatment."

4. That "the necessary preliminary curative measure is the removal of this ring." And,

Lastly. That "the safest, the mildest, and yet the most speedy and efficacious method of attaining this end is the excision of the callous margin," by shaving or paring away the indurated cuticle with a sharp scalpel, until the red cutis beneath is exposed.

In reply to Mr. Hainworth's question, why this operation should have fallen so completely into oblivion, I propose to inquire into the validity of the grounds alleged by him for its revival.

To the first and second propositions there would have been little to object, if Mr. Hainworth had stated that the margin was *in part* composed of an accumulation of effete cuticle. I do not believe that this feature is always present, but am quite sure that the thickening is only in a partial degree traceable to that cause.

In the third proposition, I have no hesitation in saying, that Mr. Hainworth has ascribed far more than its due share to this hard ring of redundant cuticle, in producing the intractability which characterises the callous ulcer. He admits, of course, that an elevation of the margin does result from effusion of lymph beneath the surrounding integument; but because the like "firm substratum" extends beneath the entire cup of the ulcer, he concludes that "we must look elsewhere for an explanation" of its peculiar obstinacy.

From this conclusion, which virtually ignores the influence of such an abnormal deposit as an impediment to reparative action, and directs attention exclusively to the morbid accumulation on the surface, I must express my dissent; a long practical familiarity with this troublesome variety of the complaint in all its phases enabling me to affirm confidently that the former obstacle is invariably present, and mischievous in proportion to its amount; whereas cases are not uncommon in which the latter is absent altogether, the elevation of the margin being solely produced by an excess of subjacent deposit. I am thoroughly convinced, therefore, that if we wish to treat it successfully, we must never lose sight of the necessity of getting rid of both thickened margin and indurated base; and this two-fold object will scarcely be accomplished by the mere excision of a ring of redundant cuticle.

On this principle I have acted for years in dealing with the callous ulcer, as Mr. Hainworth will find, if he refers to a series of papers "On the Nature and Management of Ulcers on the Leg," which appeared in the columns of the *Medical Times and Gazette* during the months of February, March, and April, 1852, and which were incorporated in the second edition of my Essay "On the Treatment of Ulcers and Cutaneous Eruptions on the Leg," published in 1853.

The aspect of the callous ulcer is described in nearly the same terms by both Mr. Hainworth and myself. Its margin elevated and thickened, its surface pale, shining, and bloodless, exhibiting an almost total absence of any attempt at reparative action.—(Essay, pp. 22, 116.) This torpor is mainly attributed by me to the gradually augmented deposit of lymph in which such a sore, if left to itself, becomes imbedded, and by which it is to a certain extent insulated from the general circulation. When speaking of this local source of callousness I remark, "the longer the case is neglected, the more does the obstruction increase in amount, until it so interrupts the circulation from beneath, that only a sufficient supply of blood seems to reach the surface through it to support a feeble vitality, but not enough to set on foot the reparative process."—(P. 21.)

In such a "level, pale-red, glassy surface, void of granulations,"—to quote his own portraiture of the callous ulcer,—I ask Mr. Hainworth what is the first step in the reparative process, and whence spring the bloodvessels which commence that process by building up granulations from the bed of the sore. Surely not from the vessels of the cutis immediately around the ulcer, which alone are compressed by the hardened cuticle. Their function, as Mr. Hainworth very properly observes, is limited to the re-production of the lost integument; and long before they are called into play to *complete* cicatrisation, a vast net-work of microscopic canals must be "projected" (to borrow Mr. Liston's expression) from beneath the adventitious structure, until the deposition therefrom has filled up the cavity of the ulcer to a level with the skin.

The source of these vessels is very distinctly and beautifully shown in the annexed woodcut, copied from a profile sketch of injected granulations made by the late Mr. Dalrymple, for the purpose of illustrating Mr. Liston's paper "On the Arrangement of the Intermediate Vessels on Surfaces secreting Pus," Medico-Chirurgical "Transactions," Vol. XXIII.

A Section of Injected Granulations, magnified about 400 *diameters.*

a The new granulations.
b The substratum upon which they are deposited.

Now, most assuredly any impediment to the establishment of a circulation of such paramount importance in originating and carrying on the healing process fairly deserves to be regarded as "the primary obstacle to all successful treatment," all others being strictly secondary and subordinate to it. But, shutting his eyes to the former—the obstruction, namely, arising from

the "firm substratum" of deposit beneath the sore—Mr. Hainworth "looks elsewhere for an explanation" of the intractability of these cases, and selects one of the latter as its main source. He will perceive, however, that I have not overlooked the "thickened margin, the rugged skin of which resembles the sole of the foot," (p. 22,) as a collateral difficulty to be overcome, either in treating of the natural history of the ulcer or its cure, to which last point I shall now advert.

With regard to Mr. Hainworth's fourth and fifth propositions, I have already said, that the mere excision of the hard ring of accumulated cuticle will not get rid of both thickened margin and indurated base; and I cannot help feeling considerable doubt as to its permanently removing even the superficial callosity of the margin. When once the morbid habit is acquired, the secretion of a redundance of cuticle will proceed, in spite of all mechanical attempts to arrest it. Before I adopted the method of treatment which I now follow, I found that the constant use of aqueous dressings and wet strapping had the effect of softening down the effete cuticle around a callous ulcer, and reducing it to a layer of whitish pulp, so slightly adherent to the cutis that it could be scraped off at each dressing in thick flakes without pain or difficulty. I employed for this purpose a seton-needle, as it alarmed female patients less than a scalpel, and frequently pared down the precipitous edges with it where they retained any degree of consistence; but at each subsequent dressing the same proceeding had to be repeated(a) and a fresh layer of cuticle in the form of paste swept away.

This softening of the hard ring of superfluous cuticle by so simple a process, tells as strongly against the necessity of having recourse to the knife for its extirpation, as it does against the soundness of Mr. Hainworth's hypothesis on which that necessity is grounded; since all risk of strangulation of the vessels of the cutis was thus effectually precluded, even if the pulp were allowed to accumulate, and yet no very marked improvement in the aspect and progress of sores treated in this manner took place until the indurated substratum was either dispersed or considerably diminished.

I pass over the various remedial measures which accomplish this slowly and gradually, as the practice I have alluded to effects the twofold object, which I believe to be the essential preliminary to success in the treatment of the callous ulcer, more promptly and completely. It is a modification of Mr. Syme's blister, freed from the objections which attach to that remedy when carried to the extreme recommended by him. The following extract from the Essay already cited will briefly describe it:—"Instead of applying a blister large enough to cover the ulcer and a considerable portion of the surrounding skin, (Mr. Syme's method,) I found it quite sufficient to paint, with a camel's hair brush, dipped into acetum cantharidis, (or a stronger preparation of the Spanish fly,) from a quarter to three quarters of an inch of the skin at the margin of the sore, making this streak wider or narrower, in proportion as the induration extended to a greater or less distance from it. When the integument itself is in a callous, horny state, several coatings of the liquid may be required; and it should be allowed to dry before the leg is dressed. It rarely happens that much inconvenience is felt during the action of the blistering fluid,.....and the detachment of the thickened cuticle, together with the flow of serum from the exposed surface, lowers the elevated margin quite as effectually as the larger blister. But the rise of granulations which ordinarily follows the dispersion of the indurated substratum of an ulcer is only the first step in its progress towards healing; and unless the sore be still carefully tended it will speedily relapse into its former indolent or callous state." (Pp. 125, 126.) For the requisite after treatment, and evidence of the beneficial operation of this practice, I must refer Mr. Hainworth to the work itself. (See Cases 14 and 15.)

There is yet another secondary obstacle, which occasionally combines, even more injuriously than the pressure of the callous ring of cuticle, with the firm substratum of deposit to impede the circulation around and beneath the ulcer, and prevent granulation. I mean that tension of the integument in the entire circumference of the limb, which arises from the partial cicatrization of a large extent of ulcerated surface. A circular band of skin, of which the ulcer and its margin form a segment, is thus drawn more and more tightly by the contraction of the cicatrix, until it exercises a pressure upon the subcutaneous deposit precisely analogous to that of the strap of the tourniquet upon its pad, and with a similar result, the obstruction or interruption of the circulation in the vessels immediately commanded by that deposit. This is the obstacle which Mr. Gay's operation is peculiarly calculated to remedy; the section of this tense band of integument liberating the circulation in the compressed vessels as effectually as it is restored by relaxation of the screw of the tourniquet.

Mr. Hainworth will, I am sure, excuse the freedom of these comments upon his paper. We are both equally anxious to throw all the light we can upon an obscure department of surgery, and to alleviate as much as lies in our power the suffering occasioned by a very stubborn and distressing complaint. I cannot, however, see that anything would be gained by a revival of the somewhat rude operation to which he has called attention; nor do I think that, either in a practical or a pathological point of view, he has made good his assertion, that "the ancients in this class of cases appear to have known more than the moderns."

16, Lower Seymour-street, Portman-square.

(a) In the two cases operated on at St. Thomas's Hospital, appended by Mr. Hainworth to his paper, I notice that the paring of the edges was repeated several times.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SUMMARY OF THE STATISTICS OF SOME OF THE MORE IMPORTANT OPERATIONS PERFORMED DURING THE LAST SIX MONTHS OF 1853.

In July last we commenced, as most of our readers will be aware, the publication of a monthly report of all the more important operations performed in the London Hospitals. With December, therefore, the first six months of the practice expired; and, as a sufficient period has now elapsed for the December cases to be concluded, we propose on the present occasion to give a short summary of the half-year's experience, as it regards several of the major operations. We shall be able in the following statements, as to averages, to embrace details respecting many of the cases which, on former occasions, want of space prevented us from giving with each individual case. In this respect, therefore, the task will be more than one of mere repetition; but, even if it were not so, the saving of trouble which it will effect to those who otherwise might find it necessary to count up the results for themselves from the six separate reports, would be a sufficient reason for undertaking it.

We will begin, then, with

LITHOTRITY.

Lithotrity would not appear to be in great favour with London Surgeons, at least not in hospital practice; since, out of 32 patients presenting themselves with stone in the bladder, it has been performed in only 4 cases. Of these 4, 2 died and 2 recovered. The recoveries were in men of middle age, and in each case, after about two months' treatment and from five to six sittings, the entire calculus was considered to have been removed in both instances, and the patients, we believe, yet remain without relapse of symptoms. In one of the fatal cases, the man was aged 57, and death from cystitis and subsequent pyæmia followed the first operation. In the other, the man was aged 30; cystitis had followed the first operation; in the second, the bladder was injured, and death resulted a few days afterwards. In both, death was therefore fairly attributable to the operation.

LITHOTOMY.

Lithotomy has been performed on 28 patients, with the result of 22 recoveries and 6 deaths. The risks attendant on this operation vary so greatly with the age of the patient, that we may conveniently classify them with regard to that circumstance.

Boys under Fourteen.—20 of the above 28 cases were boys, and of these 2 only died, exclusive of a third, who recovered from the operation but died of thoracic disease about two months after, and before he had left the Hospital. The cases which died are the two youngest on the list, their ages respectively being sixteen and twenty months. One of them died a few days after the operation, from inflammation of the pelvic cellular tissue. Difficulties had attended the attempt at extraction, and the calculus had not been removed, since, in consequence of the staff slipping from its place, the bladder had not been entered. It is worthy of note that the fatal event had no connexion with the too free incision of the prostate, since the latter had only been

notched in its anterior margin. The second case died without known cause about 48 hours after a successful operation. The infant was found to have granular degeneration of the kidneys, and it was believed that the chloroform had exerted an evil influence.

Above the Age of Fourteen.—8 cases, with two exceptions, all adult men, upwards of 50, and one of them aged 71; four of them died. A lad, aged 18, from whom a calculus impacted in the urethra had been removed, died shortly afterwards, in consequence of previously existing and very advanced disease of the bladder, ureters, and kidneys. A man, aged 25, very ill at the time of the operation, died on the tenth day from phlebitis and pyæmia. A man, aged 64, from whom five stones had been removed, died afterwards from inflammation of the pelvic cellular tissue. A man, aged 71, from whom two stones had been removed, died of pelvic inflammation with peritonitis.

OPERATIONS FOR HERNIA.

During the half-year the operations for strangulated hernia have been 54 in number, and the fatality therefrom 16 or 1 in 3·4. We will examine first the evidence they afford as to the much-debated question of sac-opening. Out of the above number the sac was opened in 35, with 11 deaths, or 1 in 3·2; it was not opened in 19, with a fatality of 5, or 1 in 3·8. We are not able to state with precision the duration of strangulation in quite all the cases, but of 29 of those in which the sac was opened its average was 59 hours; while of 17 of those in which the sac was left unopened, its average was but 42 hours. In one of the fatal cases in which the sac had not been opened death was from bronchitis, and not from the abdominal lesion; and in three of those in which it had been opened death was almost inevitable at the time of the operation, in one from gangrene of the bowel, and in two from internal strictures. It does not appear, therefore, that from the past six months' experience any conclusions can be deduced in favour of the modern practice of endeavouring to accomplish reduction without opening the sac; and there are several collateral circumstances which, if borne in mind, make this yet more apparent. It must be remembered, in the first place, that among those cases in which the sac was finally opened, are many in which the operator endeavoured to avoid doing so, and only adopted that expedient after more or less prolonged endeavours to reduce without had failed, and consequently the parts had undergone much unnecessary handling. Secondly, those selected for reduction without opening of the sac have always been the more promising cases, it being accepted as a rule of practice to examine the intestine whenever there is considered to be risk of its being gangrenous or inflamed past recovery. On such a mere driblet of statistical data as that afforded by 54 cases, it would, of course, be absurd to attempt to ground any positive conclusion, especially on so important a question in practical surgery. It must, however, be considered as to a certain extent neutralising the deductions of the advocates of Petit's operation, since those deductions are not themselves grounded on very extended observations.(a)

There are other points in the prognosis of a hernia case probably of much more vital importance than the mere question as to whether or not the sac has been opened. Such, for instance, as the duration of strangulation, the tightness of the constriction, the amount and violence of the efforts at taxis previously resorted to, the size of the tumour, and the health of the patient. We regret that we are not able to make a strict analysis of the cases under consideration in respect to each of these several heads; we will do so, however, as regards the first and most important of them. The length of time which strangulation had endured before the operation, is known, as we have already stated, in 46 of the cases. Of these, the period was less than 12 hours in 11 cases, only 2 of which ended in death, and in 1 of those the rupture was of enormous size, and several feet of bowel exposed during the reduction. Between 12 and 24 hours, there were 8 cases, with 2 deaths. Between 1 and 2 days, there were 4 cases, with 1 death. Between 2 and 3 days, 1 case, successful. Between 3 and 4 days, 7 cases, with 3 deaths. Between 4 and 5 days, 2 cases, both successful. Between 5 and 6 days, 2 cases, with 1 death. Between 6 and 7 days, 2 cases, both of which died. These facts exhibit clearly enough the evil influence exerted by lengthened strangulation; and the lesson becomes yet more forcible, when it is recollected, that, in many of those in which the period extends over several days, it is probable that the constriction was at first not very tight, while those in which operation was done early are those in which, from the occurrence of very severe symptoms at the outset, the sufferer was obliged at once to obtain efficient advice. It is impossible, perhaps, to express too strongly the importance of not losing time in cases of strangulated hernia. If moderate efforts at the taxis, made under chloroform, and after a warm bath, have failed, the loss of time involved in the trial of other expedients is attended by much greater risk of evil than promise of benefit.

AMPUTATIONS.

The number of capital amputations performed during the period specified has amounted to 84, out of which there have been 63 recoveries, and 21 deaths.

Of the Thigh.—21; recovered, 13; died 8. Primary amputations after accident, 2, with 1 recovery, and 1 death. Secondary amputations after accident, 4, with 1 recovery, and 3 deaths. Amputations for diseased knee-joint, 13, with 9 recoveries, and 4 deaths. Amputations for ulcerated leg and for painful stump, 2, 1 each; both recoveries.

Of the Leg.—26; recovered, 15; died, 11. Primary, 13, with 6 recoveries, and 7 deaths; 4 of these were double amputations, all of which ended fatally. Secondary, 2, both of which recovered. For diseased ankle-joint, diseased tarsus, senile gangrene, or ulcerated leg, 11, with 7 recoveries, and 4 deaths.

Of the Upper Extremity.—25, all of which recovered; 1 was through the scapula, 3 were at the shoulder-joint, 11 were through the upper arm, and 9 through the fore-arm.

Of the Hand or Foot.—12; of which 10 recovered, and 2 died—both the latter of tetanus; 3 were amputations at the ankle-joint; 1 Chopart's operation; 1 tarso-metatarsal; and one of the entire foot, excepting the astragalus; 2 were at the wrist-joint; and 4 through the carpus, the greater part of the hand being removed. The cases which ended in tetanus were both primary amputations; one of them of part of the hand, and the other of the foot, at the astragalo-scaphoid joint.

Among the causes of death, speaking of the amputations generally, we may notice the following:—Shock of the operation in 4 cases, 3 of which were primary amputations of both legs; phlebitis and pyæmia, ascertained in 2 cases, and supposed in 3 others; exhaustion from long-continued discharge, etc, 4; secondary hæmorrhage occurred in 5, and was the cause of death in 3. The difference in result of amputations performed on the upper and lower extremity is well illustrated by the above facts. Thus, we have in the latter, taking only operations done below the knee, a fatality of 1 in 2·6, and among those on the upper extremity, although 4 of them were at or above the shoulder-joint, a fatality of only 1 in 31. This is probably in part a mere coincidence, and the disproportion might not be found so extreme on generalisation of a larger number of facts.

(a) In case an old edition (the fourth) of Druitt's "Surgeon's Vade Mecum" should be in the hands of any of our readers, we must take this opportunity of correcting a statement regarding Mr. Luke's experience of hernia operations, which has found its way into that generally accurate work. It is to the effect, that out of forty cases operated on since Mr. Luke adopted Petit's method, only two had done badly; and is so palpably too good to be true, that the exposure of its fallacy is, perhaps, scarcely necessary. Mr. Luke's real statistics on this point are given in an excellent paper by himself in Vol. XXXI. of the "Medico-Chirurgical Transactions," and show, (speaking roughly,) in cases in which the sac had been opened, a fatality of 1 in 3·1; and in those in which it was not opened, a fatality of 1 in 8·4. Mr. Luke has kindly furnished us with a statement of the cases in which he has operated since the publication of that paper, (up to the beginning of 1853,) which are 47 in number. Out of the whole, 16, or 1 in 3, died; out of 21 in which the sac was opened, 11, or more than one-half, died; while of 26 in which it was left unopened, only 5, or less than one-fifth, died.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, March 18.—Royal College of Surgeons. *Hunterian Lectures.* Lecture VI.:—"Digestive System of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Institution. *Subject:* — "On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. *Subject:*—"On Glanders." By Mr. Cox. Eight o'Clock.

Monday, March 20.—Chemical Society. Eight o'Clock.

——— ——— Statistical Society. Eight o'Clock.

Tuesday, March 21.—Royal College of Surgeons. *Hunterian Lectures.* Lecture VII:—"Digestive System of Birds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Institution. *Subject:*—"On Heat." By Professor J. Tyndall. Three o'Clock.

——— ——— Russell Institution. *Subject:*—"On Palæozoology, or the Natural History of Extinct Animals." By Robert E. Grant, M.D. Eight o'Clock.

Tuesday,	March 21.	LINNÆAN SOCIETY. Eight o'Clock.
——	——	PATHOLOGICAL SOCIETY. Eight o'Clock.
Wednesday,	March 22.	MEDICO-BOTANICAL SOCIETY. Eight o'Clock.
——	——	GEOLOGICAL SOCIETY. Half-past Eight o'Clock.
Thursday,	March 23.	ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture VIII. : — "Dermal System of Birds." By Professor R. OWEN, F.R.S. Four o'Clock.
——	——	ROYAL INSTITUTION. *Subject :* — "On Animal Physiology." By Professor WHARTON JONES. Three o'Clock.
——	——	ROYAL SOCIETY. Half-past Eight o'Clock.
——	——	ABERNETHIAN SOCIETY. Eight o'Clock.
——	——	MEDICAL SOCIETY OF KING'S COLLEGE. Half-past Seven o'Clock.
Friday,	March 24.	ROYAL INSTITUTION. *Subject:*—"On the Structural and Physiological Distinctions supposed to Limit the Vegetable and Animal Kingdoms." By Dr. E. LANKESTER. Half-past Eight o'Clock.
Saturday,	March 25.	ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture IX. :—"Generative System of Birds." By Professor R. OWEN, F.R.S. Four o'Clock.
——	——	ROYAL INSTITUTION. *Subject :*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.
——	——	MEDICAL SOCIETY OF LONDON. *Subject :*—"The Relative Merits of Empiricism and Rationalism in the Present State of Medical Science." By Dr. ALEXANDER HENRY. Eight o'Clock.
——	——	ROYAL BOTANIC SOCIETY. Four o'Clock.

Medical Times & Gazette.

SATURDAY, MARCH 18.

THE SLANDER CASE AT WIMBLEDON.

SECOND APPEAL.—FENNELL *v.* ADAMS.

WE have upon a former occasion drawn the attention of our readers to the case of Fennell *v.* Adams(a) as being one of peculiar hardship to an individual member of the Profession, and as at the same time involving a grievance to which we are all in common exposed. The circumstances of this case are doubtless in the recollection of the majority of our readers. In order, however, to refresh the memories of others, we shall restate, in a brief narrative, the principal facts.

A Medical Practitioner (Mr. Fennell), in the pursuit of his avocation, risks his all—his Professional reputation—by placing it at the tender mercy of a Ladies' Committee of a Maternity Charity in Wimbledon, of which district he is also the Union Medical Officer. In the performance of his numerous and onerous duties, it would doubtless have been a blessing, which Mr. Fennell could fully have appreciated, to have been gifted with ubiquity. Possessed, however, of merely the ordinary endowments of humanity, Mr. Fennell finds it difficult to be in two places at one time, and hence arises the misfortune that he incurs censure, and sets in motion the ill-natured parts of certain female tongues. It matters not that this gentleman has been many years in practice in Wimbledon, where he has gained respect, has attended some four or five hundred women in childbirth, and that of all these he had lost one only, and that a case of subsequent peritonitis. What shall all this weigh against unfeminine uncharitableness, backed by all-powerful clerical influence? It happens that Mr. Fennell receives a summons to attend in labour one of the objects of this Maternity Charity. He goes; and, finding the labour progressing but slowly, he does as any other man with other pressing engagements would have felt himself justified in doing—he leaves for a short space of time, to see an urgent case of illness, and on his return in twenty minutes finds the child born. He gives the woman the necessary attention, and she recovers perfectly well. Nevertheless, the lady directors of the Charity, having heard some indefinite scandals, as to neglect of patients, etc., by Mr. Fennell, refuse to pay his fee, on the shallow pretext that he had not been in attendance, whereas they could not have been ignorant of the fact, that both before and after the labour the woman received at his hand all the attention her case demanded. These false charges are entertained and encouraged as "privileged communications" by the minister of the parish, and by his wife, the Treasurer to the Charity. Everything like a fair and open explanation is refused by these officials of charity. No alternative is left to Mr. Fennell but an action at law against these defamers of his character, and violators of the Ninth Commandment. The alternative thus adopted and successfully put in operation, vindicates Mr. Fennell's reputation, but leaves him costs to pay to the amount of 228*l.*

Such are the simple facts of a plain, unvarnished tale. They speak for themselves; they need but small pleading on our part. They have already been given by ourselves and by our Contemporaries. We have before stated, that a Committee was formed to collect funds to defray the costs of the action. The moneys collected for that purpose, we regret to add, do not yet amount to quite half of the sum. In bringing the case again under public notice, we do most earnestly hope that our appeal may prove effectual; for we would remind our brethren, that our Profession is, or ought to be, regarded as one body possessed of many members; and that, if one member suffer, all must suffer with him.

Let each then remember that any one of us may, before to-morrow's sun rise, find himself in the same predicament as that which brought down upon Mr. Fennell so much unjust obloquy. Moreover, let each bear in mind that, should such an event occur to him, he has the advantage, purchased for him by Mr. Fennell, of knowing that the law can shield him, in the path of duty, from the shafts of envy, hatred, malice, and all uncharitableness. If the noble impulse of generosity, which would lead us to do as we would be done by, does not actuate us, at least we may here safely trust ourselves to the dictates of self-interest.

NOTE.—The Treasurer—Mr. Lord, of Hampstead—will receive subscriptions, or they can be paid at 37, Great Queen-street, Lincoln's-inn-fields.

(a) *Medical Times and Gazette*, June 25, Report of Trial. July 9th, Editorial Remarks thereon.

THE ARMY AND NAVY MEDICAL STAFF.

THE following notice appeared in the *Limerick Chronicle* on the 8th of this month:—

"The Royal Colleges of Surgeons, London, Edinburgh, and Dublin have been called upon by the War-office for students of only two years' hospital and lecture attendance, who will receive commissions on the Medical staff of the army. Each will receive 100*l.* for outfit."

We are authorized to state, that there is no ground whatever for this statement. On the contrary, numbers of well-qualified candidates are on the books of the Army Medical Department, and the Director-General has not made the slightest alteration in the regulations to suit the increased necessity for Assistant-Surgeons caused by the threatened war. Upwards of forty Assistant-Surgeons have entered the service, and have proceeded to Chatham since the beginning of the present year; and it is singular that the majority of these have been gentlemen with English qualifications, there being no such preponderance of Scotch and Irish diplomas as in former times.

The different state of the Navy Medical Department was well stated in the *Daily News* last Monday:—

"The objection of Medical men to serve in the Navy is grounded upon the well-known fact that the Assistant-Surgeons do not receive exactly the treatment which gentlemen educated for a liberal profession expect to receive on board a ship-of-war. It is said that there were twenty-two Medical Officers wanted to

make up even a peace complement, whereas every other branch of the service was on a war complement. To supply this deficiency only nine persons offered themselves, five of whom were rejected as unqualified. Sir James Graham, when he spoke of plenty of people being ready to take Medical appointments in the navy, must have been misinformed. So pressing was the necessity to fill up the number of Assistant-Surgeons necessary for the Baltic Fleet, that Haslar Hospital, containing 400 patients —double its usual number—was almost stripped of its Assistant-Surgeons, one of whom was obliged to leave under most distressing circumstances. These things must be looked into. The Army and the East India Company have no difficulty in finding volunteers for the Medical service, and there should be no reason why the Navy should not be equally well situated. Let us hope, however, that the Medical men who are with the fleet will be found more than enough to deal with all the injuries that will be inflicted on our brave defenders, and trust to the good sense of the Admiralty to make such alterations in the naval regulations as will remove any objections to serve which at present exist among Medical men."

We may add, that there are upwards of forty additional Assistant-Surgeons required to make up even the peace complement of Naval Assistant-Surgeons for the ships now in commission, and for various other vacant appointments. If the war complement were made up, this number would be much larger. Yet there are absolutely no candidates, although the qualification has been lowered. Surely the Admiralty must at length see the folly of the manner in which they treat Naval Assistant-Surgeons; and, if they do not immediately yield all that has been so unjustly withheld, after it had been granted by the King in Council, and recommended by Parliament, we trust that they may be compelled to do so by a distinct vote of the House of Commons. The people of this country will not allow the British sailor to fight their battles, without providing a sufficient number of qualified Medcial men to attend to his wounds.

POOR-LAW PATRONAGE.

We thought we had almost shamed the Irish Poor-law authorities, Guardians as well as Commissioners, into extending a more liberal system of remuneration to their Medical Officers, by repeated exposure of the pitiful paltry pittances offered by them in advertisements for dispensary or workhouse medical attendants. We had even ventured to hope that a better spirit was beginning to prevail among those who dispense the Poor-law patronage of Medical office; certain it is, that we have less frequently had occasion to notice the parsimony of the salaries offered to the Irish Physicians and Surgeons since we publicly called attention to the case of the Irish Dispensaries. We regret, however, to perceive that the mistaken spirit of niggardly economy is still active; as would appear from an advertisement the usual Irish medium of such publications, in which a salary of 40*l.* is offered to candidates for the office of Physician to a workhouse in a remote district. Truly, like Goldsmith's Vicar, the lucky candidate who shall succeed to this lucrative office will be "passing rich on forty pounds a year." Why, an indifferent man-milliner, or even a still lower grade of *employé* in a "monster house," would ridicule the idea of such a salary being offered him. And yet we have known of a far lower sum being the remuneration for the services of a man of scientific education for the performance of duties than which no higher devolve on man. Yet such is the baneful and degrading result of the principle of competition, when allowed to operate in Professions, that we are almost convinced more than one candidate will offer for this notable emolument. Where is the spirit of our young men,—where the enterprise, that would not fail to lead them to fortune and station in other lands? Away to the East at the rising of the sun, and at the West where he goes down, there are hope and promise for all young active hands and minds, and most of all for Medical minds. We know that many are leaving the old ground, where the battle of life is so hardly and so closely fought on every available inch of space; and we know of none who have gone who do not rejoice at their changed fortunes. Why is not their example followed, not by ones and twos, but by the tens and hundreds who stay at home till their hearts are sickened with the "hope deferred," and their energies wasted in unavailing toil, while their *morale* is ruined and crushed by the degradation of place, expectancy, or the sycophancy that insensibly grows over the spirit of those who ever wait on the favour of others. We are glad to know that many in Ireland are not likely much longer to bear the oppression which has brought the emoluments of Poor-law Officers almost to zero.

THE "*LANCET*" AND THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

It is with extreme reluctance that we allude to the recent expulsion of the *Lancet* from the Library of the Royal Medical and Chirurgical Socicty. We should have preferred to allow the simple report of the Annual Meeting to remain without comment, and to leave the Profession entirely uninfluenced by any remarks of ours as to the conduct to be pursued towards a Contemporary, but we cannot allow a Leading Article on the subject in last week's *Lancet* to pass unnoticed. The introductory sentence alone suffices to show that the spirit with which this Journal has been conducted from its commencement remains unchecked by the recent severe condemnation of the Profession. It is said that "a strong feeling of indignation prevails in the Profession respecting the dastardly proceedings of Mr. De Morgan and his co-conspirators," and that "no man of any repute, excepting Sir John Forbes, voted in the majority." The names of ten gentlemen who voted in the minority are given, and we are told, that "many of those who voted with Mr. De Morgan are ashamed of the act." As to the feeling which pervades the Profession, we would only remark, that Dr. Tyler Smith, Dr. H. Bennett, Mr. Beaman, Mr. De Méric, and other supporters of the *Lancet*, have been actively canvassing the Profession for signatures to a document that is commented on in the letter from Dr. Stewart which we publish to-day. The document is so cautiously worded that many have signed it who would not have signed a more direct Resolution in favour of the *Lancet;* but we are informed that very many to whom application was made refused to sign, Sir Benjamin Brodie being among this number.

As to the assertion, that no "man of any repute" voted with Mr. De Morgan, we would add a few from among the many respectable names in the majority,—Sir John Forbes, Dr. Roots, Mr. Bowman, Mr. Ancell, Dr. G. Johnson, Mr. Prescott Hewett, Mr. Charles Hawkins, Dr. Stewart, Mr. H. Lee, Dr. Druitt, Dr. Balfour, Dr. Markham, Mr. Pollock, Mr. Birkett, Dr. Sieveking, Dr. Meryon, Mr. Holmes Coote, Dr. Peregrine, Dr. C. M. Babington, Mr. Brodhurst, Dr. Barclay, Dr. Goodfellow, Dr. Cotton, Dr. Ballard, Mr. Norman, Dr. Frere, and many others whose names do not occur to us at the moment. Perhaps the *Lancet* will favour us with the names of any of those gentlemen who are "ashamed of the act."

We would now ask, whether gentlemen who express their opinions in a public Society upon the conduct of a Journal, should be stigmatised as "conspirators," and their proceedings as "dastardly"? Is this the way to support the "honour and dignity" of the Profession? Or, is it an attempt to suppress the free expression of opinion, by an abuse, not of the freedom, but of the licence of the Press? The gentlemen who arranged the Meeting to condemn the conduct of the Committee of the Royal Free Hospital, were denounced as the head of an "infamous conspiracy;" yet the Resolutions proposed were carried at a Meeting of a thousand Medical men with but one dissentient voice, and they have been echoed by the Profession in all parts of the country. Had the *Lancet* not outraged Professional feel-

ing by its defence of the Committee, we might never have had such Resolutions as have been carried at Bristol, and signed by 114 Medical men; at Brighton and Liverpool, at public meetings; and at Halifax, Stafford, Durham, Sevenoaks, Weymouth, and Reading, by the most influential men in those towns. The history of the rise and progress of this Journal, as of its decline and fall, might have been suffered to pass into oblivion; and the thirty-six of the oldest and most esteemed Medical men of Bath might not have been led to publish their opinion, that "on reviewing the whole conduct of the *Lancet*, from its commencement to the present time, the influence of that Journal on the Profession has not conduced to its honour and well-being; and that, therefore, it behoves all those members of the Profession who desire to see a higher tone introduced into Medical Journalism to withhold their support from that Journal." Are these gentlemen to be denounced as conspirators, because they fulfil an unpleasant duty in expressing such an opinion? Are the 114 Medical men of Bristol "conspirators"? Are the Profession in Liverpool, Brighton, and the other towns we have named, "conspirators"? Are the learned Societies and members of the numerous book-clubs, who not only in this country but in France have expelled the *Lancet*, to be ranked with the "conspirators"? In the name of an outraged Profession we protest against such libellous vituperation, and ask, whether a Journal which professes to uphold the standing of our Profession, has any more right to denounce in this manner those who are opposed to the principles of its Editor, than he had years ago to stigmatise the consulting men of London as "the ignorant, conceited, malignant, lying, insulting, boasting, Hospital Surgeons of this Metropolis."—*Lancet*, Vol. XII, p. 206. Is this the way to support the honour and dignity of our order?

We must pass over the remainder of the article without further comment at present, but can assure our readers that it is a real curiosity in Medical literature, and one of the most amusing instances of self-laudation on record. At another opportunity we may make some remarks upon the system of literary plundering of which the Editor of the *Lancet* still makes a boast; and compare the influence exerted upon the Profession by the *London Medical Gazette* (now incorporated with our Journal), which was only established four years after the *Lancet*, and which it is certain played a very important part in obtaining many of the great improvements for which the *Lancet* now claims exclusive credit.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

We are authorised to state that the Hastings and St. Leonards Medico-Chirurgical Society has discontinued the *Lancet*, at least for the present.

The following Resolution was unanimously passed by the Midland Branch of the Provincial Association:—"That while the system of biographical advertising calls for the strongest reprobation, the proceedings of the Committee of the Royal Free Hospital, in the dismissal of Mr. Gay from the office of Surgeon to that Charity, were hasty, injurious, and oppressive; that personal and vindictive motives are readily to be traced in the course they pursued, which is fraught with danger to the dignity of the Profession at large; and, further, that the partial and one-sided statements contained in late Numbers of the *Lancet* have forfeited for that publication its title to the confidence of the Profession."

Sir,—The following Resolution was unanimously agreed to at the meeting of the Maidstone and West Kent Medical Society, on Thursday, the 9th inst.

I am, &c. John Woolcott, Hon. Sec.

Maidstone, March 10, 1854.

Proposed by William Addison, M.D., F.R.S.; seconded by John Woolcott, Esq., M.R.C.S. Eng.:—

"That the tone and spirit of the *Lancet* have of late been such as to forfeit the confidence of the Medical Profession; and that it therefore be withdrawn from the list of periodicals of this Society.

"Also, That this Society strongly express their disapproval of the unprofessional system of publishing the memoirs of living Medical men."

The Medical Society of Southampton having taken into their consideration all the circumstances connected with the dismissal of Mr. Gay from the office of Surgeon to the Royal Free Hospital of London, do not hesitate to say, that such dismissal being both arbitrary and unjust, is calculated to lower the dignity and honour of the Profession of Medicine generally, as well as to endanger the independent character and position of every Medical man. The Society, while expressing their cordial sympathy with Mr. Gay, cannot refrain from denouncing the practice of publishing the biographies of living Medical men, as both degrading in itself, and inconsistent with the higher principles of the Profession.

W. S. Oke, M.D., President.
H. Dayman.
G. Wood, M.D.
Alexander Harvey, M.D.
L. A. Lawrence.
Wm. Spear
T. Osborn, M.D.
J. Davids.
E. Mainwaring, M.D.
J. R. Ware.
F. Butler, F.R.C.S.
E. Andrews.
George Nunn.
Joseph Symes.
T. Ward.
Pat. Mackey.
S. Churchill, M.D.
C. Vicary.
F. Cooper.
C. Keele.
J. Simpson.
T. Simpson.
F. Norcott, M.D.
G. Cheesman.
J. M. Goodinge.
G. A. R. Lake, M.D.
J. K. Sampson.

REVIEWS.

Reports on Epidemic Cholera, drawn up at the desire of the Cholera Committee of the Royal College of Physicians. By William Baly, M.D., and William W. Gull, M.D., Members of the Committee. Pp. 565. London. 1854.

These long-expected Reports have at last appeared, and the delay of their publication has been satisfactorily explained by Dr. Baly in his Preface, in which he states, that more than four hundred replies were sent in from different parts of the country, in answer to the circular letters issued from the Cholera Committee of the Royal College of Physicians; and that, as these replies were in some instances of considerable length, and referred to a variety of topics, it was necessary to condense the materials, to tabulate the results, and to draw such conclusions as the general evidence appeared to justify. When we examine the pages of this volume, with its copious appendices, maps, and diagrams, we can well understand the difficulties which the Reporters have been called upon to encounter, and the length of time which must have been necessary to enable them to overcome them. But, while we admit the great ability displayed by the authors, and their skill and tact in the arrangement of their subjects, we cannot but plead guilty to a feeling of disappointment, that so much labour should have produced results which are, on the whole, unsatisfactory, inasmuch as they are for the most negative. We might have expected from the highest Medical Institution in this country an authoritative explanation of the laws which regulate the progress, the retardation, and the decline of a malady which has struck terror into the population of the globe, and which has hitherto baffled all the best-directed efforts of Medical science. But, while thus expressing our disappointment, we can, nevertheless, do ample justice to Drs. Baly and Gull for what they have achieved; and we are anxious to applaud their modesty in refraining from offering any dogmatic views upon a subject which has avowedly perplexed the most acute reasoners and the ablest practitioners of modern times. We have not unfrequently had occasion to notice in terms of disapprobation, and sometimes of ridicule, the ephemeral and puny efforts made by superficial thinkers to lay down principles of treatment, and to propose theories of causation, in reference to this mysterious malady; and we are not sorry to find, that, as only "fools rush in where angels fear to tread," the Reporters of the Royal College of Physicians leave to inferior men the pursuit of a transient notoriety by the publication of their shallow notions, and content themselves with a calm investiga-

tion of recorded facts, and with the proposition of such laws or theories as those facts may seem legitimately to support.

The enormous difficulty of the task proposed to Drs. Baly and Gull must at once be evident to all who have either waded through the literature of cholera, or have made themselves practically acquainted with the nature and treatment of the disease. In the former, how many conflicting and irreconcilable views are exhibited by different authors; in practice, how many anomalies and apparent contradictions present themselves to the mind of the physician, and baffle his best directed efforts!

The volume is divided into two parts; the first is a Report on the Cause of Asiatic Cholera, and its Modes of Increase and Diffusion, and is executed by Dr. Baly: the second part is by Dr. Gull, and is a Report on the Morbid Anatomy, Pathology, and Treatment, of the disease. We propose, on the present occasion, to confine our remarks to the first part.

Dr. Baly's Report is a very laborious and well-digested Essay upon the multitudinous, and often conflicting, materials furnished by the Profession generally, in answer to the questions proposed by the College of Physicians; and we are only doing common justicc to Dr. Baly when we state, that it exhibits in every page the evidence of profound reflection, of various knowledge, and of severe logic. If the results at which Dr. Baly arrives are less decisive than we could wish, or than the Medical public will expect, the reason must be sought in the inherent obscurity of the subject; and if the conclusions drawn are rather negative than positive, we are at least grateful that we are made acquainted with the extent of our ignorance, inasmuch as such a conviction is often a precursor to the acquisition of knowledge.

From the limited space to which we are necessarily confined, we are quite unable to follow Dr. Baly through the whole of his luminous analysis, and we must content ourselves with noticing some of the more prominent points which he offers to the attention of the Profession.

The following remarks are in accordance with views generally entertained:—

"The districts spared by cholera are, in most cases, thinly peopled, have a comparatively high altitude, and more frequently lie far inland, and, when on or near the coast, have usually a very thin population not engaged in active traffic with other places. A large portion of Wales and Herefordshire, and many districts in Norfolk, Suffolk, Westmoreland, Northumberland, and some of the central counties, have these features, and had no deaths from cholera."—P. 10.

But, on the contrary, "Of the towns most severely visited, it is a very general character that, like the districts in which they are situated, they lie on the coast or on rivers, especially the parts of rivers near their mouths, where the level is low, and the soil alluvial, and that they have an active traffic,—in many instances with shipping, They have, moreover, usually a large, crowded, and poor population, living in ill-constructed and ill-ventilated houses, together with imperfect sewerage, deficient supply of water, and the consequent accumulation of filth of all kinds."—P. 11

It has long been an interesting problem to determine how far the intensity of the cholera epidemic was dependent upon atmospheric changes and varying degrees of temperature; but, in this respect, the Report before us, gives only negative results:—

"No extended inquiry is needed to find abundant proof that the increase of a cholera epidemic is not necessarily connected with any particular degree of external heat, nor its decline with the loss of that temperature. Thus it is shown, in the Appendix, that the cholera rose to a high degree of intensity in Paris in 1832, and in Stockholm in 1834, in months when the average temperature was below 55° Fahr.; and the epidemic reached its height in Glasgow and Paisley, and other towns in Scotland, in the middle of the winter of 1848-49, when the temperature must have been lower than it was at the same time in London."—P. 34.

The following remarks are valuable, as showing the localities in which cholera most abounds, and those which usually escape the visitation:—

"In an epidemic of cholera, the localities especially and most severely visited by the disease, have certain distinguishing characters, which are for the most part wanting in those other parts of the country, or of an individual town, which escaped the ravages of the epidemic, or suffered only in a slight degree. The characters referred to are, in the case of tracts of country, a low level, proximity to the coast, the presence of large rivers, and a dense population, in great part collected in towns; and in the case of towns, they are of similar nature,—namely, a low site on the coast, or near the mouths of rivers, where the soil is alluvial and damp; a dense population, often engaged in maritime traffic, and living in ill-constructed and ill-ventilated houses, want of sewerage, often a deficient supply of water, and accumulation of filth of various kinds. Now, all these circumstances are such as tend to render the atmosphere of the localities where they exist more or less damp and impure. On the other hand, the tracts of country spared by cholera have a high level, and, lying far inland, where the rivers take their rise, have a comparatively dry climate, and have usually also a thin population; and the towns which escaped more or less completely the ravages of cholera, being situated in these tracts of country, share in their characters, and are likewise free from the great sanitary defects of those towns where cholera found its most numerous victims. In these tracts of country and these towns, it is clear, the atmosphere must be comparatively pure. The parts of large towns in which the mortality was great, and those in which it was trifling in amount, likewise differed in the same way,—in level, in the degree of cleanliness and ventilation of the dwellings, and in other conditions affecting the purity or impurity of the atmosphere. The inference suggested by these facts alone was, that the cause of cholera finds the conditions for its increase or for its action in impure and damp air, and either cannot exist, or can exert its morbific power but feebly, when the air is pure."—P. 87.

We are compelled to pass rapidly over the discussion, by Dr. Baly, of the contagious or non-contagious nature of cholera, on which question the most conflicting statements have long existed and still exist. Dr. Baly, however, evidently inclines to the views of the non-contagionists, and supports his opinions by numerous facts and reasonings. We must refer our readers to Dr. Baly's Report for a most luminous review of this much-vexed and still unsettled question.

Another point which is argued at great length is, the theory of the propagation of the cholera poison advanced by Dr. Snow, who believes that the morbific matter is taken into the alimentary canal of the human body, and thus causes diarrhœa; that the poison is at the same time reproduced in the intestines, and passes out with the discharges; and that by these discharges becoming mingled with the drinking-water used by other human beings, the disease is communicated from one body to another, continually multiplying itself in its passage. This theory is argued with great fairness, but is finally refuted by Dr. Baly, and shown to be untenable.

Of the various theories proposed to account for the cause of epidemic cholera, Dr. Baly considers only one to be supported by a large amount of evidence, namely, that "which regards the cause of cholera as a matter increasing by some process, whether chemical or organic, in impure or damp air, and assumes, that, although, of course, diffused by the air, it is also distributed and diffused by means of human intercourse."—P. 223.

The last section of Dr. Baly's Report is devoted to the consideration of the preventive measures to be adopted under a threatened invasion of the disease; and we cannot too strongly recommend the perusal of his remarks, because, in common with the rest of the Profession, we have had too much reason to lament the neglect of all precautionary steps until the disease has become thoroughly located among us, when prevention is no longer available, and a cure is too often hopeless.

These preventive measures are to be founded upon the facts revealed by the testimony of those who have watched the progress of the disease; the influence of a salubrious locality being fully admitted, it is obvious that all steps taken to improve the sanitary condition of a given place must guard it against an attack of the epidemic, or, at least, very materially modify its severity.

"Quarantine," says Dr. Baly, "can no longer be adopted as the means of preventing the entrance of cholera into England; for it is incompatible with the present state of commercial intercourse, and with the well-being of a commercial country. Moreover, quarantine has undoubtedly often failed of its object, partly from its being evaded by the crews of infected ships; partly, perhaps, from the ships being placed so near to habitations on shore, that the infected air of the ship would be carried to them by atmospheric currents; and in some cases, probably, because clothes still containing infectious matter were conveyed on shore during, or subsequent to, the period of quarantine."—P. 228.

We shall consider Dr. Gull's Report in a future Number.

Small-pox.—Fourteen deaths occurred in the Metropolis from small-pox last week; though the number is not great, it seems to justify the observation previously made with regard to the tendency which this disease exhibits to increase.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON DISEASE OF THE VAS DEFERENS AND EPIDIDYMIS PRODUCING STERILITY.

By M. PIOGEY.

M. Piogey, after having briefly recalled the interesting researches of M. Gosselin, who demonstrated, by pathological anatomy, by experiments upon animals, and by microscopic examination, that the induration of the epididymis, so frequent after blennorrhagia, may be a positive obstacle to the excretion of the spermatic animalcules, and thus become a cause of sterility; after adverting to the Mémoire of M. Fallin, who proves, that the testicle contained in the inguinal canal does not possess the power of fecundation, relates the following case.

M. X., aged 30, of feeble constitution, and subject to rheumatism, was troubled, from the age of twelve, with sudden attacks of diarrhœa proceeding from the slightest causes. The testicles remained in the abdomen to the age of 18, when the left entered the inguinal canal, where it remained after contracting adhesions; the right descended into the scrotum, carrying with it a loop of intestine, which required the employment of a compress.

At the age of 19, M. X. yielded for the first time to the sexual passion, and, at 23, suffered from slight blenorrhagic discharge, which was speedily cured. In 1847 there was a fresh infection, but the blenorrhagia was now acute and persistent, and mercury was administered in such doses as to render the gums swollen and spongy. From this time the patient became convinced that, although the sexual passion remained, he was in truth impotent. M. Piogey took an opportunity of examining microscopically the fluid emitted at the time of intercourse from the urethra, and he found it to consist of epithelial cells and molecular granules, without a trace of spermatozoa. The fluid was viscid and transparent, and had none of the peculiar spermatic odour. Inasmuch as there had never been any induration of the epididymis consequent upon blenorrhagia, M. Piogey does not hesitate to conclude, that the vas deferens had been obliterated by the compression exerted between the pad of the bandage and the body of the pubes; and he remarks that, in the young especially, the adaptation of a truss should be most accurate, because at this age the vas deferens is soft and easily compressible, and its obliteration would lead to engorgement of the epididymis.

When from any cause the sterility precedes the age of puberty, the voice is small and sharp, and the fatty tissue predominates over the muscular. When it is consecutive to virility, the microscope must be used to determine the point.—*Gaz. des Hôpitaux*, Feb. 14, 1854.

FRACTURE OF THE BASE OF THE SKULL.—CURE.

By M. LIMAUGE.

A Grenadier fell from the second storey of a house, and fractured the base of the skull, and the left clavicle. He was immediately carried to the Military Hospital of Brussels in a profound coma, from which he could not be roused. Blood flowed from the left ear, and above eight ounces were collected. Soon after his arrival he vomited; pulse 56. The symptoms of compression, however, did not increase, and M. Limauge attributed this fact to the ready escape of blood through the ear externally. The pulse slowly regained its firmness. A small quantity of blood was abstracted from fear of inflammation, and, as this measure seemed to give strength to the pulse, it was repeated frequently at intervals of six to eight hours. Under this treatment the involuntary escape of urine, constipation, and vomiting ceased. Intelligence returned, and the patient began to move his limbs. He first felt the broken clavicle, but the movements were for some time convulsive. Recovery was complete at the end of a month. —*Arch. Belg. de Méd. Milit.*

EXAMINATION OF AN ANEURISM TREATED BY INJECTION WITH THE PERCHLORIDE OF IRON.

By M. VALETTE, of Lyons.

The preparation was taken from a subject in whom M. Valette had cured, by the injection of the perchloride of iron, an aneurism at the bend of the elbow. The patient died of internal disease, Dec. 27, 1853. The integument presented a slight cicatrix the size of a pin's head; subcutaneous structures natural. In the fascia superficialis there was a rust-stain, which, under the microscope, proved to depend upon particles of the perchloride. The spot indicated the perforation of the brachial artery, just above its bifurcation. It was impossible to ascertain where the artery had been wounded, but the situation of the sac behind it showed that the vessel must have been transfixed. The vessel was obliterated about the level of the point of bifurcation. The interior of the sac was filled by a chocolate-coloured clot, consisting of amorphous hæmatin, which had completely lost its form of normal globules or discs.—*Op. cit.*

UPON THE LIQUID PERCHLORIDE OF IRON AND UPON THE EAU DE PAGLIARI, CONSIDERED AS HÆMOSTATIC AGENTS.

By M. THEODORE LAFARGUE, Pharmacien at Toulouse.

After some remarks to show the uncertainties in the different modes of preparing the perchloride of iron, the author observes: "Should this compound be preserved, after the paper by M. Malgaigne read at the Academy of Medicine, as an hæmostatic agent, it will be best to prepare it by dissolving the crystallised perchloride of iron in a sufficient quantity of distilled water, the perchloride being obtained by passing pure and dry chlorine gas over an iron wire heated to a high temperature. But the eau de Pagliari is strongly recommended by M. Sedillot. It is prepared as follows:—Mix 250 grs. of the balsam of benzoin, 500 grs. of sulphate of alumina and potash, and 5000 grs. of water. Let boil for six hours, replacing successively the loss by evaporation by hot water. The liquid is then filtered, and preserved in well-stoppered glass vessels. The residue has lost the odour of benzoin, and also the property of burning. The liquid thus obtained is limpid, of the colour of champagne, of slightly styptic taste and of aromatic odour; it is slightly acid. The eau de Pagliari caused coagulation of albumen so firm, that no shaking would subsequently dissolve the mass. Resolution upon agitation ensued when the perchloride of iron was employed in the same experiment."—*Gaz. Méd. de Toulouse.*

UPON ASTHMA THYROIDEUM.

By FRIEDRICH BETZ, of Heilbronn.

It appears that both thyroid and thymic asthma share the same fate, of being recognised by one class of Practitioners, and denied by others. Alois Bednar (Krankheiten der Neugeborenen) does not believe in asthma caused solely by enlargement of the thyroid body; and he relates nine cases in which, although asthma existed in conjunction with hypertrophy of this organ, there were other pathological changes affecting the respiratory passages. He confesses, however, that enlargement of the thyroid may produce difficulty of breathing: between which and asthma he must establish a difference. Dr. Betz remarks, that the hindrance to the entrance of air is not in the upper part of the trachea, nor at the rima glottidis, but higher up still, at the entrance to the respiratory tube behind the tongue, and that it is caused by the projection of the enlarged thyroid body into the floor of the mouth. This organ extends, when hypertrophied, backwards between the pharynx and the vertebral column, where the two lateral lobes may become blended, according to Albers (Canstatt's Jahresbericht), so as to constitute a fleshy ring round the larynx and pharynx. When swelled under these circumstances, the parts contained within may be much compressed. The affection is recognised by the swelling in the neck. Both expiration and inspiration are stridulous, and the sounds are without intermission; the mouth is full of frothy fluid; the face, hands, and feet, are cold and pallid; sleep broken; there can be no suckling; and the attempt to swallow liquid increases the dyspnœa. In severe cases, death ensues after one, two, three, or four, days. In milder cases, the swelling slowly subsides. This disease is limited to eight to fourteen days after birth.—*(Journal für Kinderkrankheiten.)*

GENERAL CORRESPONDENCE.

CHOLERA AND PREMONITORY DIARRHŒA.

Dr. Macloughlin has forwarded us copies of the following letters to the Registrar-General:—

"A man, aged 27, is reported, in your Return of the 29th October, to have died of cholera on the 26th October, 1853; and the Medical Notes state, this patient was a strong, sober man, went to bed in perfect health, was seized between three and four o'clock in the morning, and in half an hour was in a state of profound collapse.

"I have seen the wife of this man, a neighbour of his, and the Medical attendant.

"The wife states, that her child was very ill with cholera, and that she was much occupied with the child, and she did not

at first pay much attention to the time her husband first got up to go to the water-closet, but that it might be about half-past three o'clock; that he shortly after went down a second time, that is, in about ten minutes or a quarter of an hour; that in about the same time after he attempted to go a third time, but was seized with cramps, and she and another woman went for the Medical attendant. Her husband appeared to her in the evening in perfect health; but, as he was away at his work all day, she does not know whether he had, or had not, during the day, any bowel complaint.

"Her neighbour says, that she was up, and heard this man go to the water-closet about one o'clock, or it might be half-past one; that in about an hour after she heard him go again, and about an hour after she heard him call for assistance, as he was taken with cramps.

"The Medical attendant states, that he was called to the patient at about half-past four or five, and that he found him in a state of collapse; that he was perfectly blue, and that he inquired as to the state of his bowels the day before, and that he was told by the patient that he had no bowel complaint the day before, and that he was in perfect health.

"The diarrhœa, cramps, vomiting, etc., did not, it is admitted, come on all at once; a certain time elapsed between the first liquid evacuation and the first cramps.

"Are we to believe this man's wife, whose mind was preoccupied with the illness of her child? or are we to believe the testimony of her neighbour, whose mind was perfectly unconcerned in the matter?

"The testimony of the Medical attendant cannot be admitted on this point, as whatever he knows is from hearsay.

"Consequently, we are left to conclude, either that only twenty minutes elapsed from the first liquid evacuation to the first attack of cramps, or that about two hours elapsed from the first liquid evacuation to the first attack of cramps.

"For on whatever testimony we decide, the disease ran its first period with frightful rapidity; yet here even there was an interval between the first liquid evacuation till the first cramps, which, if taken advantage of, might have saved this man's life: even in such cases medical science is not powerless.

"If you will refer to your Return of the 24th of September, 1853, you will see that a child, of five years, at Charlotte-street, No. 1, Waterloo-road, died from cholera, the premonitory symptoms having been neglected for three hours before medical assistance was called.

"The father and mother of this child were warned of the danger of neglecting the diarrhœa under such circumstances.

"The next day, the father and two of his children were seized with diarrhœa in the same way the child had been; medical assistance was immediately obtained, and all three were saved; and many, many such cases could be referred to.

"As the Medical attendant saw the patient at between half-past four and five—consequently, above an hour from the time he was taken ill, if we believe the wife's testimony, or three hours after he was taken ill, if we are to believe the neighbour's testimony, it is evident that the Medical attendant could not know from his own observation that the patient was, half an-hour after being taken ill, in a perfect collapse. To resume, therefore:—an interval did elapse from the first liquid evacuation to the first attack of cramps. The diarrhœa, cramps, vomiting, etc., did not come on simultaneously, consequently, this was not a case of cholera without a premonitory diarrhœa.

"A labourer is reported, in your Return of the 29th October, to have died at No. 1, Tottle-court, in the sub-district of St. Olave's, on the 22nd October; and it is stated, 'That this man was seized almost at the commencement with collapse.'

"I have seen the wife of this man, and she informs me, that he left his bed about four o'clock in the morning to go to the water-closet; that, in about half an-hour, he got up again; and again at about half-past six; that he then dressed himself, and went out to his work, but returned home at about eight o'clock, saying he felt very ill; that he went again to bed, and that in about half an-hour he began to vomit, and to have cramps in his limbs; that she then sent for Medical assistance.

"There was here, therefore, a diarrhœa of at least four hours previous to the attack of spasms; and the Medical attendant was not justified to certify that from almost the commencement his patient was seized with collapse. He could not have known that this man had been called up to go to the water-closet three times before daylight, and that he actually went out after to attend to his work.

"At No. 4, Norfolk-place, St. James's, Bermondsey, a child of three years old is reported in your Return of the 29th Oct., 'to have been found by her mother, on the morning of the 17th October, passing rice-water evacuations, having had no premonitory diarrhœa.'

"I have seen the mother of this child, and she informs me, that the child went to school during the day; that she was not aware that the child had the day before she was taken ill any diarrhœa; that on the morning of the 17th, at about three in the morning, the child had a passage in her bowels, half an hour after she had another; and a short time after a third; that the child then fell asleep, and slept till seven o'clock, when she had a fourth evacuation; and the mother then discovered that the evacuations contained very little fæcal matter; that she then sent for the medical attendant, who saw and prescribed for the child about nine o'clock.

"That, however, the bowel complaint continued; the child having every two or three hours a discharge from the bowels of a liquid containing very little fæcal matter, for two days and a-half, when cramps came on, and the child died eight days from the moment of her first having a liquid stool.

"In this case there was, therefore, an interval of about sixty hours from the first liquid stool to the first attack of cramps, consequently this is not a case of cholera without a premonitory diarrhœa.

"In your Return, Nov. 19, 1853, is a case of cholera reported without any premonitory symptoms, which occurred at No. 28, Sulbury-street, St. James's, Bermondsey, on the 17th of November, 1853.

"I went to that house, and I saw the mother of this child, and she said that her son was playing in the yard with his companions; that he was seized with vomiting and purging about three o'clock p.m.; that she took him up stairs, gave him some warm drink, and that he had two or three motions in rapid succession; that after he seemed relieved, and dosed off and on till about ten o'clock at night, when the bowel complaint and vomiting returned with cramps; and that then the medical attendant was sent for.

"As the child had been out all the morning playing with his companions, she was not aware whether he had or had not any passage in his bowels previous to the moment he was seized at three p.m. with vomiting and purging.

"This case, also, is not a case of cholera without premonitory diarrhœa, as the child had a diarrhœa for certainly six hours before cramps came on.

"I have the honour to be, Sir, your obedient servant,

"Dr. MACLOUGHLIN, M.D.,

"Honorary Member Royal Irish Academy.

"34, Bruton-street, Berkeley-square,

"London, Dec. 20, 1853."

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY AND THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—I send you, for insertion in your forthcoming Number, a document which a friend and well-known Fellow of the Royal Medical and Chirurgical Society brought to me three days ago for my signature. It is addressed to the President and Council, and runs as follows:—

"Gentlemen,—We, the undersigned Fellows of the Society, being aware that a recommendation has been laid before you to the effect, that the number of Medical periodicals supplied to the library should be diminished, take the earliest opportunity of expressing our disapproval of such a recommendation; and we further consider that the scientific and Professional objects for which the Society is established imperatively require the freest access to all sources of Medical information."

This, as your readers will at once perceive, ingeniously endeavours to evade the arguments of Mr. De Morgan and his supporters, and studiously avoids asking, what the friends of the *Lancet* well knew they could never obtain, a general vote of confidence in that periodical. Being unable to concur even in this cautiously guarded protest, I thought it right to send the following reply, which, I believe, substantially represents the views of those with whom I have the honour to act:—

"My dear ———,—I am one of those who heartily approve of and applaud the Resolution of the Medical and Chirurgical Society in reference to the *Lancet*, of which I proposed the discontinuance in our Medical Book Club last Thursday. This, I am happy to say, was carried unanimously. I am also much gratified to learn, that the Royal Medical Society in Edinburgh, which has taken the *Lancet ab initio*, has recently excluded it from its reading-room.

"I think the influence of the *Lancet* has long been absolutely fatal to the advancement of Medical Science in this country, by fostering and pandering to a love of personal and acrimonious discussion, which has at length become a *sine quâ non* to a considerable proportion of the Medical Profession in Great Britain. In the interest of science as well as of good morals, this influence must be put down at all hazards, if we are to occupy the respectable and influential position we ought to fill, but which, thanks chiefly to the *Lancet*, is now denied us. My settled opinion, therefore, which has never varied for the last fifteen years, is that Science owes the *Lancet* less than nothing, and the Medical Profession owes it only a grudge. What its Proprietors owe to the Medical Profession is quite another question. I cannot express my satisfaction that the present and the rising generation of Medical men are now beginning to dishonour their drafts.

"Yours very truly," etc.

The attempt to raise the cry of "Liberty of the Press," in connexion with the vote of the 1st of March, seems to me a very weak and transparent device. The question is, Whether the foremost Medical Society in the United Kingdom shall encourage that licence of the Medical Press which has gone far to make our Profession a by-word and a reproach among men of learning and refinement? For the question is no longer now, as it was before the annual meeting, whether the Society shall continue to tolerate the misdeeds of the great troubler of the Medical Commonwealth; but whether they will reverse the vote of censure so deservedly passed upon him, give him a bill of indemnity for all the past, and a *carte blanche* for all the future, and help to replace him on poor Sinbad's shoulders, with a word in his ear to kick and buffet him within an inch of his life? Is the Society prepared to accept the responsibility of thus becoming partakers in his evil deeds? I cannot believe it; nor can I doubt, that many distinguished Fellows who might have hesitated to vote for the Amendment, had they been present on the 1st of March, will rather confirm that Resolution, at the Special Meeting to be held next week, than appear, however remotely, to countenance the *Lancet* in its mischievous courses.

I am, &c. A. P. Stewart.

Grosvenor-street, March 15, 1854.

MEDICAL REFEREES AND INSURANCE OFFICES.

[To the Editor of the Medical Times and Gazette.]

Sir,—If you can find room for the following among your Medical News, I shall feel obliged by your publishing it. It was penned before I had read your excellent leading article on the same subject in to-day's Number.

A few days since, I received from the Registrar of the Amicable Insurance Company, in Fleet-street, one of their ordinary schedules of questions respecting the health of a patient of mine, with a request that I would favour the Office by an early answer. After stating that the information given is held to be strictly confidential, the printed letter contained the following sentence: "They think it right also to apprise you, that in all cases in which they are referred to a Medical Practitioner, the party giving the reference is required to procure his reply to their inquiries free of any charge to the Society."

I have often, no doubt in common with the great mass of your readers, been called upon by insurance offices to answer professional questions of this description without a fee; but I never recollect receiving before this such an undisguised acknowledgement of an intention to squeeze from a professional man professional information, confessedly valuable, and at the same time to withhold from him any remuneration for the services he renders.

Not having received any communication on the subject from my patient, either verbally or by letter, I returned the questions unanswered at the expiration of the time named by the Society, and appended the following note, addressed to the Registrar on the fly-leaf.

"To the Registrar of the Amicable Insurance Society.

Dr. Ramsbotham presents his compliments to Mr. Thomson, and begs to say, that the questions on the other leaf being purely of a professional nature ought to have been accompanied by a professional fee. The Directors of the Amicable Office may of course make whatever laws they may think fit for their own proper guidance, provided those laws do not interfere with the privileges of other people; but they have no right to institute any regulations, the tendency of which is to deprive any professional man of a just remuneration for professional services rendered them. It is idle for the Directors to resolve, that 'in all cases in which they are referred to a Medical Practitioner, the party giving the reference is required to procure his reply to their inquiries free of any charge to the Society.' The party wishing to insure his life does not seek to procure the reply from the Medical referee; but the Office itself sends for it. It is to shield the Office from probable pecuniary loss that the inquiries are instituted by them. The document required from the Medical referee is one of immense importance, and of high value to the Office; it is also a subject of great interest to the Medical man himself; since the answers returned may possibly place him in a most disagreeable position in regard to his patient, involving even the loss of his friendship and future professional confidence.

"Dr. Ramsbotham presumes the Directors of the Amicable consider the Medical referee entitled to a fee for the professional information he sends them, else they would not be at the trouble of telling him he must not look for it from them. Supposing this to be the case, and yet that they object to pay that fee themselves, their readiest course would be to require the person seeking an insurance to deposit the fee at the time the proposal is made, or to charge it in the first premium. As the Office itself applies directly for the Medical opinion, the referee has a right to expect the proper remuneration to be transmitted directly to him by it, from whatever source it may eventually come.

"7, Portman-square, March 7, 1854."

It appears to me, Sir, high time that some public demonstration was made by Medical men to prevent wealthy corporations, such as the Amicable Insurance Society, any longer sponging upon the Profession for gratuitous professional assistance, especially when they begin to adopt such a supercilious tone towards those from whom they are demanding, rather than soliciting signal favours; and I think it would not be difficult to get up meetings in different parts of the kingdom, at which each member of the Profession present should be called upon to bind himself not to give such information as the Insurance Offices expect, without a proper fee paid by them, or, at any rate, through their hands. If applied to he would then have it in his power to say, that he was under a compact with his Professional brethren not to act as he was required to do; and, consequently, could not break his promise. If the Insurance Companies can do without the advice and assistance of the would-be insurer's private medical attendant, well and good, let them do so; the Profession will lose little or nothing; but if they cannot, let them pay for the trouble they give, and the advantage they receive, as in justice they are bound to do. If the opinion is worth asking for, it is worth paying for; if it is not worth paying for, it is not worth having. I am, &c.

Francis H. Ramsbotham.

7, Portman-square, March 11, 1854.

ANOTHER CASE OF ABSCESS IN THE TIBIA OF SIX YEARS' DURATION.—OPERATION.—RECOVERY.

[To the Editor of the Medical Times and Gazette.]

Sir,—Having read in the *Medical Times and Gazette*, of the 18th of February, the particulars of a case of the above description, and as you remark that "circumscribed abscess within the body is an infrequent disease, and one with which those only of large hospitals can become familiar," I deem it my duty to ford you an account of a similar case, in almost every respect, which came under my own knowledge some time ago. I am glad that you have thus given me an opportunity of contributing my quota to the numerous instructive examples of abscess in the tibia which you have already published; and had it not been for a pressure of business, I would have forwarded it ere this. It is the only case I have ever met with during the whole of my practice,—a period of eighteen years.

About two years ago, a married man, of about 32 years of age, named John Fletcher, and now living and carrying on business as a watchmaker, etc., in Fountain-street, Ulverston, and apparently in fair health, came under my care with a pain in his left shin, about two-thirds up the tibia. The bone, during the previous four months, had been very painful, and the pain never absent. I asked him if he had ever received a blow on that part, or at any time injured it. He was not aware that he had. There was no appearance of disease, the skin overlying the affected part. I suspected nodes; but, on his positively assuring me that he had never been troubled with any venereal affection, or anything approaching it, I came to the conclusion that there must be some inflammation arising from suppuration of the cancellous texture of the tibia, ending in ulceration of the bone. I applied hot

water and poultices, and after patiently waiting for the result, a small bleb or blush arose, when I was convinced there was some interior affection of the tibia. I made an incision into the bone, and a small quantity of pus, about the size of a pea, was extracted. I still applied hot water and poultices, with mild alterative medicines, and matter continued to escape. The cavity of the abscess was extremely small, and the spot very soon exhibited favourable symptoms. On my telling the man I was sure he must, some time or other, have hurt his shin in that part, he recollected that he had done so, about six years previously, in alighting from a coach during the frosty weather, when he fell in the act of doing so. But during that period, with the exception of about four months, he never felt any pain, which differs very materially from the case inserted in your Journal of the 18th of February. I continued to dress the wound, and allowed it to heal gradually. In a few months, he was quite relieved of all symptoms, and shortly afterwards walked a distance of ten miles without feeling the least pain. I neither used the gouge nor the trephine throughout the operation; and the man expressed himself well satisfied with all that was done. If you consider the above worthy of insertion, I shall feel obliged. I am, &c. R. H. Barton.

Ulverston, Feb. 28, 1854.

ALBUMEN COAGULATED BY ACETIC ACID.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is absurd to find gentlemen contesting about the priority of their knowledge of such a very trivial matter as the coagulation of albumen by acetic acid. For the last sixteen years I have shown this experiment:—Add acetic acid to albumen, diluted with water and filtered,—there is no coagulation, only an incorporation or mixture. Add potash, *i. e.*, ordinary liquor potassæ to a portion of the same albumen,—there is no coagulation or precipitation, merely a mixture.

But if to the mixture of potash and albumen a portion of the same acetic acid be added, the albumen is abundantly and densely precipitated. I am, &c.

A Lecturer.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have seen in the *Medical Times* lately, several letters upon the action of acetic acid in albumen. Some of the writers appear to think that a wonderful discovery has been made, and has been wrongly appropriated by somebody. Many years ago, I wrote for Sir John Forbes a notice of Majendie's Lectures on the Physical Phenomena of Life. This article was published in the *British and Foreign Review* for October 1839, p. 348. You will see at the foot of that page, that if there is any merit in the diffusion of a knowledge of this fact, it is really due to Majendie.

It is not strictly a coagulation, but a sort of gelatinization. See Note at page 350. I am, &c. Chemist.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

March 1, 1854.

Dr. Copland, F.R.S., President, in the Chair.

THE PRESIDENT'S ADDRESS.

This Society was founded in 1805; and on the 14th of June of that year a general meeting was held, which was followed on the 21st by the adoption of the statutes of the Society, and the election of officers and Council. These were—Dr. Saunders, as President; Dr. Cooke, Dr. Babington, Sir William Blizard, and Mr. Abernethy, as Vice-Presidents; Astley Cooper, as Treasurer; Dr. Yelloly and Mr. Aiken, Secretaries; Dr. Marcet, Foreign Secretary; and Dr. Baillie, Dr. Bateman, Dr. Curry, Dr. Blanc, Sir Walter Farquar, Mr. Forster, Dr. Frampton, Mr. Heaviside, Dr. Pitcairne, Dr. Reynolds, Mr. Thomas, and Mr. Wilson, as members of Council; Mr. Cline, and some others already mentioned, being the Trustees. The Society from its foundation continued to flourish; and although the very eminent men who then belonged to it made an abortive effort to obtain a Charter of Incorporation—abortive in consequence of the opposition of the Royal College of Physicians, a body which was then animated by very different sentiments to those now inspiring it—yet it prospered nevertheless, rapidly increased its library, and published eighteen volumes of "Transactions" up to the year 1834, when the influential officers of the Society again applied to the Privy Council for a Charter; and by their exertions, aided by other Fellows of the Society, a Royal Charter was at last obtained, His Majesty King William IV. having consented to be Patron, and having signed the Obligation-book of the Society. The large expenses incurred on this occasion were liberally defrayed by subscription among the Fellows; and in 1835 the first volume of "Transactions" under the Charter, with the bye-laws of the Society, was published. Since then, the "Transactions" have been published annually, and the Society has gradually increased its library, while the communications which have been made to it, the interesting and practical observations offered on the subjects comprised in the papers read to the Society, and the conversational meetings in the refreshment-room, have tended to the advancement and diffusion of sound professional knowledge, and to the cultivation of kindly feelings and of sentiments of mutual respect. It is a most gratifying reflection to all the Fellows of the Society, that they have met in these rooms, have listened to the practical observations, and have heard communications of great merit from men who have been connected with the Society for more than a quarter of a century—from men who have attained the highest professional reputation and honours, and who, nevertheless, have left, and still continue to leave, the quiet of their homes after the fatigues of the day, to communicate knowledge to their less experienced brethren; to lead those who will succeed them in the paths in which they themselves have successfully trodden; and to inspire them with emulation, tempered by kindly feeling and generous sentiments. Since the 1st of March, 1853, eighteen Fellows have been elected; and 280 works have been added, by donations and purchase, to the already extensive library of the Society. This meeting, the Fellows of the Society, and the whole of the Profession, have to regret the death of eight Fellows of the Society since the last annual meeting. These are—Professor Orfila; Dr. Thomas Blair, of Brighton; Dr. George Goldie, of York; Thomas Nixon, Esq., of the Army; Bransby Cooper, Esq.; Dr. James Miller,; Henry John M'Dougall, Esq.; and William Frederick Barlow, Esq. Of these eminent and esteemed Fellows of this Society I am enabled to give the following very brief notice—brief, because this occasion will not admit of fuller particulars, and because more detailed accounts of some of them have been furnished to the Profession in the journals of the day.

M. Orfila, of Paris, an Honorary Fellow of the Society, was born in Mahon, in Spain, in 1783, and went to Valencia to study medicine in 1805, where he obtained prizes in physics and chemistry. He went to Paris to study medicine in 1807, shortly before war broke out between France and Spain. He there obtained his diploma, and soon afterwards commenced courses of lectures on chemistry, which were attended by many men who attained great eminence. In 1816, he was appointed one of the physicians to Louis XVIII. He was afterwards elected a Professor of Legal Medicine, and a member of the Academy of Medicine. In 1823 he was chosen to fill the chair of Chemistry. After the revolution of 1830, he received his letters of naturalization, and was elected Dean of the Faculty, a member of the Council-General of Hospitals, and a member of the Council of Public Instruction. The high reputation of M. Orfila, and his honourable and distinguished appointments, were owing to the scientific reputation of his writings, more especially to his "Treatise on Poisons or General Toxicology," to his "Elements of Legal Medicine," and to his "Lectures on Legal Medicine." The first of these works appeared in 1814; this and all his other works have been, and still are, most highly esteemed. M. Orfila remained at the head of the Faculty of Medicine until the revolution of February, 1848. His health had been impaired for some time. He was, however, able to lecture until early in March, 1853; but died soon afterwards of phthisis, leaving a large portion of his fortune for the encouragement of those who labour for the advancement of Medical science.

Of Dr. George Goldie, of York, no memoir has hitherto appeared. I therefore wrote to my friend, Dr. Simpson, the very able and eminent Physician in that city, who sent me the following particulars:—George Goldie, M.D., was a member of a Scotch family of great respectability. He received a liberal education, travelled in France and Italy for several years, and spoke both languages with fluency and precision. He afterwards studied at Cambridge, and was considered a very able classical scholar. He graduated at Edinburgh in 1806. A few years afterwards, he settled in York, where he soon became distinguished as an accomplished gentleman and scholar. He entered largely into society, where he was much esteemed, taking an

active part in the formation and establishment of the Yorkshire Philosophical Society, and was a very useful and active person in the management of several societies. He was Physician to the York County Hospital, and also the Dispensary. His kindness and benevolence to the patients and poor will long be remembered with gratitude. Several years ago his health began to decline; he went abroad under the impression that relaxation from his avocations, and the genial warmth and changing scenery of the Continent, would prove beneficial to his health. After an absence of a year he returned, his health still feeble, with diminished energy. In a few months he repaired to Clifton, and resided there for some time. He finally removed his family to Sheffield, where his son was residing. He gradually declined in health, and rather suddenly sank on the 2nd of May, 1853, 69 years of age, few men being more esteemed as a scholar, gentleman, enlightened Physician, and friend.

Mr. Nixon was gazetted Assistant-Surgeon to the 1st regiment of Foot Guards in December, 1796, and was promoted to Battalion Surgeon in March, 1798. He accompanied his battalion to the Peninsula in 1808 or 1809, and was present with it in the retreat to, and action at Corunna, in the military operations in the Pyrenees, and at Nivelle and Nive. In 1814, he left the army before Bayonne, on promotion to be Surgeon-Major of the Regiment. In this rank he continued to serve till November, 1824, when he retired upon half-pay, respected by the soldiers, and esteemed by his brother officers, receiving at the same time the army rank of Inspector-General of Hospitals. From the time of his retirement, he may be said to have resigned his profession, the remainder of his life having been spent on his property in Nottinghamshire, occupied with the ordinary pursuits and amusements of a country gentleman. He died at Nuttall Temple, Notts, on the 13th of April, 1853, at the age of eighty-five.

Mr. William Frederick Barlow was born at Writtle, Essex. He was a student at St. Bartholomew's Hospital, where he obtained prizes. After passing his examinations, he was successively House-Surgeon to the Tonbridge-wells Infirmary, and to the Infirmary for Children. In 1848, he was elected Apothecary to the Westminster Hospital, and in this situation, which he held until his last illness, he obtained the confidence and esteem of the Physicians and Surgeons, and of the pupils of the Institution. He became a Fellow of the Royal College of Surgeons and of this Society, was on the Council of the Sydenham Society, and a member of the Pathological Society. He was the author of several very interesting papers published in the Medical Journals, and one "On the Relation of Sleep and Convulsive Affections," published in the thirty-fourth volume of our "Transactions." He died of fever, with prominent affection of the brain, on the 24th of June, aged thirty-seven years, having furnished evidence of great mental power, and of high professional attainments.

Dr. Thomas Blair was a graduate of Arts and Medicine of Edinburgh in 1792. He became a Licentiate of the College of Physicians of London in 1794. He soon afterwards entered the medical service of the army, and was appointed Physician to the Military Hospital at Lewes after the return of troops from Corunna. In 1814 he settled at Brighton, and was active in founding the Sussex County Hospital, of which he was the Senior Physician for many years. He died on the 15th of April, at the very advanced age of 89 years.

Mr. Bransby Cooper was the fourth of twelve children, and the eldest son of the Rev. Samuel Lovick Cooper, the elder brother of Sir Astley Cooper. He was born in Great Yarmouth in September, 1792, and having passed some years at the Grammar School of that town, he entered the navy as a midshipman. He relinquished the navy in a very short time, and returned to his studies in the family of a clergyman in Norfolk. A visit to his celebrated uncle inspired him with the desire of becoming a Surgeon, and he commenced his Medical studies, in 1809, at the Norwich Hospital, under the guidance of Dr. Rigby and Mr. Colman. In October, 1811, Mr. B. Cooper came to London, in order to study under his uncle. He here had the additional advantage of the kind supervision of the very eminent Surgeon who has just preceded me in this chair. In 1812, he went to Spain as an Assistant-Surgeon in the artillery, with the object of obtaining experience as a military surgeon. He was present at most of the battles which were afterwards fought in the North of Spain and South of France. In 1815 he proceeded to Edinburgh, to prosecute still further his Medical studies. He afterwards returned to Guy's and St. Thomas's Hospitals, and prepared the dissections for Sir Astley Cooper's and Mr. Green's lectures, and he soon after became Demonstrator of Anatomy in conjunction with Mr. South. He subsequently published his able treatise on the ligaments, and assisted in the preparation of his uncle's great work on "Fractures and Dislocations," and on the "Diseases of the Breast." He was successively Lecturer, Assistant-Surgeon, and Surgeon in the great Hospital at which he commenced his career, and he was highly esteemed by his colleagues and by his pupils. Mr. B. Cooper published memoirs of his celebrated uncle, Sir Astley, which were most creditable to him as a writer and as a Surgeon, and which, as well as his papers in "Guy's Hospital Reports," his "Surgical Essays," and his "Treatise on Anatomy," show that he was possessed of great industry, of great ability, and of very extensive knowledge of his profession. In all the relations of life, as well as in the exercise of his Profession, he was frank, open, high-minded, and straightforward. He was during life a tried and constant friend; he was generous and forgiving, even to the extreme of magnanimity, to those who had injured him; and he died esteemed, and even beloved, and most deeply regretted, by all who enjoyed the pleasure of his friendship or his acquaintance.

Mr. Henry John M'Dougall was a pupil of the Exeter Hospital, and afterwards of University College and Hospital. He was the author of several papers in the medical journals, and of a translation of Lallemand's work on "Spermatorrhœa." He died of disease of the brain, at the early age of thirty-three, which was said to have been caused by protracted study with the microscope.

Dr. James Miller graduated at Edinburgh in 1841, and became a member of the College of Physicians of London in 1846. He was some time Physician to the Western General Dispensary; he was elected Assistant-Physician to the London Hospital, and was author of an able work on the "Pathology of the Kidney in Scarlatina." Dr. Miller died in May, of fever, at the early age of thirty-five years.

Of the eight Fellows of this Society who have departed this life during the past year, three (Mr. Barlow, Mr. M'Dougall, and Dr. Miller) have died at an early age, and while they were furnishing proofs of great industry and professional attainments. The efforts they were making to advance medical science had evidently tended to shorten the periods of their existence, and to prove to the unthinking and ungrateful public that the studies requisite to advance that knowledge, upon which only the health and principal happiness of the community mainly depend, are such as tend most certainly to exhaust and impair the mental energies and constitutional powers when assiduously prosecuted; and that the zealous and profound student of Medicine is only too frequently sowing the seeds of early dissolution in himself, or then reaping the blighted harvest of neglect and poverty, while his ill-requited researches and learning become the sources of health, happiness, and prosperity to thousands of those who either overlook him during life, or may live after him for successive generations.

MEDICAL SOCIETY OF LONDON.

March 11, 1854.

Edward Headland, Esq., the President, in the Chair.

This being the first meeting of the new Presidency, votes of thanks were passed to the various Officers and Councillors for the past year, and the Orator was requested to publish his oration.

The President, in an Introductory Address, tendered his thanks for the honour which had been conferred upon him. He then adverted to the wide range of subjects embraced by the Profession, and the endless pursuits which daily tend to multiply subjects for inquiry, and thence inferred the great and practical value of Societies in which Practitioners may discuss disputed questions, and interchange their ideas the one with the other.

Mr. W. Adams then read a Paper on

THE PATHOLOGY AND TREATMENT OF LATERAL CURVATURE OF THE SPINE.

His object was to show reasons for restricting the application of the term lateral curvature of the spine to a certain class of cases, the conditions of which are fixed and definite. To draw attention to such points in the morbid anatomy, as he had been enabled to verify or establish by his own investigations. To examine the existing pathological doctrines in explanation of those phenomena, and to consider the general principles of treatment to which these conditions especially point. He observed, that we hear a great deal about the "cures" of lateral curvature of the spine in these days, but his opinion was, that by far the larger proportion of such cures are derived from cases which pos-

sess no scientific or pathological claim to be considered really as cases of true lateral curvature. He desired to limit the application of the term to those cases only in which the curvature was fixed and permanent, the curvature being always in the same direction and situation, and never disappearing in any position of the body. An example of the cases which this would exclude was then given, characterised by slight lateral curvature in the lower dorsal region to the right side; increased mobility, and slight prominence of right shoulder. These appearances would disappear on lying down, either spontaneously or with very slight pressure and counter-pressure. Mr. Adams remarked that this would generally be considered a case of lateral curvature in the first stage, or an incipient lateral curvature of the spine; but he proposed to exclude this class of cases, for the following reasons, viz., although all spinal curvature, of the most common and uncomplicated form, which alone was discussed in this paper, must pass through this stage, only a percentage of such cases, probably one-fourth, would become true spinal curvatures; three-fourths would probably get well without any special treatment, attention only being directed to the improvement of the general health, and with it, of necessity, increase of muscular power, &c. In these cases, moreover, there was no evidence of structural alterations in the inter-vertebral cartilages, such as Mr. Adams believed to be essential to the production of true or fixed lateral curvature, however slight. These cases the author proposed to group under the head of "threatened lateral curvature of the spine;" and considered that the great majority of the so-called "cures" of lateral curvature were derived from these cases, together with some really in the first stage of true lateral curvature, which became arrested, rather than cured, under treatment. The nature of the structural changes which Mr. Adams had been able to trace in the different stages of true lateral curvature was then described. These referred chiefly to lateral absorption of the inter-vertebral cartilages and bodies of the vertebræ, together with enlargement and alteration in form of the articular processes, the articular facets of which become altered in direction where rotation is combined with lateral curvature. He had not been able to verify the statement generally made with respect to the ligaments, viz., their elongation on the convexity, and contraction on the concavity of its curve; and gave reasons for doubting its accuracy. The condition of the muscles was discussed at some length, and the author considered more extended observations of their structural conditions in the advanced stages would render material assistance in determining the accuracy of M. Guérin's theory of the production of spinal curvature by active muscular retraction. The commencement of these structural changes the author considered to be coincident with the period of fixity of the curve, and proposed, therefore, to make this the diagnostic symptom of "true lateral curvature," as distinguished from "threatened lateral curvature," above adverted to. The practical importauce of this point was particularly insisted upon, as enabling us to determine a fixed line, on either side of which our opinions with respect to the indications for treatment, and its probable results, must be most materially modified. In the one case, the affection is to be regarded as one of functional disorder; and, in the other, as one essentially and immediately dependent upon structural changes of important textures. Reparative processes, in the form of anchylosis, by plat-like processes, and nodulous growths of new bone from the margins of adjacent vertebræ, and also in the increased density of the cancellous tissue of the bodies of the vertebræ, and their outer walls in the concavity of the curve, were minutely described. The principal theories, or pathological doctrines in explanation of the phenomena described were then discussed. M. Guérin's theory of active muscular retraction, caused by material alterations of the nervous centres, together with his classification of the varieties of this deformity, in respect of the intensity of this cause, were discussed at length. Mr. Adams considered this view to be erroneous as applied to the ordinary cases of lateral curvature; and in his experience at the Royal Orthopædic Hospital had not been able to find a single example in any form sufficiently satisfactory to induce him to adopt the practice arising out of it,—namely, the subcutaneous divisious of muscles. Mr. Adams related the particulars, and exhibited the cast of a slight case of lateral curvature in a young lady, who had consulted both M. Guérin and himself. M. Guérin proposed operation, and stated his opinion in writing, that he believed mechanical treatment totally incapable of effecting a cure, and doubted his power of producing any melioration of the deformity. Mr. Adams completely cured this case by mechanical treatment in nine months, and she now remains well. Mr. Dod's theory of rotation of the vertebræ was adverted to; but, as the author considered the facts upon which it is based, either as forming complications in the most aggravated forms of lateral curvature, or as constituting a peculiar form or variety of curvature, he dismissed it from the present paper. The theory which ascribes lateral curvature to a mechanical cause, derived from the weight of the head and upper extremities, acting under the circumstances of muscular and ligamentous weakness, the direction and situation of the curve being determined by special circumstances, was next discussed, and considered by the author to be the most satisfactory. In accordance with this view, the indications for treatment in the cases of "threatened curvature" and of "true lateral curvature" were described as follows:—In the former—1. To improve the general health, and increase the muscular power generally. 2. To diminish the functions of the spine as a supporting apparatus to the head and shoulders. 3. To avoid such habits as tend to disturb the balance of muscular action, as standing on one leg, sitting awry, or for any length of time in one position, using one arm more than the other, etc. The statement previously made, that three-fourths of these cases will get well without any special treatment for the spine, the author conceived to be borne out by the results of Sir B. Brodie's extensive and prolonged experience as recorded by him in a clinical lecture in the *Medical Gazette* for December, 1846. Mr. Adams has no confidence in any system of special muscular exercises, whereby the muscles of one side of the spine are sought to be particularly developed. In cases of "threatened lateral curvature such a proceeding is not indicated; and, in cases of "true or fixed lateral curvature," where, theoretically, it may be supposed to be indicated, the author believes it to be a practical impossibility for two reasons:—1st. The anatomical difficulty of stating precisely in any given case, the exact muscles and portions of muscles, the increased power of which would act beneficially on the deformity; and, secondly, the impossibility of strengthening those particular muscles and portions of muscles, if they could be selected, without at the same time strengthening others, the increased action of which would at least neutralise their effect. There being no evidence in ordiuary cases that the muscles of one side are weaker than those of the other, the author recommends general gymnastic exercises of a light and easy description. The inclined plane he objects to, especially as an extending apparatus, and considers a common sofa to fulfil the essential indication of rest, and the horizontal position during two or three hours a-day at different periods. If three-fourths of such cases will get well under such treatment, it must ever be remembered that one-fourth will as certainly get worse, and true or confirmed lateral curvature becomc developed. The indications for treatment in these cases the author considered to be the same as in those of threatened curvature only in respect of the improvement of the general health, and diminution of the mechanical functions of the spinal column. As regards muscular exercises, and muscular development, he considered them to be precisely reversed. If all the muscles of the spine could be at once raised to their maximum of power, the effect would be to arrest the curvature at that point, and we frequently see cases arrested in the first and second stages, where the general health and muscular power have been improved; but no advance would be made towards straightening a crooked spine. This, which must be considered the main object of treatment, Mr. Adams believed could only be accomplished to a greater or less extent, according to the circumstances of the case, by mechanical treatment, which also had the advantage of promoting improvement of the general health, by removing the symptoms of pain, aching, irritability of stomach, &c., without interfering with any of the ordinary comforts of life. When you cannot promise your patients even any diminution of the deformity, you can most confideutly assure them that the symptoms will be greatly relieved or entirely removed, the latter being the rule. This point was illustrated by the description aud casts of the case of a lady, aged 40, in whom the curvature was of the most aggravated form, had existed nearly thirty years, had greatly increased during the last ten years, and in whom the symptoms were of the most severe and distressing character. All other plans of treatment had been tried and failed in this case; but by mechanical support the symptoms were completely removed, the general health restored, and the curvature very perceptibly improved.

Only a very short period remained for discussion.

Dr. Daniell had frequently had reason to remark the very slight benefit which had followed mere constitutional treatment in the earliest stages of lateral curvature, and assuming with the author that such cases arise in some degree from mechanical causes, he did not see why, in even their earliest developments,

recourse should not be had to mechanical remedies. He objected to the use of the inclined plane because the confinement to the house seriously interfered with the health and happiness of the patient; but he approved the appliances in use at the Orthopædic Hospital, since they, on the contrary, greatly increased the capability for out-of-door exercise.

Mr. Hale Thompson expressed the strongest objection to the views entertained by the author, but qualified his remarks by stating that he had heard only a part of the paper. His leading objection was to the assumption, that all cases of lateral curvature arise from one and the same cause, whatever may be the period of life at which it is observed. When it occurred at the middle, or at a later period of life, he believed that it always resulted from disease of the bone, and was irremediable; but where it is observed in childhood, or before adult age, there is no disease of the bone, and it may usually be traced to over-education of mind and body, or to special exercise of one side of the body, whereby the equilibrium of the two sides is destroyed He referred, in illustration, to the case of the daughter of a physician, who had obtained the disease by dragging herself up stairs by means of a hand rail on the right hand side. He was totally opposed to mechanical supports in growing persons, and considered them equally unfit for the training erect of a plant, or for the development of a growing limb. In after life, and when there was disease of the bone, he did not deny the value of such supports, since even by relieving the pressure upon the column, they have given comfort, in Potts' curvature; but yet, on the whole, he preferred that such cases should be treated by the horizontal posture.

Mr. Bishop, on the contrary, agreed with much the author had stated, and excluding cases of diseased bone, he was of opinion that the deformity usually accrues from the exertion of unequal pressure upon the spine. The plane of the curvature is, however, not purely lateral, but is directed more or less backwards, and the only period in which we may expect a successful issue is in its earliest incipient stage He regretted that the author had not entered more fully into the consideration of the cause of the inequality of pressure, and also into the plan of treatment which he (the author) preferred in confirmed cases; but in reference to the latter, expressed his belief that the principles must be those governing the treatment of all forms of the disease, the first attempt being to remove the cause. He had never known the figure of the vertebra to be changed by treatment when it had assumed the wedge-shaped form.

Dr. Chowne agreed with the author and Mr. Bishop, that the curvature may arise from unequal muscular power, without any serious injury having been done to the constitution. He then, in illustration, referred to the interesting case of a sempstress, who had been accustomed to sit on one side of the table only, and to lean in one direction towards the light, while pursuing her daily avocation, and, as a result, had incipient curvature of the spine. He had directed her to change sides at the table, and, within six or seven months, had observed a decided improvement in her figure. He also believed that the influence of posture and special muscular action, as observed in tailors and other artisans, tends directly to a degree of deformity. So, also, in reference to children writing at desks which are placed too high to be conveniently reached by the arms. The first duty of the practitioner is, therefore, to remove such evil habits.

Mr. Rogers Harrison stated his belief, that the prevailing habit of using the right hand had tended to curvature of the right side, and that, in this form of the disease, there is no organic change in the spinal column, while curvature to the left side is usually accompanied by disease of the bones.

Mr. Dendy made an inquiry as to the absorption of the transverse processes; after which,

The Author, in reply, stated his belief, that the same principles of treatment are not applicable to all the forms of lateral curvature, and that, until a very late period in the disease, any change in the structure of the vertebral column is restricted to the lost inter-vertebral substances.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 7, 1854.

Dr. BABINGTON, President, in the Chair.

Mr. Partridge reported on Mr. Ashton's case of

IMPERFORATE ANUS.

The rectum was found to terminate within a quarter of an inch of the spot where the anal opening should have been, and a complete sphincter ani externus existed, which was continued over the end of the rectum, leaving no deficiency for the anal aperture.

Mr. Partridge also reported on Mr. Adams's case of

ABSCESS IN THE SHEATH OF THE RECTUS.

In its present state it was impossible to say where the disease had begun; but the bone was so superficially affected, that he agreed with Mr. Adams in thinking that the disease could not have had its commencement there.

Dr. John Ogle reported on Professor Simonds' case of

DEPOSIT ON THE HEART OF AN OX.

The deposit was found to consist of coagulated fibrin disposed in concentric layers, on the outer surfaces of the organ; the lowest layer was the firmest, and had all the appearance of an albumino-fibrous exudation passing into a definite structure.

A report was read by Professor Simonds and Dr. Ramsbotham on Mr. Hutchinson's

DETACHED UTERUS WITH FŒTAL HARES.

The two fœtuses were found in the same cyst, with an incomplete septum between them; in the one first opened the funis was absent, but in the other it was present as usual. This was a case of extra-uterine pregnancy in the left Fallopian tube; and it was rather remarkable that both the fœtuses should have been found in the same Fallopian tube. Their weight was about the same; and, as hares do not breed in the winter season, they had probably been dead for some time, though decomposition had not yet commenced.

Dr. Handfield Jones exhibited preparations from a case of

CANCER OF THE PYLORUS.

The patient, a man 50 years of age, had died in St. George's Hospital, after an illness of about twelve months, attended with burning pain in the region of the stomach, disinclination for food, and great emaciation. There was no perceptible tumour, and no epigastric tenderness on pressure.

The pylorus was found much contracted, and the disease had extended in the submucous tissue towards the cardiac end of the stomach, involving the mucous membrane, which, at the pylorus, could scarcely be said to exist; the muscular coat was thicker than natural; the diseased mass was found by the microscope to consist of lowly-organised cell substance, which was only remarkable for the number and size of its nuclei. Along the lesser curvature of the stomach were several enlarged glands, some of which contained cells which could not be distinguished under the microscope from the columnar epithelium cells of the intestinal mucous membrane.

As the malignant nature of this case could scarcely be doubted, it went far to show that cancer-cells could not be distinguished by their microscopic characters alone. In his opinion, any form of cell might be found in cancer, and be truly cancerous.

Dr. John Ogle showed a case of

DISEASED BRAIN.

The patient, a woman, 34 years of age, had died comatose, after a somewhat obscure illness, and during the *post-mortem* one or two convolutions of the brain were found wanting. At first it was thought that the deficiency was congenital, but, on a closer examination, a cyst was discovered, containing a granular fluid, and the brain below was softened and partly absorbed. The arachnoid membrane in the neighbourhood was thickened, and in some parts a calcareous deposit was observed.

Dr. Quain exhibited for Dr. C. Black, of Chesterfield, some

MELANOTIC SPUTA,

with drawings of the appearances, as shown by the microscope, exhibiting, besides the cells with melanotic deposit, nerve-tubes, pulmonary vesicles, broken bronchial tubes, crystals of triple phosphate, and also others, apparently of uric acid; vessels of a bright red, probably from contained blood, and others of a blue colour, perhaps from the formation of ferro-cyanide of iron.

Dr. Handfield Jones, at the request of the President, undertook to examine the sputa, and report the results.

Mr. Henry Thompson exhibited a number of

PINS REMOVED FROM VARIOUS PARTS OF THE BODY.

The patient, a young woman, was taking down clothes from the drying-lines, and putting the pins in her mouth, when some one came behind her and seized her by her arms, startling her so much that she swallowed the whole mouthful. A neighbouring Practitioner was immediately called in, and administered pur-

gatives and emetics, but none of the pins were evacuated. After this she lost her appetite, had frequent attacks of vomiting, and became much emaciated; a small swelling showed itself under her left breast, which ulcerated and burst, giving passage to a pin, the head of which was gone. Sixteen others were removed from about the same spot, and others from the left knee, from over the sternum, and from the wrist, in all twenty-two in number. They had all lost their heads except two, and she has lately vomited a number of detached pins'-heads.

Mr. Partridge asked, if Mr. Thompson believed that the woman had really swallowed the pins; all these cases were in his opinion those of hysterical girls who themselves put the pins into those parts of their bodies from which they were afterwards removed by their medical attendants.

Mr. Thompson said, that her master saw her swallow the pins, and Mr. Jones, who had attended her while the pins were making their way to the surface, believed that her account was a true one. To show that such substances may remain in the intestinal canal for a long time, he would refer to a case related in the Transactions of the Medico-Chirurgical Society, where upwards of a pound of pins was found in the stomach and duodenum twelve months after they had been swallowed.

Dr. Fuller knew a case where a child who swallowed a pin, was ill for twelve months after, and the pin was finally removed from the buttock.

Mr. Mitchell Henry said, that, in the Museum of the College of Surgeons, there were preserved 500 pins found in the body of a Danish Jewess. He also mentioned a case which came under his own notice, where a pin was taken from an abscess in the leg of a child.

Dr. Ogier Ward had often found large pins, such as those used in bleaching-grounds, in the beef of oxen who had been fed in those districts where bleaching was carried on.

Dr. Hare remarked, that all the pins were of the same size, which would serve to corroborate the girl's story.

Mr. Henry Thompson also exhibited an example of

MALIGNANT DISEASE OF THE PROSTATE GLAND.

The patient had at first suffered from difficulty in micturition, and afterwards from incontinence of urine, and finally paralysis of the lower part of his body. No distinctive cells were found in the mass itself, though cancer-cells were seen in the enlarged glands in the neighbourhood. A flattened encephaloid mass was found growing from the laminæ of the vertebræ, and pressing on the spinal cord, thus accounting for the paraplegia.

The President suggested, that Mr. Hutchinson should undertake the microscopic examination of this specimen.

Mr. Fergusson showed two specimens of

DISEASED ELBOW-JOINT REMOVED BY RE-SECTION.

The portions of bone had been excised on account of disease of the cartilages and synovial membranes. He had brought them as examples of an operation not as yet very familiar in London.

Mr. Fergusson also exhibited two

FIBROUS TUMOURS.

The first was of an unusual kind, and very large; it had been growing for four years. It was removed from the back of a patient, 40 years of age, had been very prominent, and fixed below, so as to be but slightly movable, so that it was with some little difficulty that it was separated from its attachments to the muscles beneath, and to the skin covering it, into which it seemed gradually to pass off, so as to have no distinct line of separation. It was very vascular, and bled much on being wounded. The other tumour, though of the same age, was very much smaller. He had brought it chiefly for comparison with the preceding, which, in some respects, it resembled. It was removed from the forehead, where it was firmly adherent to the bone above the eyebrow.

Mr. Fergusson also exhibited a

TUMOUR FROM THE BREAST.

This was a tumour similar to one which he had removed from the calf of the leg of a man some weeks ago, and which had been laid before the Society by Dr. Lionel Beale. In this case the patient was a woman forty-eight years of age, who suffered from what was apparently a sero-cystic tumour of the breast; but, on cutting into it, no true cysts were found, but a jelly-like mass escaped similar to that observed in the man before alluded to. Dr. Beale, on microscopic examination, found it to consist of fibres having a wavy course, with fibro-cells and cells; some small, with nuclei, others large, and filled with yellow-colouring matter, probably blood in a state of change. More nuclei were brought into view by the addition of acetic acid, and the presence of albumen was shown by coagulation, on the application of heat, and the addition of nitric acid. Mr. Fergusson believed that the most remarkable point in the history of this kind of tumour was its non-liability to return, though he had seen one case where it had re-appeared in the same patient. From some it had received the name of colloid cancer, but had not as yet been very well described.

Mr. Brook said, that this tumour was very similar to that shown by Dr. Beale at a former meeting of the Society. Some of the cells were very large.

Dr. Hare said that the description corresponded to that usually given of colloid cancer.

At the request of the President, Dr. Pollock and Mr. Hutchinson undertook to examine this tumour and report upon it.

Mr. Shaw exhibited an example of

FUNGOUS TUMOUR IN THE BLADDER.

The patient, a woman, had suffered from symptoms of stone in the bladder. No stone, however, could be detected. A tumour was, however, found projecting into the urethra, and she so far recovered as to be able to pursue her occupation as a charwoman for some time, with more or less pain in the region of the bladder. At length intolerance of urine came on, and large quantities of blood were passed with the water. The pain was relieved by opiates, but she sank under the effects of loss of blood. The tumour was found attached by a pedicle to the walls, and broken down by the contraction of the bladder upon it. It appeared fibrous in structure.

Mr. Shaw also showed a specimen of

ENLARGED PROSTATE WITH SACCULATED BLADDER.

The patient had suffered from intolerance of urine, with pain in the region of the bladder; also emphysema and bronchitis. After death, traces of peritonitis were found in the vicinity of the bladder. The prostate was enlarged, and there were two sacculi leading from the lower part of the bladder. Near the neck of the bladder was a small abscess, probably caused by the irritation of urine which had escaped into the cellular tissue under the mucous membrane, and led to the peritonitis in the neighbourhood.

Mr. Holt exhibited a

FATTY TUMOUR ATTACHED TO THE LARYNX AND ŒSOPHAGUS.

It was eight inches in length, and hung down in the œsophagus from the larynx. The gentleman from whom it had been taken had died suddenly at the age of 80 years, and had for twelve years been subject to huskiness of voice, with frequently recurring sensations of choking and nausea. On one occasion during a fit of coughing, the tumour was thrown up into the mouth, and death from suffocation was only prevented by its speedy return into the throat. Other smaller fatty growths were found about the pharynx. Mr. Holt mentioned another case of affection of the voice, apparently from a similar cause.

Mr. Haynes Walton exhibited a form of

DISEASE OF THE TESTIS.

A gentleman, aged 31, while travelling in Egypt, in consequence of a marked consumptive diathesis, was attacked with swelling and pain in his left testis. The indisposition lasted for three weeks, and the organ seemed to recover itself. About seven months ago, a similar attack appeared, but, instead of subsiding, increased in severity. The scrotum became highly inflamed and swollen, adhered to the front of the testis, to which it soon gave exit through an ulcerated opening. When Mr. Walton saw the case, a few days ago, nearly the entire body of the organ was without the scrotum, which was contracted, and of a branny hardness. The entire surface of the exposed part was irregular and covered with a sloughy-looking material, which was highly offensive. The spermatic cord was enlarged and hardened, and the integuments over it seemed on the point of inflammation. As all treatment had failed, Mr. Walton removed the testis. In a section of it, made from before backwards, no trace of the natural structure was observable to the naked eye. Instead, there was a yellowish material, traversed by a dense white tissue. Altogether, the appearance was not unlike that of soft cancer. Mr. Walton then read an account of a minute examination made by Dr. Handfield Jones, by which, he said, facts were revealed which had induced him to bring the subject before the Society. It was as follows:—The testis was enlarged, its surface rather lobulated, its tissues flabby, pale, but firm. At some parts of the section, there were patches of a dirty yellowish

tint, which seemed rather more prominent than the rest. These contained numerous wasted tubes, with more or less intervening fibroid formation. The white tissue consisted of much fibroid formation, with fewer remnants of tubes. There were but few injected vessels to be seen. The new fibroid tissue was loaded with nuclei, round, or oval, or elongated. Mr. Walton remarked, that the specimen illustrated Dr. Jones's views respecting the deposit of fibroid matter in the substance of organs, and which, according to that observer, differed materially from the effects of chronic inflammation.

Mr. Fergusson said, that this disease was commonly known to surgeons as fungus of the testicle, and was generally treated by a removal of a part or of the whole of the tumour. Mr. Syme was in the habit of attempting to save the organ by raising the skin of the scrotum and drawing it over the gland; but microscopic examination would seem to show that the structure of the gland was so far destroyed as to make its preservation useless.

Mr. Walton said, that the skin of the scrotum was so far destroyed as to render Mr. Syme's operation impracticable.

Mr. Harvey Ludlow inquired whether the tubular part of the testicle had protruded.

Mr. Walton said, that the whole gland was completely denuded of its natural coverings.

Dr. Handfield Jones observed, that this was a good example of a fibroid growth spreading through the tissue of an organ, and causing atrophy of its essential structure. Cirrhosis of the liver was an analogous disease. The whole growth was extra-tubular.

Dr. R. Taylor and Mr. Harvey Ludlow were appointed to report on the specimen.

EPIDEMIOLOGICAL SOCIETY.

March 6, 1854.

Dr. Babington, President, in the Chair.

A paper was read by Mr. Richardson, which had been written by him and Dr. Moffatt, of Hawarden, entitled, on

METEOROLOGICAL CHANGES IN RELATION TO EPIDEMIC DISEASES.

The authors opened the subject by referring to the labours of Hippocrates, Sydenham, Arbuthnot, and some other writers, and then passed on to consider, 1st. The general influence of the seasons; and, 2nd. The connexion that exists between epidemical diseases, and the following meteorological conditions,—temperature, humidity of the atmosphere, electric conditions of the atmosphere, the force and directions of the wind, and the presence of agents supposed to be foreign to the atmosphere.

As the result of their labours, the authors have arrived at the following conclusions:—

1st. That all those diseases which prevail at certain periods in a marked degree, and at other periods, are as markedly absent, should be called epidemical; or, in other words, that the idea of the communicability of a disease should not alone and solely carry with it the idea of an epidemic disease.

2nd. That the influence of the seasons on all the epidemic diseases is so marked, that a series of laws bearing on this subject might easily be wrought out from observations sufficiently correct and extensive.

3rd. That, according to the observations of Dr. Moffat, the maximum of all diseases takes place when the wind is in the South, or equatorial, or ozone, points of the compass; and the minimum, when it is in the North, or polar points, or points where ozone is absent.

4th. That the maximum of diseases for individual points of the compass occurs at N.W. and S.E.

5th. That some diseases are almost peculiar to certain points of the compass.

6th. That temperature does not seem to exert so much direct influence over diseases, as do the changes indicated by the oscillations of the barometer.

7th.—That ozone presents itself at certain periods, and, as it would seem, under the influence of particular laws; that certain diseases are peculiar to ozone periods, but that it need not be inferred that ozone gives rise, *per se*, to those diseases.

8. That the greatest number of diseases (according to Dr. Moffat's observations) take place with a medium degree of humidity of the atmosphere; and the greatest number of deaths with a minimum degree of humidity.

9. That the force of the horizontal movement of the wind would seem, from Mr. Richardson's present observations, to exert no influence on the spread of diseases.

10. That, in order to arrive at precise results as to the effects of meteorological changes on epidemic diseases, observations both of meteorological phenomena and of diseases ought to be steadily conducted at various points of the country, including areas of not more than twenty miles; and that the daily results thus obtained should be forwarded for arrangement to a public officer resident in London,—a Registrar-General of Medico-Meteorological Observations.

Dr. Sibson said, that there was one point in which he felt induced to differ from the conclusions arrived at by the authors of the interesting paper which had just been read, viz.—as to the influence of temperature. The Registrar-General's Reports showed that this had more influence on mortality than all other meteorological changes put together. To take a single example: in the last week of 1853 the temperature was considerably below the average, and the deaths were 1400; in the corresponding week of 1852, the temperature was eight or nine degrees above the average, and the deaths were only 900. The mortality was at its minimum, with a temperature of about 53° Fahr. It was lower when this average was reached during the spring months than during the autumn. He believed that, in fact, the laws of mortality would be found to hinge on the differences of temperature, which were themselves closely connected with changes in the winds. It must not be forgotten, however, in reading the Reports of the Registrar-General, that they refer only to *deaths* from disease, and do not give us any information with respect to the prevalence of the diseases themselves. In connexion with meteorological observations, it was important to have accurate information concerning the position and physical geography of the places where the observations were taken. The character of the winds, for example, was much influenced by the position of the station where they were observed with respect to the coast. It would also be interesting to know the number of days in which each wind was observed. From some observations by the Astronomer-Royal, Professor Airey, it appeared that westerly and south-westerly winds were the commonest in this country, while those during the prevalence of which the mortality was apparently higher—viz., north-west and south-east—were much less common. This would make it more difficult to obtain correct averages. Probably, however, a different series of winds was prevalent in that part of the kingdom where the observations had been made on which this paper was founded; and, indeed, on referring to the table of the number of days on which each wind was noticed, he found that the north-west winds were commonest, then S.W., S., and S.E.

Dr. Snow said, that during the last few months south-east and north-west winds had been very prevalent. He saw nothing in this paper contradictory to the reports of the Registrar-General; it was well known that the number of deaths from a disease was not regulated by the mere numerical prevalence of that disease; and that the same weather which was bracing and congenial to the young and robust was fatal to the old and infirm.

Dr. Gavin Milroy observed, that from these tables it was very evident that the diseases most affected by changes in the seasons were cholera, diarrhœa, and dysentery, which were all much more prevalent in the autumn; the same was true of yellow-fever in the West Indies and at Gibraltar. It had been observed in Jamaica, and, indeed, over the whole world, that before the outbreak of cholera, the atmosphere had been remarkably stagnant, and when winds did at length come they blew from unusual quarters; the rains, too, had been heavier than in ordinary years.

Mr. Richardson said, that it was not intended to deny the great indirect influence of change of temperature with which many other meteorological changes were intimately connected. A very full account of the geology of the district where the observations had been made was given by Dr. Moffat in the *Athenæum* during the course of last year.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—March 9.

CHOLERA.

The Earl of Harrowby called the attention of the House to the sanitary condition of the Metropolis, and insisted upon the necessity of immediately taking steps to avert the danger from the return of cholera. He thought they ought to provide a power peremptorily to compel the local authorities to carry out the requisite measures.—The Earl of Shaftesbury was glad that the subject had been brought before their Lordships, as the country ought to be acquainted with the extent of the prepara-

tions that had beeu made to meet the approach of cholera. This dreaded epidemic was now following the same course that it had taken on former occasious, commencing its career in a manner precisely analogous to the last. The noble Lord then proceeded to state what had been doue by the Board of Health iu the appoiutment of Medical inspectors, and iu the issuing of iustructions and regulations. In almost all cases, the same localities were first attacked that had suffered most from the epidemic in previous visitatious, and some local cause was always detected for the virulence of the disease. There are nuisances in the heart of the Metropolis, which, from the small amount of power vested in the Board of Health, it has been found impossible to grapple with effectually. In these respects, London is far behind Paris. The noble Earl insisted upon the necessity of giving to the Board of Health enlarged and more stringent powers.—In answer to a remark from Lord Beaumont, the Earl of Shaftesbury said, the Board of Health could not iustitute an indictment against any party; first, because it had no power; secondly, because it had no money.—The Earl of Harrowby said, what was wanted was, a dictatorial power.—The Earl of Grauville stated, that the powers of the Board of Health had, by order in Council, been continued for six months.

HOUSE OF COMMONS.—Friday, March 10.

Petitions were preseuted in favour of the Medical Registration Bill, by Mr. Wise, from H. W. Statham, M.R.C.S., Wandsworth-road; by Mr. Pellatt, from G. Coates, jun., L.S.A., Hart-street, Bloomsbury; by Mr. Macartney, from G. H. Love, M.R.C.S., Old-street; by Colonel Greville, from G. J. Armsden, M.D., Gloster-terrace, Hoxton, and James C. Miller, M.R.C.S., Finsbury-square; by Mr. Brady, from Dr. M'Cormack, Belfast; by Brotherton, from John Stephens, Medical Botanist, Ratcliffe-highway, for inquiry before the Medical Bill be passed into law; by Mr. Wise, from the Medical Professiou of Stafford, for cousideration of the grievances of Naval Medical Officers; and from Wandsworth, in favour of the Medical Registration Bill; by Mr. Pollard Urquhart, in favour of the Bill for the Registratiou of Qualified Medical Practitioners.

MEDICAL REFORM BILL.

Mr. Grogau asked the Secretary of State for the Home Department if he intended to introduce the Bill for Medical Reform before the Easter recess.

Lord Palmerston said, the subject was a very large and a very difficult one, and he could not undertake to say that he should be prepared to submit a Bill to the House before Easter. He should introduce a measure as early as possible after taking the necessary steps to put the Bill iu a proper shape to be brought before the House.

Monday, March 13.

Petitions in favour of the Medical Registration Bill were presented by Mr. Lucas, from J. Kay, M.R.C.S., Old-street, St. Luke's; by Mr. Brady, from W. D. Key, M.R.C.S., M. Coleman, M.R.C.S., G. Benkebb, M.R.C.S., H. Dermott, M.R.C.S., J. Yearsley, M.R.C.S., W. E. Humble, M.D., F. S. Strider, F.R.C.S., E. Doubleday, F.R.C.S.; by Mr. Ball, from J. Luke, M.R.C.S., T. Cattell, M.D., G. B. Payne, M.D., H. A. Aldred, M.D., C. Brady, M.D.; and by Mr. M. Smith, from J. Glissan, L.S.A., T. G. Tebay, M.R.C.S., H. B. Evans, M.R.C.S., and P. C. Kidd, M D.; by Mr. E. Ball, from Joseph Locke aud others, in favour of Mr. Brady's Medical Bill; by Mr. Brotherton, from the advocates and friends of Medical Botany iu London, against the Medical Practitioners Bill; by Mr. Whatman, on behalf of Naval Medical Officers, and more particularly of junior Astant-Surgeons of the Royal Navy; also in favour of Mr. Brady's Medical Bill, and praying that a public prosecutor be appointed to carry its provisions into effect; by Sir J. Walmsley, from certaiu Members of the Medical Professiou at Leicester, prayiug the House to consider the grievances of which Naval Medical Officers complaiu; and by Mr. Kirk, from the Medical Practitioners in and uear Newry, praying the House to take into its favourable consideration the grievances under which the Naval Medical Officers now labour.

Tuesday, March 14.

Petitions were presented by Dr. Michell, from the members of the Medical Profession residing at Eastbourne, prayiug that the Naval Medical Officers may be placed on the same footing as those of the Army; by Mr. Tollemache, against the Medical Reform Bill, from Northwich; by Mr. Hume, from Burton-on-Trent, in favour of better accommodation for the Medical officers in the Navy; by Mr. Cowan, from the Royal College of Surgeons, Edinburgh, against the Medical Registration Bill, and praying for a less objectionable measure of Medical Reform.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at the meeting of the Court of Examiners on the 10th instant:—

Davies, H. M., Cymmer Works, Pontypridd, Glamorgan.
Griffith, John, Army.
Harris, William, Waterford.
Makin, William Henry, Lancaster.
Maunder, Charles Frederick, Exeter.
Robins, Benjamin Savage, Dunsley-hall, near Stourbridge.
Shortt, John, Madras.
Thomas, James Prichard, Aberdare, Glamorganshire.
Webb, John Craske, Shaftesbury-crescent, Pimlico.
Wright, George, Manchester.

APPOINTMENTS.

University College and Hospital.—Mr. Hubert Shelley has been appointed Lecturer on Dental Surgery to the College, and Deutal Surgeon to the Hospital.

Naval.—Surgeons.—James Jenkins, M.D. (1854), recently promoted from Assistant-Surgeon of the Fisgard for service in Woolwich dockyard, to be Surgeon at the Royal Marine Infirmary at Woolwich; Arthur Adams (1853), to the Victory, flagship at Portsmouth; Evan Evans (1845), to the Victory; John C. Sabben (1851), to the Victory; Archibald Elliott, M.D. (1851), to the Victory; Alexander Kilroy (1838), to the Ajax, for service with the Baltic Fleet, vice John Sloan; John Sloan (1838), to the Conway, 26, at Portsmouth, preparing for service as flagship at Cork, in room of the Ajax, 58, screw steam-flagship at Cork; John F. Johnson (1853), to the Lightning steam-vessel at Woolwich, preparing for surveying service; Robert Beith, M.D. (1852), from the Vulture paddlewheel steam-frigate to the Belleisle; James J. Martin, M.D. (1853), to the Belleisle; Edward Groves (1846), to the Gorgon, paddlewheel steamsloop, at Portsmouth.

Assistant-Surgeons: Johnston Christie, M.D. (1846), from the Royal Marine Infirmary at Woolwich, to the Majestic, 81, screw steamship at Sheerness; Richard King (1846), to the Duke of Wellingtou, 131, screw steam flag-ship of Vice-Admiral Sir Charles Napier, K.C.B., Commander-in-Chief of the Baltic Fleet; John C. Ingles (1847), to the Illustrious, 72, at Portsmouth; James Whicher (1846), from Greenwich Hospital to the Edinburgh, 58, screw steam flag-ship of Rear-Admiral Henry D. Chads, of the Baltic Fleet, at Portsmouth; George Everest, M.D. (1844), from Greenwich Hospital to the St. George, 120, at Portsmouth; Owen Jefferies Llewellyn (1851), borue on the books of the Poictiers, guardship of ordinary at Chatham, for service in Melville Hospital, to the Gorgon, paddlewheel steam-sloop at Portsmouth; William L. Gordon, M.D., of the Woolwich division of the Royal Marines, to the Majestic, 81, screw steamship, at Sheerness; John C. Messer (1852), to the Arrogant, 47, screw steam-frigate of the Baltic Fleet; John C. Messer, M.D. (1852), from the Belleisle hospital-ship to the Duke of Wellington, 131, screw steam flagship of Vice-Admiral Sir Charles Napier, K.C.B.; James Whicher (1846), recently serviug at Greeuwich Hospital, to the Belleisle.

Acting Assistant-Surgeons: J. W. Brown (1853), serving in a Naval Hospital, to the Dragon paddlewheel steam-frigate at Portsmouth; Johu Fisher (1854), to Greeuwich Hospital, in the room of James Whicher; David Courtenay (1854), to Greenwich Hospital, in the room of George Everest; Peter W. Rolstone (1854), to the Nile, 91, screw steamship; M'Neill M'Grath (1854), to the Prometheus paddlewheel steam-sloop at Devonport; Augustus R. Reed (1854) to the Conflict screw steam-sloop at Portsmouth; John Fisher (1854), to the St. George, 120; John L. Thornhill (1854), to Haslar Hospital, at Portsmouth.

Military.—Memorandum.—Grenadier Guards: For Henry Lawrence, gent., to be Assistant-Surgeon, read Henry John Hughes Lawrence, gent., etc. 50th Foot: For Edward Gregg Noot, gent., to be Assistaut-Surgeon, vice J. C. Purves, M.D., who resigns, read Edward Gregg Noott, geut., etc.

DEATHS.

Cocke.—March 8, at 7, Ulster-place, Regent's-park, Archibald Cocke, Esq., Surgeon, aged 39. L.S.A., 1837.

Wylie.—Sir James Wylie, for so long a time the Chief Physician at the Russian Court, has just died at St. Peters-

burg. He is reported to have bequeathed the entire of his very large fortune to the Emperor of Russia. Sir James Wylie was a Scotchman, born in 1768. He entered the Russian service as Military Surgeon in 1790; was appointed Physician to the Imperial Court in 1798; Surgeon in Ordinary to the Emperor Paul and Physician to the Heir Apparent in 1799; Director of the Medical Department of the Minister of War in 1812; Physician in Ordinary to the Emperor Alexander in 1814; and, lastly, Inspector-General of the Board of Health in the Russian Army. He was also President of the Russian Medical Committee of the Minister of War; Director of the Russian Medical Department of the Imperial Court; and a Privy Councillor of the Czar. Sir James Wylie was knighted at Ascot-heath Races, in 1814, by George IV., then Prince Regent, and was subsequently created a baronet at the request of the Emperor Alexander, on his departure from England. The wealth of the deceased is stated to have been very considerable.

Death from Sulphuric Acid.—Mr. Heywood, the Lecturer on Chemistry at the Wesleyan College, Sheffield, lost his life lately, in consequence of a bottle of sulphuric acid breaking. The acid fell on his clothes and ran on the ground. Mr. Heywood fell at the same time, and was so much injured that he died.

University College.—The Council, at their Session on Saturday last, received notice of a donation of thirty guineas to the Hospital from the Bishop of St. David's. They also received offers of a rich case of fossils from Sir Roderick Impey Murchison; and of another valuable collection of fossils from G. B. Greenough, Esq., for the better illustration of the courses of lectures on geology in the College, especially that of Professor Morris, now in progress.

Royal Medical and Chirurgical Society.—At the meeting last Tuesday, the following gentlemen were elected Fellows:—Philip Burrowes, Charles Thomas Coote, Barnard Gilpin, Samuel Osborne Habershon, Thomas Hillier, Hananel de Leon, Edward Archibald Middleship, Thomas Bacon Phillips, William Henry Ransom, Henry Stevens, Frederick Symonds, Edward Waddington, William Webb, Thomas Spencer Wells.

City of London and East London Dispensary.—The Anniversary Dinner of this Charity was held at the London Tavern, on the 15th inst., the Right Hon. the Lord Mayor in the chair, supported by Lord T. Pelham Clinton, Mr. Alderman and Sheriff Wire, Sir Charles Rugge Price, W. E. Heathfield, Esq., M. Bass, Esq., and others. 4000 cases had come under treatment during the year. The debt, which had for a long time pressed heavily on the Charity was, by the announcement of a brilliant list of subscriptions, obtained by the exertions of Mr. Carpenter, the Senior Surgeon, and the liberal donations at the table, now declared to be paid off, and a balance placed in the hands of the Treasurer. Several noble and honoured names were added to the already excellent list of Vice-Presidents. The Duchess of Sutherland and several ladies of exalted station have consented to become lady patronesses of the Dispensary.

City Orthopædic Hospital, Hatton-garden.—The anniversary festival of this Hospital was held at the London Tavern, on Tuesday last, the 14th inst., His Grace the Duke of Argyll in the chair. From the report of the Medical officers it appears, that since the foundation of the Hospital in 1851, 1684 cases have come under treatment; the number of admissions have nearly averaged 1000 annually. The noble Chairman eloquently advocated the claims of the Charity, and stated his reason for supporting it and presiding,—that the Institution was free from the charge, and was not calculated to encourage pauperism by the indiscriminate distribution of its relief. Dr. Little, whose health was proposed as the introducer and first teacher of orthopædic surgery in England, stated that he had on that day unexpectedly visited the Hospital, and was greatly pleased with the management and treatment of the patients, and the general arrangement of the Institution. He regretted that the number of beds was so limited, while there was clearly space sufficient in the building for from eighty to ninety in-patients. A liberal collection was announced by the Chaplain and Honorary Secretary, the Rev. H. C. Radclyffe, amounting to about 700*l.*

More Secessions from the Royal Free Hospital.—Mr. Parnther and Captain Roxburgh, two of the most respectable and active members of the Committee, supporters of Mr. Gay, have refused to allow their names to appear on the list of the new Committee about to be prepared for 1854.

Medical Preparations for War.—The following are extracts from a letter by Mr. Guthrie, which lately appeared in the *Times*. Mr. Guthrie says of the Surgery of the war from 1808 to 1815, and of the result of his applications to the war authorities in time of peace:—"The Medical men were almost always unequal, from the paucity of their numbers, as well as their inefficiency, to the duties required from them; and the wounded, although all receiving some little attention, were necessarily neglected on many points essential to their safety. When historians write, and probably with truth, that more than one-half the British army in the Peninsula was at one time absent on the plea of sickness, it may be, perhaps, as well to know the reason why, and how an evil so destructive to all political as well as military arrangements is to be avoided in future. Some years ago, when Lord Hill was Commander-in-Chief, and Lord Vivian Master-General of the Ordnance, I drew their attention privately to the inefficient state of the carriages in use in the British army for the conveyance of wounded men. They assented to a trial being made of some supposed improvements, and after several boards of officers, military and Medical, had investigated the subject, an estimate for 500*l.* was referred from the Ordnance to the Treasury for the purchase of such carriages as might be found, on trial, the most perfect. The Chancellor of the Exchequer, instead of assenting to the estimate, refused to approve, and is said to have declared that, as there was no war, there was no necessity for carriages to convey wounded men. He might as correctly have refused to find money to build ships, cast cannon, or make gunpowder. I had unfortunately omitted to propitiate the gentlemen at the Treasury, who did the business of the doctors." Mr. Guthrie's applications were not confined to the Horse Guards. He heard of the destitution of the wounded after the great battles of Moodkee and Ferozeshah, in India, and at once drew the attention of the Directors of the East India Company to the subject in a letter from which the following are some detached extracts:—"The following selections from a letter from one of the Medical Officers present at the late battles in India were not written for publication, and are by so much the more valuable, and to be depended upon. They show in a plain and decisive manner the inefficient state of the Medical department, and the Medical arrangements with that part of the British force lately engaged on the plains of the Sutlej. The letter itself is not one of complaint—it reflects on no one. It is a mere statement of facts, and might have been written by any of the Medical Officers of regiments during the first parts of the Peninsular War, showing at that time even a greater degree of destitution and of human suffering:—'Ferozepore, Dec. 25, 1845.—I have just brought in the wounded of our regiment, 175 in number, to this station, where there is a commissariat, and some accommodation. I am here single-handed, the regiment being encamped four miles off. The labour I have undergone has been excessive. I am one of four, three of whom are absent. One claimed the sanitary depôt, a second was left at Kussowlee, a third is in camp with the regiment, and I am here alone. How can I be expected to practise scientific surgery surrounded by 175 wounded men, all clamouring and beseeching for assistance? I have no time to do anything satisfactorily. I have, however, managed to do four amputations to-day, and dressed the greater number of serious cases, including two amputations I brought off the field, and am quite weary of the bloody work. Instead of 75 doolies or litters to which our regiment, 750 strong, was entitled, on the evening of the 16th, when we began our march, the commissariat could only supply 24, each being short of two bearers; the others soon began to drop off, owing to the severity of the work, so that, by the time we reached Moodkee, only 12 doolies remained for service. There was no Medical chief appointed that I heard of. It was, perhaps, thought the fighting would soon be over, and the wounded but few. If so, we reckoned without our host. We had in the field with us, according to your directions, a quantity of water, some brandy, wax candles, and a fair proportion of Medical and surgical stores, and followed close in the rear of the regiment till the men began to drop around us, chiefly with horrible wounds from cannon-shot, which the enemy fired with wonderful rapidity. We halted under a tree, the only shelter to be had, the country being a sandy plain, as level as a table, and the Hospital soon became a dreadful scene of mangled bodies. The men of the band brought in the wounded, and we were getting on well until a great misfortune befel us. I do not know, nor can I believe, that ours was the only field Hospital of the division, but certain it is, we were soon besieged by wounded from every corps. Cavalry and artillery came galloping in and carried of our doolies. When it was discovered we had water, there was an end to all order; we could only save one small vesselful by plac-

ing it in charge of a sentry with a loaded musket. When it became dark we lighted our candles, but had scarcely done so when an order came to put them out, or the Sikhs would be down upon us. Shortly afterwards we were ordered to join the regiment; but, in the dark, no one could tell where it was. It was said to be on our right, but, by sad mischance, we wandered down to the Sikh camp, when the enemy began to fire upon us. We all made off as fast as we could, the doolie-bearers throwing down their loads, which ended our Hospital establishment. We could not, with our deficient means, carry off all the wounded from our field Hospital, and we saw many poor fellows lying near the entrenchments we could not remove.' (They were all murdered in cold blood.) A European force of 12,000 men, artillery, cavalry, and infantry, ought to have present on their first field of battle one Inspector-General of Hospitals, one Deputy, or two if the service is likely to continue, six Staff-Surgeons, a Surgeon, and three Assistants to each regiment, and some six or more Staff Assistant-Surgeons unattached, to be employed as circumstances may require, and to fill up such vacancies as may unfortunately occur. This Staff is necessary, because British soldiers require from one-fourth to one-third more Medical men than any other soldiers in Europe. They are more prone to inflammation after wounds and operations; and it is known that, while natives of Portugal, Spain, and Hindostan can do comparatively without surgical care, the British soldier stands in need of constant and laborious attention. This is admitted by every Surgeon of the Indian service, and the practice of surgery is, therefore, essentially different with respect to European and native Indian troops. The British officers and soldiers wounded at Moodkee and Ferozeshah required more Medical men to do them substantial justice (according to those principles I have inculcated as resulting from the experience of the Peninsular war) than were present with the army; and if another battle, attended with similar results, had taken place within the first week, many of the wounded must have perished for want of surgical assistance. The Court of Directors, Her Majesty's Government, and the British nation, may, with great advantage, come to the conclusion, that, if a British force is to be employed in India, the Medical Staff ought to be complete, or the wounded soldier must be sacrificed in the hour of his distress. England would have the melancholy satisfaction of knowing, if her sons had died after days of suffering and distress, that such suffering and distress were alleviated, as far as possible, by the kindness, the sufficiency, and the competency of the Medical Staff of the Army. The labour these officers have to undergo after a battle is not understood. If gentlemen in authority will be pleased to tie and untie their own shoestrings for half an hour, without lifting their feet from the ground, they will comprehend the difficulty the Surgeon will have to overcome, who is obliged to work in a nearly similar manner for the whole day and part of the night. Every badly-wounded soldier is lying on the ground, every manipulation to be gone through is more inconvenient than tying a shoestring, and human nature cannot sustain it beyond a reasonable point. That point passed, scientific surgery ceases to be attended to, and just as much is done, and no more can be done, than will satisfy the unfortunate soldiers that they are not neglected. They believe they are suffering from their own misfortunes, rather than from the parsimony of those who rule over their destinies. The real Medical duty of the Peninsular War was done by men much under 30 years of age. A regimental surgeon past 50 can rarely bend his back or kneel in the manner it is desirable a regimental Surgeon should do; and an inspectorial officer much after sixty is almost always as inefficient before the enemy for everything like long-continued personal labour. There has been no use, neither can there be any, in teaching surgery to officers of the public service, if they are placed in situations in which they cannot practise it. It is just as useless to leave them records pointing out what they ought to do, but which precepts they are rendered incapable of carrying out. After the battle of Toulouse, with only 1,359 wounded men in hospital, officers included, the surgery of the army was as perfect as the then existing state of surgical knowledge permitted. After the battle of Waterloo nothing could be worse. It was impossible, during the first week, from the great number of wounded and the paucity of Medical men, to give them anything like proper attention. Assistant Staff-Surgeons, who had done their duty at Toulouse without a fault, were committing nothing but errors at Brussels. Their apology was their total inability to perform even one-half of the services demanded of them. All the wounded had a little attention, but few of the bad cases to that extent which was necessary for their safety, or consistent with the principles of surgery. It has been the same in India, and must always be so, until the regulations enforced by the Court of Directors are altered. The whole thing naturally reduces itself to this—that Great Britain may not go to war, unless she is willing to incur the expense necessary to secure for the wounded who have fought her battles good and sufficient Medical attendance. The Sikhs, after the battle of Ferozeshah, abandoned a part of their tents, their baggage, and their ammunition, that they might carry off their wounded, and even their dead,—thus proving that they are not wanting in humanity to their own people, although it is known that they mercilessly cut the throats of many of the British wounded who had been left within their reach solely for want of the means of removal. The life of a wounded countryman is of some value to a Sikh." The results of the two systems of a complete and incomplete Medical Staff are well illustrated by the following passages:—"When the invalids from the first four battles in India arrived at Chatham, I wrote to the Medical officers in charge, requesting that they would examine in the most careful manner all those men who had been wounded through the chest. My astonishment was great to find that nine such cases only had arrived. It induced me to turn to the records of persons similarly wounded at Toulouse, and I find that after that battle 106 cases of wounds in the chest in officers and soldiers were admitted into the Hospitals of the town on the 12th, and that between that day and the 28th of June, 35 died, 14 were discharged to duty, and 57 were forwarded to England, few, or none, in all probability to return to the service. The number of wounded received into the Hospitals of Toulouse was 1,359, including 117 officers. If such great disparity took place in one class of injuries, what must have been the loss in others not less dangerous and requiring equal attention? The Medical staff present during the first week at Toulouse consisted of the Inspector-General, two Deputy-Inspectors, eight Staff-Surgeons, two Apothecaries, 18 Assistant Staff-Surgeons, and 23 Regimental Assistant-Surgeons, but not one Regimental Surgeon, they having all remained with their regiments; this number was augmented in the second week by two Staff-Surgeons, seven Assistant Staff-Surgeons, one Regimental Assistant-Surgeon, and four Apothecaries. The 10 Staff-Surgeons are dead; but there is not one of the 49 Assistant-Surgeons now living who will not declare, that from six in the morning until nine at night he laboured as hard as he had ever done before. The number of wounded of the Royal army, in the four great battles in India, amounted to three times that at Toulouse; the proportionate number of men shot through the chest and sent to England would be by computation 171 instead of 7, a difference which can only be accounted for by the fact, that the Inspector, the two Deputy-Inspectors, the eight Staff-Surgeons, and the eighteen Assistant Staff-Surgeons, were none of them to be found with the army on the Sutlej. The regimental medical staff were totally incapable of doing the duty required of them, and the medical department of the Indian army was even more inefficient in point of numbers. The same Herculean efforts were made by the Governor-General and the Commander-in-Chief to procure doctors as after the battle of Waterloo, and with a similar result. They came too late." We have had opportunity for knowing that the most complete arrangements had been made by the Director-General for the medical care of the troops; and that though Mr. Guthrie's letter has doubtless been useful in drawing the attention of the *public* to the subject, yet no necessity for it had arisen from any want of decision or energy on the part of the present Director-General.

THE LITERARY PIRATES IN AMERICA.—Five Philadelphia firms have signed a Memorial to the Senate against the proposed Copyright Treaty. No one can be surprised at hearing, that these five Philadelphians have joined against the recognition of the rights of authors. Mr. Hart, the principal, starts with declining to "discuss the question of the rights of authors." He then goes on to deny their existence by implication, and to argue against their recognition by law. This has been the invariable course of the opponents of international copyright. They dare not say out, in a manly way, that they stand up for robbery, like it, thrive on it, and do not want to have it abolished or suppressed. This would hardly serve their purpose; so they "decline to discuss" the broad merits of the question, and take some petty exception to the form in which it is brought up. Mr. Hart, for instance, has gained a fortune by stealing and pirating the works of British authors. Those conversant with the business can tell how much he made by that one foray on the Modern British Essayists. A handsome sum, no doubt; and it was only one of his thefts. For ever so many years he has pursued the calling of a literary highwayman; and having, through the imperfections of the law, escaped the Penitentiaries

and State prisons where other thieves are confined, ranks as a citizen of credit and renown in Philadelphia. It is now proposed to abolish the system of spoliation and rapine on which he and his fellows have thriven so gloriously; and Mr. Hart courteously "declines to discuss" the merits of theft in the abstract. Over his own signature, in a circular widely distributed throughout the country, Mr. A. Hart tells us, that he would rather not say whether he thinks stealing right or wrong. —*New York Herald.* [Americans are not the only "literary highwaymen." Articles in this journal are constantly copied without acknowledgment, not only by a London journal, but by the Dublin Medical Press. Hospital Reports, Reports of Meetings, and even an entire Leading Article, have been thus pirated in London; and, in Dublin, not only has similar robbery been committed, but papers taken from this Journal have been attributed to the *Lancet*. Such acts would be punished by the law, if simple exposure were not in itself a sufficient castigation.—Ed.]

The Cholera at Leeds.—During Tuesday, the flax-mills of Messrs. Wilkinson, where the disease has hitherto existed, were inspected, and it was found, that there were no local causes within the mill, to which the origin of the disease could be attributed It appeared, however, that the primary cause was to be traced to the state of the river Aire, which flows past the mill, and which, at the time, from some interruption of its current, was stagnant; and to the existence of a large manure depôt on the opposite side of the river, belonging to the Corporation. There have been 13 deaths, and 24 cases of cholera and collapse, besides several cases of diarrhœa. It is somewhat difficult to ascertain the precise extent of the disease at present, but, so far as can be judged from the cases reported, it is abating. There has been only 1 case (that of a man engaged in whitewashing Messrs. Wilkinson's mill on Wednesday) reported since Tuesday. The number of ascertained cases, including diarrhœa, has been about 40, of which 16 have terminated fatally.

Ireland.—Approach of the Cholera.—There is now scarcely a doubt but that at this side of the Channel we must be prepared to encounter the cholera. The Correspondent of the *Cork Reporter* of Saturday says:—"This town (Kanturk) has been within the last few days visited with cholera, to such an alarming extent as to create the utmost consternation, not only among the inhabitants of the town, but throughout the entire district. The malady first made its appearance within the precincts of the union workhouse, where it has since increased, and, from an opinion expressed by a guardian at the meeting of the Board to-day, it is thought to have been engendered by the inmates having received, on several occasions when milk was not obtainable, cold water, sweetened with sugar, and Indian meal gruel, for breakfast. Since the outbreak in the workhouse it has appeared, in a most virulent type, among the poor people who reside in Upper and Lower Bluepool,—most wretched and filthy localities,—where it has committed great ravages. Since the 21st of February, when the disease first appeared, there have been, up to this morning, 30 cases in the workhouse and 12 in the town. Of this number, there were 14 deaths in the workhouse and 8 among the people attacked in the town; but to-day it is increasing. This morning a poor woman was received into the hospital of the workhouse in the last stage of the disease, and expired before she had beeen an hour in the house. From the statement made at the Board regarding this case, it seems she was brought to the gate of the workhouse by a carman, who found her dying on the road, she having been refused admission into any of the houses at which she made application for relief! The characteristic of the type of the disease which prevails here is that the patient does not suffer from either spasms or cramps, but is carried off in a few hours, and in some cases in less than one hour. Mr. Keller laid a document before the Guardians this day, which, in a very few words, exhibited the melancholy state of these people. From it it would appear that the average number of persons, young and old, crowded into one cabin, the dimensions of which do not exceed those of an ordinary country cabin, was 50! In each of those cabins 11 families, each family on the average numbering 5 persons, were located! Then, again, I have ascertained that the daily and only diet of the majority of these people was undressed turnips, they not having the means of procuring fire." At Carrickfergus, there have been 16 cases of cholera, of which 9 were fatal. The Marquis of Downshire has placed 50*l.* at the disposal of the Dispensary Committee for the sufferers.

The Puff Indirect.—We *know* that a paragraph has been sent to one of the daily papers, we have been told that it was sent to others, and we have seen a very similar one in a Medical Contemporary, to the effect that Mr. Brady's Registration Bill had been withdrawn in consequence of the able manner in which some of its clauses had been criticised at the late public meeting, by a gentleman who was named, and who signed his name privately to authenticate the paragraph. There was something more than puffing in this, as the assertion that the Bill had been withdrawn was an unfounded misstatement.

Trial of Dr. Smith for Murder.—On Monday last, Dr. William Smith, lately residing at St. Fergus, Aberdeenshire, was placed at the bar of the High Court of Justiciary, Edinburgh, charged with the murder of William M'Donald, the particulars of which have appeared in this Journal. The prisoner pleaded "Not Guilty," and a jury was accordingly empannelled. On the first day only fourteen out of eighty-one witnesses for the prosecution—chiefly the relatives of the deceased—had been examined. Next morning, on the meeting of the Court, the progress of the case was stopped by the absence of a juror, regarding whom Medical evidence was given that he was labouring under a degree of mental excitement such as to disqualify him from discharging the duty for which he was sworn. The diet was continued against the prisoner, against whom criminal letters will immediately be served, so as to bring on a new trial as early as possible.

Poisoning by Boy Dispensers.—An inquest was lately held, at Dudley, Worcestershire, on the body of Mrs. Price, a married woman of that town, who had been poisoned by nux vomica, which had been sold by a druggist's apprentice for an emetic. Mrs. Price, being ill, sent a girl to the shop of Mr. Russell, druggist, for an emetic. She was served by a youth, aged 16, who gave her a powder, one-half of which Mrs. Price took, and was seized with extreme illness, and died in a few hours. The powder was not labelled, and turned out to be nux vomica. The Coroner censured Mr. Russell. The Jury found a verdict of "Accidental Death," at the same time censuring Mr. Russell for allowing so inexperienced a person to sell poison, *and expressing their regret that they could not punish him.*

Excess of Females in Great Britain.—The number of the male population of Great Britain, excluding those absent in foreign countries, is 10,223,558, and the female population 10,735,919; consequently the females are in excess of the males by 512,361, or as many as would have filled the Crystal Palace five times over; how many of these were spinsters cannot be known until the second portion of the Census is published. The proportion between the sexes in 1851 was 100 males to 105 females, or about the same as in 1801. The births during the last 13 years give a reversed proportion, viz., 105 boys to 100 girls. How much the change in the proportions, and the subsequent disparity of the numbers in the two sexes, is due to emigration, or to a difference in the degree of the dangers and diseases to which they are respectively exposed, will be discussed when the numbers of males and females living at different periods of life are compared. The disparity in the proportions of the sexes is greatest in Scotland, there being no less than 110 females to 100 males in that country.—*Cheshire's Results of the Census.*

Mortality Notabilia.—The week that ended last Saturday produced a considerable increase of mortality, the deaths in London having risen from 1135 in the previous week to 1343, the number now returned. Changes in the weather appear to have acted injuriously on the public health; the mean temperature fell below the average on Friday in the preceding week, and continued to fall on three following days. On Monday it was only 34°, or nearly 6° below the average; on Wednesday it rose to 49·3°, which is 9·4° above the average; on Thursday it rose to 54·5°, or 14·3° above the average. The variation in the mean daily temperatures of Tuesday and Thursday amounted to 17·8°. The number of deaths returned last week therefore exceeds the calculated amount by 152.

Births.—Last week the births of 946 boys and 854 girls, in all 1800 children were registered,—average, 1491.

Meteorology.—At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 30·229 in. The mean daily reading was above 30 in. on every day except Friday. The mean daily temperature was below the average on the first three days; it was considerably above it during the rest of the week. The wind blew from the north-east on Sunday, and mostly from the south-west on the last five days. Horizontal movement of air, 810 miles; rain, 0.03 inches; electricity, positive and tension moderate on the 7th; other days nothing shown.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending March 11 :—

	Males.	Females.	Total.
Workhouses...	58	71	129
Military and Naval Asylums ...	3	...	3
General Hospitals	18	19	37
Hospitals for Special Diseases ...	5	2	7
Lying-in Hospitals	1	1	2
Lunatic Asylums	7	4	11
Military and Naval Hospitals ...	10	...	10
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	2	2	4
	105	99	204

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March* 11, 1854.

CAUSES OF DEATH.	MARCH 11.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES	619	425	292	1343	10833
SPECIFIED CAUSES	618	423	291	1335	10773
1. Zymotic (or Epidemic, Endemic, and Contagions) Diseases ..	201	40	13	254	2020
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	9	27	31	67	504
3. Tubercular Diseases	75	138	2	215	1876
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	68	45	36	149	1315
5. Diseases of the Heart and Blood-vessels	4	29	22	55	407
6. Diseases of the Lungs and of the other Organs of Respiration ..	129	72	94	295	2339
7. Diseases of the Stomach, Liver, and other Organs of Digestion	18	21	14	53	592
8. Diseases of the Kidneys, etc. ..	..	12	8	20	129
9. Childbirth, Diseases of the Uterus	..	9	1	10	112
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	3	2	6	75
11. Diseases of the Skin, Cellular, Tissue, etc.	..	1	2	3	17
12. Malformations	11	..	..	11	36
13. Premature Birth and Debility ..	44	4	1	49	259
14. Atrophy	36	..	8	44	200
15. Age	..	..	50	50	506
16. Sudden	4	3	3	11	121
17. Violence, Privation, Cold, and Intemperance	18	19	4	43	265
CAUSES NOT SPECIFIED	1	2	1	8	60

BOOKS RECEIVED.

The Eye in Health and Disease. By Alfred Smee, F.R.S., etc. Second Edition. London: Longman. 1854.
The Museum of Science and Art. Edited by Dr. Lardner. Part III. London: Walton and Maberly. March. 1854.
Orr's Circle of the Sciences. Part IX.
Dr. Sheridan Muspratt's Chemistry. Part V.
Observations on the Dentition of the Lilliputian Aztecs. By Dr. R. Reid.
Practical Remarks on the Warming, Ventilation, and humidity of Rooms. By Francis Lloyd. London: Cox. 1854.
The New Jersey Medical Reporter. February. 1854.
Vital Statistics. Part I. By R. T. Jopling, Esq., F.S.S. London. 1854.
The Druggist's General Receipt-book. By H. Beasley. Third Edition. London: Churchill. 1854.
Statistical Reports of the Health of the Navy for the Years 1837 to 1843. Part II. East India Station. Parliamentary Paper.
Observations on the Government Bill for the Removal of the Poor, etc. By Robert Pashley. Pp. 32. London: Longman. 1854.

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—For several years I have been accustomed to recommend *vaccination* behind the ear of young dogs, as a preventive of the distemper—and in no instance has it failed to have the effect. If my health had permitted, it was my intention to have tried *vaccination* on colts, in the hope that it would have been preventive of the glanders.

Boulogne-sur-Mer, March 9, 1854. I am, &c. H. R.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your editorial article of March 4, you have some remarks on the Compulsory Vaccination Act, and the supply of vaccine virus. I made some remarks a few months since, about the mode of sending virus into the country, the points being so dry on their arrival, that they frequently fail to take effect.

If the National Vaccine Establishment were to send the virus in glass tubes, properly enclosed, it would be a great accommodation to country practitioners. If this could be represented to the proper quarter, through your valuable Journal, it would confer a favour on the public vaccinators.

I am, &c. AN OLD SUBSCRIBER.

Newcastle-upon-Tyne, March 11, 1854.

P.S. I send you a tube of virus, in case, the way in which I usually send it myself.

[This suggestion of our correspondent deserves attention.—ED.]

A Registrar and Public Vaccinator.—We will attend to the suggestion.

Rowland Hill, Esq.—The qualifications of the gentleman are M.R.C.S.E., 1822; L.S.A., 1821. The hospital is a small one recently established.

Medicus, Cheltenham.—1 The diploma of the College of Surgeons gives no right to dispense medicines. Any Fellow or Member of the College who made a charge for the medicines he supplied, could be prosecuted by the Apothecaries' Company. 2. We cannot immediately lay our hands upon the account given by Dr. Bourguinon, of his mode of "curing the itch in two days;" but we inform our correspondent, that in the military hospitals of Belgium, the disease is cured in *two hours*. M. Vleminckx has announced, at the Academy of Medicine of Belgium, that the special itch wards are now generally suppressed. The patient is taken to a proper place of treatment at ten or eleven a.m.; he is there stripped, and his clothes are hung up in a heated press. He is put into a warm bath, where he washes himself for half an hour! he next rubs himself with a mixture of soap and sulphide of calcium (about three ounces of the latter usually suffice) over the whole body for another half-hour. He lastly goes into a clean bath for a third half hour to purify himself. He may then with safety dress himself in the clothes which have been subjected to heat, and rejoin his companions, without fear of relapse or spreading the disease by contagion, at about two o'clock in the afternoon. We shall be happy to give any further information, should *Medicus* require it.

Omega.—The licence of the Apothecaries' Company confers no right upon any one to call himself *Surgeon*. He is made a Licentiate of the Apothecaries' Company—nothing more nor less.

Dr. Arnott's interesting paper shall appear next week.

Dr. Chadwick.—As soon as possible.

Nemo.—The sword would cut on both sides.

If *W. G.* will send his real name and address we will reply to his question by a private note.

J. W. D. could not obtain a parochial appointment in England with the diploma he names. It confers no *legal* qualification to practise.

Rusticus.—We do not think that Mr. Housley would be assisted by the publication of the letter of our correspondent. The opinions of Mr. Paget and Mr. Erichsen were given on oath. They may have been wrong; but, whether right or wrong, it is not just to impute improper motives to gentlemen whose position was a very painful one.

We have received a letter from *Mr. Florance*, of the *Island of Portland*, enclosing a copy of an account for medicines and attendances sent to one of his patients. The bill appears to us to be perfectly just and reasonable, but Mr. Florance complains that the patient now refuses to pay, and that the judge of the County Court in the district has been requested to grant a summons, which he declines to do, because charges are made both for medicines and attendance, whereas the judge contends, that Mr. Florance, not holding a Surgeon's diploma, but only the licence of the Society of Apothecaries, cannot charge for professional attendance, but only for medicine. We have no hesitation in stating our opinion, that, on this point, the judge is entirely in the wrong, and that a Licentiate of the Society of Apothecaries may recover reasonable charges for professional attendance; but, as the quantity of medicines supplied in the present instance is very small (and this we think a merit, instead of a defect, in the bill), we think that Mr. Florance's best plan, to steer clear of technicalities, would be to omit the mention of medicines altogether, and to apply for such reasonable payment for professional attendance as the position and circumstances of the patient seem to warrant. We repeat, that we think the bill very reasonable indeed, and that it ought to be paid.

W. B.—1. The following is all the information we have at hand:—"The graduation fee is twenty-five guineas. In the event of a candidate being found unqualified, he shall forfeit five pounds of the graduation fee, which, however, will be accounted for to him when he has passed his examination at a subsequent trial." 2. Only by courtesy.

COMMUNICATIONS have been received from—

Sir BENJAMIN OUTRAM; Dr. SPURGIN; Sir WM. BURNETT; Sir JAMES CLARK; JOHN BRADY, Esq., M.P.; Dr. COCCIUS; G. B. HILL, Esq., R.N., Malta; Dr. MACEWARE; J. R. MARTIN, Esq.; Dr. BRYSON; A. MARKWICK, Esq.; Dr. MORRIS; Dr. CHADWICK; Dr. JAMES ARNOTT; Dr. PARKES; Dr. WEBER; S. D. WELLS, Esq., Bermuda Hospital; Dr. WINSLOW; HENRY LEE, Esq.; Dr. CRISP; CHAIRMAN AND STEWARDS OF ANNIVERSARY FESTIVAL OF CITY OF LONDON AND EAST LONDON DISPENSARY; T. J. BROWN, Esq.; Dr. A. TAYLOR; HY. SMITH, Esq.; Dr. S. MERRIMAN; Dr. NEALE; D. P. FRANK, Dantzic; RUSTICUS; R. H. WILSON, Esq.; Dr. EDDOWES; C. J. GIBB, Esq.; W. CARR, Esq.; ROWLAND HILL, Esq.; Sir JOHN LIDDELL, R.N.; JAMES WHICHER, Esq., R.N.; Dr. WOODS; H. R.; AN OLD SUBSCRIBER; A REGISTRAR AND PUBLIC VACCINATOR; MEDICUS; OMEGA; NEMO; W. G.; J. W. D.; Mr. PALEY; Mr. HASTINGS; Mr. CALLENDER; Mr. HUMPHRIES Mr FLOWERS; Dr. COGSWELL; NEMO; JAMES ANDERSON, Esq.; etc.

ORIGINAL LECTURES.

NOTES OF A LECTURE
ON THE
CHARACTERS OF INSANITY.
DELIVERED AT THE
Royal Institution of Great Britain.

By JOHN CONOLLY, M.D., D.C.L.

However various the forms of insanity appear to the inexperienced visiter of an asylum, it is found that in every case there is either mania or melancholia, only varying in degrec and manifestation. There is either excitement or depression, more or less continued, and more or less influencing the mental faculties. It may perhaps be strictly said, that all the forms of mental disorder are dependent on one of three states of the nervous system, —a state of increased, or a state of diminished, or a state of unequal excitement of that system. There is almost always accompanying disorder of some of the bodily functions; of the circulation, which is so implicated with the nervous system; and of digestion and assimilation; and of the function by which animal heat is preserved and regulated. Sleep is always imperfect. The improvement of the bodily health usually precedes mental recovery. Recent or chronic mania, or recent or chronic melancholia, may appear in paroxysms, or may persist without intervals of mitigation. They may appear alternately. The delusions usually accompanying the malady may appear in the paroxysms only, or remain permanently even in the intervals. All other forms of insanity appear to be mere varieties, or complications, or results.

Mania is usually ushered in by a change in the ordinary habits of life. Impatience in business, irritability, fits of silent thought, inattention to appearances, disregard of hours,—characterise incipient disorder. Irregularity as to diet, and restless nights, and a general alteration of countenance and manner, are observed. The face and figure undergo unfavourable change; the manners become morose; innumerable letters are written, chiefly on public affairs. The patient thinks he is accused of crimes, and prepares to resist going to prison; or he escapes, and wanders over the country; or rushes into the streets, and declaims loudly, or commits actions of violence. In melancholia the patient often thinks himself reduced to poverty, and without hope in this world or the next; and expresses an intention to destroy himself, and attempts to do so. Women are among the most frequent subjects of melancholia; they become indolent, apathetic, silent, indifferent to all around them; they accuse themselves of unpardonable sins, and refuse all religious consolation. This state often arises from disappointment of the affections, sometimes from some sudden mental shock, and not unfrequently from mere debility. The disposition to suicide is manifested with an ingenuity and perseverance which demand incessant watching. But all these miserable symptoms of malady are often recovered from.

In the above forms of mental disorder it is found, in a large proportion of instances, that there is a constitutional disposition in the patient, disposing him to such attacks. Another, and a very peculiar and serious form, often arises without any known predisposition; and this form of malady seems to be becoming more common than formerly. Forty years ago it was not known or not described; and, except among Physicians familiar with the insane, its characters are scarcely yet distinctly recognised. It appears in men of all classes of life, but seldom in women. Its causes are most commonly to be found in anxieties, over-exertion in depressing circumstances, reverses, and shocks. In some instances intemperance, and in others violent injuries of the head, seem to induce it. Its commencement is marked by a more singular disregard of ordinary circumstances and of prudential habits than any other form of insanity. Business is neglected, new pursuits are adopted, expense is needlessly incurred in the gratification of extravagant fancies. The patient considers himself on the eve of possessing great wealth and high rank. He boasts of his accomplishments, and speaks of vast designs which he is to accomplish. His temper becomes capricious; contradiction or doubt exasperates him; and his occasional violence alarms his family. The Physician finds these mental peculiarities associate l with a peculiar lingering in the speech, and a very slight alteration in the mode of walking; but his patient is in the highest spirits, and acknowledges no consciousness of illness; he is pleased, however, to see his Physician; pleased to go from home; pleased with an asylum if placed in one; and satisfied for a time with everything. Now and then, paroxysms of irritability disturb him, and his malady makes rapid advances; sometimes, however, seeming to recede, but always, in reality, making progress to more and more indistinct speech, greater loss of general muscular power, and increased feebleness of mind. Nutrition goes on well, and the exhilaration of the spirits often remains when the patient can no longer walk, or speak so as to be understood. Although, by care, the patient's life may be prolonged for some years, I believe this form of malady to be incurable. Its usual denomination is general paralysis. It might, I think, be more correctly called the paralysis of the insane. I have never known it exist without mental disorder.

The insanity of old age is another form of disease incidental to persons of very various intellectual power; coming on in some instances even before the age of sixty, but more usually in much more advanced periods of life. It is often characterised by melancholy, a fear of poverty, and paroxysms of maniacal excitement associated with the memory of past years; followed by a tranquil state of imbecility, in which the most familiar faces and places are feebly recognised, or not at all.

Divisions of insanity have sometimes been based on mere varieties of its mode of manifestation; as pyromania, characterised by a propensity to set fire to buildings, etc.; kleptomania, with a propensity to theft. But in these cases, as in others where the prevailing tendency is to homicide, etc., a full investigation generally reveals wider impairment of the mind. Even the terms monomania, or madness on one subject only, and moral insanity, or exclusive disorder of the moral feelings, have been far too extensively applied, and with some inconvenience; although their precise distinction is important in relation to crime. The occupations and amusements of the insane are often as fixed and determined as their more serious propensities. One man is always writing letters; another engaged in calculations; music alone delights others; and gardening and various work form to most of them the chief solace of their lives. Some are only active in devising michief; and others, more disordered in intellect, talk and write with curious incoherence.

The state of delusion, although common to so many cases, seems at first sight the most unaccountable of all the phenomena of madness; but its nature affords, perhaps, the clearest illustration of what unsound mind really is. A mere definition of insanity seems impossible. Unsound mind, being the converse of sound mind, is a complicated state; for soundness of mind depends on the integrity and due relation to each other of many faculties; and it is the impairment of this integrity and the interruption of this due relation which constitutes unsoundness of mind. Such impairment may primarily exist in the sensations, or in the attention, or in the imagination, or in the memory, or in the affections and propensities; but it is the degree of the impairment, and the obstruction it creates to comparing and judging, which make the mind unsound, and lead to irrational conclusions and conduct. The various shades of insanity depend upon the extent and nature of the impairment of any of the faculties, and the degree in which it interrupts their due and coordinate exercise and impedes due comparison, and consequently perverts the judgment.

Several instances are recorded of persons being subject to ocular or aural hallucinations, or to both together, and for a length of time, but yet continuing sensible that they were only hallucinations. If the figures and voices are judged to be real in any case, the mind is on that subject unsound; and the consequences of this unsoundness are often dangerous. When the hallucinations are recognised to be hallucinations, the person can compare them with realities, and his judgment concerning them is correct. When they are believed to be real, this power of comparing is lost, and the judgment is incorrect, and the resulting conduct is that of an insane person. The soliloquy of Macbeth, when, in the agitation of his mind before the murder of the king, he imagines that a dagger appears before him, furnishes a remarkable illustration of the struggle between delusion and reality, and the final triumph of the exercise of the comparing faculty. After the murder he is less successful; and he believes that the ghost of Banquo fills a chair at the supper-table, although none of his guests are discomposed. For the time, and to that extent, he is then of unsound mind.

This kind of illustration might be extended to cases in which not the senses, but the memory, or even the affections or propensities, are primarily affected; but it is always to be remembered, that it is the degree in which any faculty is impaired, and the extent of its influence over the judgment, and the form and tendency of the resulting actions, which justify interference. A man may think his figure changed, or his rank; or he may believe in monitory voices addressed to him alone; and yet his

conduct may be harmless, and he may possess, as regards his property, a sound disposing mind.

We endeavour, but without success, to find any intelligible explanation of the mental functions in health, or their disturbance in disease, in what anatomy or physiology have taught us respecting the arrangements and functions of nerves, or ganglia, or the brain. The distinct character and office of the vesicular or grey matter of the nervous substance, and the fibrous or white matter, have been clearly established; the recipient and governing character of the vesicular portion; and the messenger office of the nerve-fibres, with its impassable limits as regards the offices of different fibres and different nerves. The functions of the spinal cord and the nerves proceeding from it; the reflex actions apparently originating in it, independently, in ordinary cases, of the brain, and yet not dissociated from it; the offices of the complicated system called ganglionic or sympathetic, extending over important functions distinct from those of the spinal cord, and yet implicated with them, and not depending on the brain or will, and yet, in various exigencies, influenced by them; the various arrangement of the vesicular matter in the ganglia, and in the spinal column, and in the separate masses at the base of the brain, and in the larger mass of the brain itself, have all been investigated with the utmost patience and skill. Many general conclusions, and some more minute and precise, have been arrived at. Nerves of motion have been distinguished from nerves of sensation, and traced to distinct portions of the spine; the function of respiration, indispensable to life, has been found to depend on the integrity of a point of grey or vesicular matter in the medulla oblongata; the co-ordinate motion of the muscles has been assigned as one of the uses of the cerebellum; the sense of sight has been proved to be lodged in the smaller masses called the corpora quadragemina; and, in the higher animals, all these functions are known to be subservient to and dependent on the integrity of the brain for their continuance: while to this superadded and large portion of the nervous system we assign the manifestation of the propensities, of the affections, and of the mental faculties of man; as, without a brain, there is no intellectual life. An influence extends from or to the vesicular portions of nervous matter, transmitted along the nervous fibres. If a nerve of sensation or of motion is divided, sensation and motion no longer exist below the divided part; if the spinal column is injured, the parts supplied with nerves from portions of it below the injured portion are deprived of motion and of sensation. If the medulla oblongata is severely injured, respiration ceases. If the brain itself is variously injured or diseased, the sensations become untrue, the movements irregular, all the bodily functions usually suffer more or less disorder, and the mental faculties are variously impaired. But as nothing that we know of the optic nerve and its association with the corpora quadragemina explains the wonders of sight, or the sense of the beautiful; and as the auditory nerve and its origins have no intelligible relation to the sense of melody, so, in equal ignorance, we curiously examine the convolutions of the brain, and fail to discover the repositories of memory, or any clue to its capricious failures or revelations. We are incapable of conceiving the connexion between these arrangements of matter and the tender affections and divine fancies which are among the privileges of man. The inspiration of the painter or sculptor, the reasonings of the philosopher, the calculations of the astronomer, are, we know, dependent on certain states or actions in these elementary nervous tissues, but we feel that we have not advanced one step to knowing how. Here, as in all branches of inquiry fully pursued, we seem to arrive at the confines of material existence, and can but conjecture a finer agency, of which we only see the effects.

We therefore return and rest upon the idea, that the various forms of insanity may depend upon the excess, or deficiency, or inequality, of this nervous agency, whatever it is, in different portions of the nervous system. We find that thinking and muscular exertion equally produce fatigue and exhaustion, and that sleep is the general restorer of power in both cases. Various states of bodily disease declare its partial or imperfect distribution, temporarily or permanently; the consequences being, increased, or deficient, or irregular action. The maniac seems often to require no sleep; the hysteric and the epileptic drop asleep after strong nervous excitement; and, in patients affected with delusions, it is impossible not to recognise analogies which make their condition appear to be a state in which some of the faculties are not awake like the rest. The effects of stimulants and narcotics support the same view; and, if we could comprehend the manner in which, by the inhalation of certain vapours and gases, all the relations between the external world and the brain are modified, we might arrive at some less vague notion than we possess of the actual condition of the nervous system both in health and disease. Disordered secretions, and a diseased state of the blood, may readily be supposed to act on the nervous system in such a manner as to disturb its functions; and the intimate and universal association of blood-vessels with nerves is additionally illustrated by the almost invariable combination of nervous disorder with imperfection or excess in the circulating system.

Although the doctrines of the phrenologists have met with little favour, and the pretensions of recent professors of occult methods of acting upon the nervous system have thrown an air of absurdity even over the truths of what is called phrenology, no person not altogether devoid of the power of observation can affect to overlook the general importance of the shape and even of the size of the brain in relation to the development of the mental faculties. The head of an idiot always manifests defect in one of these particulars, if not in both. The head of a lunatic is irregularly developed in a very large majority of instances; and in the worst cases of insanity, where the tendency of the disorder is to pass into dementia, the anterior lobes of the brain are very defective. If we refuse to admit that the constitution, size, and shape of the brain have any relation to or connexion with the extraordinary manifestation of particular faculties, in various instances, independently of all education, we must deny that the large lobes of the brain in man are of any use at all in relation to faculties which are certainly not seated in other portions of the nervous system. It is more reasonable to consider each of the large and marked divisions of the brain, and each of the convolutions, with their copious supply of grey or vesicular nerve-substance, as possessing distinct offices; and the more or less perfect development of these several masses, and the greater or less nervous energy they possess, as circumstances connected with the varieties of mental character, and with the disordered manifestations of the mind. Each mass, or each subdivision of such masses, may, like each nerve, have a distinct office. Each, however excited, may only be capable of one kind of manifestation of the excitement. Each, when in a healthy state, may be excited simultaneously throughout; and each, in disease, may be excited irregularly, or too long, or lose the power of being excited altogether.

But, leaving these speculations or analogies, where so much is obscure, experience has taught us, that the violent emotions and passions of the mind, and propensities rendered masterly by indulgence, and the undue and exclusive employment of certain intellectual faculties, tend to produce disturbances in the functions of the brain,—to confuse the reason, to disorder the affections, and to degrade man to the dust. The reason and sense which we boast of should be employed, therefore, to secure *itself* amid the shocks and blows incidental to the battle of life, and to guide the whole mind temperately through the sunshine and the storm. Well-ordered affections, well-directed aspirations, worthy and practicable objects, the pursuit of truth, and the desire to do good,—these things exercise, but do not discompose the understanding. Patience under trials which must come to all, and a trustful hope of a higher life after this life,—these things do not lead to mental derangement. But all vehement passions, and mere worldly ambition, and frettings and envyings, and jealousies and care, and fits of wild impulsive enthusiasm, however directed,—these things carry tumult into the brain, and lead to madness. However ignorant we may be of the primary changes in the brain induced by such injudicious exertion of its functions, we may at least gather wisdom from a consideration of their undoubted results.

LECTURES

ON THE

FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.

Professor of Medicine in King's College, London.

Lecture VI.

FORMS OF INDIGESTION DEFINED BY SOME PECULIARITY IN THE SYMPTOMS.

There is another kind of gastric disorder which is closely allied to water-brash, and which is characterised by paroxysms of violent pain at the stomach, often described as spasm, that come on when the stomach is empty. While the pain lasts the epigastrium is tender to the touch, and the pulse gets slow, and

specific gravity, 1016; the blood drawn during the treatment coagulated firmly; there was no appearance of any deliquescence or impoverishment of it.

A very convenient form for taking the carbonate of soda exists in these soda lozenges, which consist of compressed carbonate of soda only.

Regarding the action of ammonia, I must refer you to experiments on the carbonate and tartrate given in the "Philosophical Transactions" for 1851. The chief result is, that ammonia does not act as an alkali on the urine; it may neutralise acidity in the stomach, but it does not affect the urine like fixed alkali.

To neutralise acidity alkalies should be given when the stomach is full, that is, from one to three hours after breakfast, and from one to six hours after dinner. The amount of acid in the stomach during healthy digestion appears from my experiments considerably more than would be neutralised by the usual doses of alkali. At least in some healthy persons half an ounce of carbonate of potassa will not neutralise the gastric juice, and not unfrequently twice as much alkali would be required.

You may ask, How is the quantity of alkaline medicine to be determined in these cases of excessive acidity, and how long is the alkaline treatment to be continued. The rule is this. The urine must be passed into a clean phial, and the sooner the red crystals appear on the glass, or can be detected by the microscope, the more alkali must be taken, and it must be continued as long as the uric acid crystals are formed. If no crystallisation occurs in twenty-four hours the alkali may be stopped.

If, then, you find red sand in the urine, determine how soon the crystals form. The sooner the crystals occur the greater the acidity. The more alkali must be given, and the stricter must the dietetic rules be. If the red sand forms in the bladder, much larger quantities of alkali should be given than when it only forms after the urine has been passed; for each grain of red sand which forms in the bladder and kidneys may become the nucleus of a stone.

ORIGINAL COMMUNICATIONS.

ON SOME
RECENT EXPERIMENTS IN PARIS RESPECTING LOCAL ANÆSTHESIA IN SURGERY.

By JAMES ARNOTT, M.D.

Although the number of recorded sudden deaths from chloroform (now amounting to more than fifty) may be small in comparison with the number of times it has been used, and although the eventual or consecutive deaths and minor evil effects may be fewer or less than has been supposed, there is still much reason to wish that, as patients about to undergo surgical operations now expect to have them performed without pain, some safer and more agreeable means of accomplishing this may yet be substituted. It is not the patient alone who suffers from this insecurity. Conversing, some time ago, with an eminent operator on this subject, he said, that his constant dread of some unpleasant consequence from chloroform, always made him feel, while engaged with his knife, as if another knife were suspended by a hair over his own head.

That our neighbours in France are dissatisfied with the present state of things in this respect, is evident from the numerous trials which have been made during the past month in almost every one of the Paris hospitals, of a mode of producing local anæsthesia suggested by Dr. Henry, of Dublin. He has invented an apparatus by which a current of the vapour of chloroform can be directed upon any part of the body; and having found that uterine neuralgia can be thus relieved, it was supposed, in Paris, that anæsthesia during surgical operations might also be thus produced. The first apparently successful trials of this device by Baron Dubois and M. Nelaton, caused much sensation in professional circles; but a more extended trial, by M. Velpeau and others, has proved its worthlessness. In none of the subsequent trials was there any diminution of sensibility caused by it; and the apparent diminution in the first trials is accounted for, in the French journals, by the supposition, that a morbid anæsthetic condition existed in these cases.

In the *Gazette des Hôpitaux* for February 21, there is a report of a clinical lecture on this subject by M. Velpeau. After stating that he considers it impossible to produce a local anæsthesia by chloroform, because this agent can only act through the medium of the great nervous centres, he reminds his auditors, "that there is an agent for this purpose, of real and energetic power, namely, cold. For a long period he has employed for certain very painful operations, such as the extraction of the nail in onychia, a refrigerating mixture consisting of four parts of ice reduced to powder, and one part of common salt, enclosed in a thick muslin bag, which is placed in contact with the skin for several minutes. A real congelation is so produced, and the insensibility is complete. But however excellent this means may be for onychia, it may (says M. Velpeau) be less convenient when applied to other parts of the body. When applied, for instance, to an abscess, in congelating the skin, it would render the incision less easy." He concludes his observations on the subject by remarking, that "improvements must be sought to obviate this imperfection in the application of cold; and it is in this course that researches respecting local anæsthesia should be directed."

The English reader will be aware, that the plan of producing local anæsthesia by cold, referred to by M. Velpeau, is that which I introduced several years ago; my last publication on the subject only issued from the press two or three days before M. Velpeau's lecture was delivered. In this publication, I have related the occasion of my showing the procedure to M. Velpeau, at the Hôpital de la Charité, in 1849, and have expressed my sense of the very liberal manner in which he received the communication. Until yesterday, when I met with the report of the lecture given above, I could not understand why M. Velpeau, thinking so highly of the plan when applied to certain operations, had not extended it to all; but the reason is now apparent. In the first place, the apparatus which he employs is defective, and must, therefore, be not only inefficient, but (which is quite as great an evil) troublesome. Cold, however intense, will pass through a thick muslin bag with difficulty; and the proportions of the frigorific he uses, are not those which will produce the greatest degree of cold. Two parts of ice, finely pounded in a canvas bag or towel, or minutely divided by a plane, and then mixed, on a piece of paper, with one part of salt, will, when applied to the skin, at the time the mixture begins to dissolve, and by means, not of a thick muslin bag, but of a net of thin gauze, immediately benumb it. With respect to what M. Velpeau says of its hardening the part to the degree of rendering its incision difficult, I think he must judge of this, not by actual experience, but from his observations of the effect of cold on other occasions. Water, it is true, is rendered very hard by freezing it, and is then cut with difficulty; but oil or adipose matter, when congealed, only assumes the consistence of butter or lard. Judging from my own experience of benumbing cold in surgical operations, I should say that the incision of parts, instead of being impeded by it, is facilitated; and the absence of embarrassing hæmorrhage is another advantage in this respect. I have never, for example, in making a seton, found any difficulty either in forming a fold of the skin or in passing the needle through it. But even should the hardness produced by congelation cause an impediment, there is no necessity for operating before this has nearly or altogether passed away, as the insensibility remains complete for many minutes afterwards.

But a recommendation of severe cold greater even than its anæsthetic property is, that by preventing inflammation it facilitates the healing of the wound. This alone would make it preferable to chloroform.

Although the circumstance is not adverted to by M. Velpeau, I have no doubt that a fear of re-action and inflammation from intense cold has tended to prevent the immediate general adoption of this anæsthetic. The reaction that certainly follows minor degrees of cold suddenly applied would naturally lead to this opinion; and it may, in some instances, have been strengthened by an experiment made by John Hunter, and an assumption of his in connexion with this experiment, recorded in his great work on Inflammation and Gunshot Wounds. Minor degrees of cold cause reaction in the body, just as the moderate bending of a bow will develope its elasticity; but, if the bow be bent too much, its elasticity will be lost. There is this difference, however, between the cases, that the elasticity of the bow is permanently lost; whereas the power of reaction in the congealed part is only suspended or temporarily lost. Hunter froze the ear of a rabbit, and, after killing the animal, he injected the arteries of both ears. As the arteries of the ear which had been frozen were found to be much larger than those of the other ear, (which is very perceptible in the illustrative plate,) he inferred that in inflammation the size of the arteries is increased. This may be so, although not proved by his experiment; but was it right to assume that the ear was inflamed merely because it was red and swollen? Swelling and redness

may surely exist independently of this condition; and, in my opinion, instead of showing the presence of inflammation in the instance in question, these phenomena indicated the very opposite condition. A part which has been frozen is rendered for a time perfectly insusceptible of inflammation, in consequence, probably, of a temporary loss or decrease of the tonicity of its vessels; and the history of such a part furnishes much better evidence that it is not in a state of inflammation than the evidence afforded by the mere appearances of redness and swelling in favour of the opinion that it is in this state. If any portion of the body highly inflamed is cut, it does not heal by the first intention; whereas a part that has been cut when congealed, however red and swollen it may be, heals more quickly in this manner than under common circumstances. Union generally takes place within twenty-four hours. 2ndly. Suppuration, which is one of the common consequences of inflammation, never follows congelation. 3rdly. The redness and swelling never extend from the part which has been congealed to the neighbouring parts; whereas there are few inflammations of cutaneous, membranous, or muscular parts without a tendency to such extension. But the most striking proof of the essential difference between the two conditions is the very important fact, (not exceeded in importance by many facts in the art of healing) that, wherever inflammation is accessible to the remedy, it can be immediately arrested by benumbing cold.

At a time of approaching war, when the treatment of gun-shot wounds is of peculiar interest, this property possessed by congelation, of preventing inflammation, is especially worthy of notice. Ice has long been employed in gun-shot wounds; but ice, or a temperature of 32° Fahr., is not only slow in its operation, and cannot, therefore, be watched, but it has not power to produce the desired effect more than the usual refrigerating lotions employed in such cases. If we wish to hit a target a hundred yards distant, where is the advantage of reaching only fifty yards more than any smaller number? The use of ice and of the common cold applications, in gun-shot wounds, may be so compared,—in neither case is the cold sufficient to attain our object; it is only by a much greater degree of cold, or by congelation, that we can succeed. This observation, however, refers only to customary circumstances; for, in certain low conditions of the system, congelation has been occasionally produced by a prolonged application of ice alone; but, as it has then (from being unintended and unwatched) been of long continuance, its operation has been injurious.

London, March 11.

ON THE ADVANTAGES OF OPERATING IN

CERTAIN CASES OF HARE-LIP AT A VERY EARLY PERIOD.

By HENRY SMITH, Esq.

Surgeon to the Westminster General Dispensary, etc.

The question as to the period which is most fitting for the performance of the operation for hare-lip in children has been productive of some discussion of late years, mainly in consequence of the recommendation by some French Surgeons, as well as by one distinguished operator in this country, that the remedying of this deformity should be accomplished at a very early date after birth.

It does not appear that the majority of British Surgeons are inclined to interfere until some months at least have elapsed after the birth of the child, from the supposition that an operation would be attended with some danger. The observation of a large number of cases has led me to believe that this danger is much overrated, and that the advantages of operating at the earliest period are very great, especially in certain instances.

It is obvious, in the first place, that an infant with hare-lip cannot so readily take in that nourishment which is offered by nature. If, however, the deformity be remedied, the child will be placed by the aid of surgery in a much more favourable condition to receive the nutriment afforded by the mother's breast. It is plain, too, that the deformity excites most unpleasing and painful sensations in the mind of the mother and those around her; and, if the source of this anxiety can be removed at once, it is of great importance that it should be accomplished.

A third argument in favour of very early operation for hare-lip consists in the circumstance, that as the growth of the child is very rapid in the first period of life, the lip, with other structures of the body at this time, becomes more fully and fully developed, and thus, after an operation has been successfully performed, there will be a much less chance of subsequent deformity in the part.

But it is in those instances where the hare-lip is complicated with a more or less extensive fissure in the palate that an early operation for the cure of the former is so imperatively demanded, and is attended with such beneficial results; and it is to this point especially I wish to draw attention, because, although in some recent works of surgery an operation at an early period after birth is recommended, (and I may especially allude to the "Practical Surgery" of Professor Fergusson, and to the "Surgeon's Vade Mecum," by Dr. Druitt,) the most important reason for such a proceeding is not alluded to. And I now refer to the effect which is produced upon the fissure in the hard palate by the approximation of the edges of the lip.

As long as the hare-lip remains in its primitive state, there can be no pressure upon the hard tissues underneath; but, if it be united by the Surgeon, a considerable amount of pressure is exerted upon the edges of the cleft in the palate; and, in a child aged only a few days or weeks, the bones are so soft and compressible, that they are to a great extent influenced by the pressure which constantly obtains, and in the course of time the fissure becomes either entirely closed or diminished in size to one-third or one-fourth of its original extent.

I have had various opportunities of noticing this effect in instances where a very early operation has been performed for hare-lip, complicated with more or less extensive fissure in the hard palate; and so convinced am I of the importance of performing the operation as soon after birth as possible, that I invariably recommend it. And it has fallen to my lot to be called upon to perform the operation very soon after birth, where there has been, at the same time with the hare-lip, considerable malformation of the palate; and I have been able to notice the results some length of time afterwards.

More than three years ago I operated upon an infant only four days old; here there was an extensive fissure extending through the hard palate into the nostril. I had an opportunity of seeing this child only a few days since, and the opening in the front portion of the palate was closed up. In this case the soft palate was exensively cleft, and that still remains open; but the parts altogether are in such a condition that, some years hence, they may be completely closed by staphyloraphy.

A few weeks since, a little patient was brought to me, on whom I operated at a very early age, two years ago. In this instance there was a fissure in the hard palate, and great deformity of the jaw, a portion of which I removed at the time. There is now an admirably developed upper lip, and complete closure of the opening which existed in the palate.

In another instance, where I operated at an early period, there was an immense chasm running through both soft and hard palate into the nostril. I had an opportunity of seeing this patient a few days since, and found that the anterior portion of the cleft was much diminished in size. The operation was done more than a year ago.

Mr. Bateman, of Islington, who pays great attention to this matter, operated, three years since, upon an infant only four hours after birth. In this case there was an extensive fissure in the palate. This gentleman kindly showed me this case, and, in reply to my inquiry regarding the effect which the operation had had upon the palate, he wrote word the other day that the child had died of hooping-cough last winter, but that its mother remarked that before death the fissure, which had at birth been "so large that she could put her thumb into it, had contracted so much that it would scarcely admit the edge of a sheet of writing-paper."

About a month since I operated upon an infant only six days old, with perfect success. In this case I was partly induced to perform the operation at this early period because there was a fissure in the hard palate extending into the nostril. I have little doubt that, in time, if the child lives, the fissure will be completely closed.

14, Caroline-street, Bedford-square.

CASE OF INFANTILE PHLEBITIS,

ARISING IN THE UMBILICAL VEIN, PRODUCING PURULENT DEPOSITS, ERYSIPELAS, AND JAUNDICE.

By WILLIAM BIRD HERAPATH, M.D. Lond.

Mrs. Jotcham was confined by me on the 24th of February, 1852, with her first child, a fine healthy male, the subject of the present case. The labour was comparatively easy. Everything proceeded perfectly satisfactorily until the sixth day after deli-

very. A slight hæmorrhage took place from the umbilicus at the period of the separation of the shrivelled remains of the funis. This would not have been considered worthy of remark had not other important symptoms subsequently shown themselves. March 3.—Some symptoms of uneasiness, griping, and gastric disturbance appeared. The evacuations were unnatural, consisting of curdled milk, and but small in quanity. Vomiting was also present. Castor-oil was ordered. 4th. The child improved by the treatment. 6th. As the above-named symptoms re-appeared, the oil was again ordered, and, as constipation existed, a larger dose was used and again repeated. A carminative was also prescribed to expel flatulence from the stomach. 7th. The evacuations were very scanty, deficient in bile, scarcely more than curdled milk. The two doses of oil had produced only one evacuation. Ordered one grain of calomel and four of rhubarb, and to be repeated in the morning if necessary. 8th. Both powders were given. Some more healthy excretions were produced. The infant was considerably better. There were occasional spasmodic pains, accompanied by retraction of the limbs. Slight shivering and moaning also occurred occasionally. The child was far from easy, but I saw nothing to excite alarm. 10th. The nurse called on me to say that the infant had become much worse, and that "it appeared swollen all over." Upon visiting it, I found that erysipelas had developed itself upon the index-finger of the right hand, and also in the corresponding finger on the opposite side. A slight blush of erysipelas also appeared upon the second toe of the right foot. The knee was tumid, tender, and hot, but not erysipelatic. The little patient appeared to be in considerable pain; was almost constantly crying or moaning; vomiting often, with frequent hiccough. It was feverish, and refused the breast. Scarcely slept at all. The bowels were somewhat tumid, and presented a general tympanitic appearance. Umbilicus perfectly sound and healthy; no hernia. Ordered an evaporating spirituous lotion to the inflamed and erysipelatous spots, and another dose of oil to be administered. The occurrence of erysipelas in this case was perfectly without any apparent exciting cause, and at this time was inexplicable. The mother was in good health; the apartment was free from currents of air; in fact, warm, without being destitute of ventilation. The child had never been removed from it, and it had been carefully and attentively nursed. The appearance of the erysipelas accounted for the other anomalous symptoms. 11th.—The child was decidedly worse; erysipelas extended upwards to the elbow on the left side; the fingers were considerably enlarged, and very red; there was a puffy swelling just about the right sterno-clavicular articulation, very tender to the touch; the presence of icterus plainly exhibited itself; the conjunctivæ were orange-yellow, and the skin, in the absence of the erysipelatic blush, generally yellow; this came on during the night; the respiration was peculiarly hurried, short, and sometimes irregular and sighing; no cough or bronchitic râle; the pulse rapid, fluttering and weak; some slight evidence of fluctuation in the right finger. 12th.—Visited at two p.m.; the little patient was evidently much worse, and rapidly sinking; the erysipelatous redness had disappeared, giving place to a dingy purple, or livid colour; the icterus had increased in intensity; the temperature of the surface was much decreased, and the extremities cold; the respiration becoming very much embarrassed, irregular, gasping, and accompanied by a mucous rattle; the mental faculties were wrapped up in a decided coma; the eyes glazed and open; occasionally the child would partially arouse itself, and moan piteously, but it was not sensitive to external impressions of light or sound; the hiccough became very frequent and troublesome; the pulse scarcely perceptible, from its debility and great rapidity; occasionally the colour of the infant would experience a considerable change, the countenance becoming suffused with a livid, purplish hue, which, around the eyes and mouth, assumed a deeper tint. These symptoms gradually increased in severity, the respiration becoming more and more embarrassed, and at length, about eight p.m., the little patient expired in slight convulsions. Having represented the extraordinary nature of the case to the parents, they kindly consented to a *post-mortem* examination, at which my friend, Mr. Parsons, was present, to whom I had also previously stated the probable nature of the diagnosis. March 13.—*Post-mortem:* The whole surface was of a deep orange yellow, as well as the conjunctivæ. Collections of pus existed at all the erysipelatous points. About three drachms escaped upon making a puncture with a scalpel on the inside of the right knee. The left index-finger, also, at its second joint, had a similar deposit, but only a tea-spoonful of yellow thick pus escaped. It was beneath the integuments only, and not in the joints in either case. About two or three drops issued upon incising the inflamed toes in the same way. Upon cutting through the integuments at the usual position for examination, a purulent deposit was opened at the sterno-clavicular articulation on the right side. It was superficial, situated beneath the layer of fascia underneath the platysma myoides, and between the sternal and clavicular attachments of the sterno-mastoid. It did not appear to be in any distinct sac; but below it was bounded by the junction of the fascia to the clavicle. Above, the probe would pass easily in the direction of the muscular fibres, and pus had evidently taken the same course. About two drachms of pus were found in this situation. The umbilicus was perfect, and the cicatrix sound. The umbilical vein was large and rounded; upon cutting through the ligamentum teres, its canal was found pervious through its whole length, and filled with a curdy, purulent fluid, which became more purulent as the vein was traced backwards to the liver. There were no purulent deposits in this viscus, but it was everywhere congested, and of a uniform colour; the gall-bladder contained merely a few drachms of transparent, colourless, viscid mucus; its duct appeared impervious from some cause. Upon tracing the hepatic branches of the vena porta, they were found to contain pus even to some of their smaller subdivisions, both in the right and left lobes; these appearances were not general, however; two main branches and their ramusculi were principally thus diseased, one on the right, and the other on the left; some slight coagula were in the auricle and ventricle; the pulmonary artery was also obstructed by tolerably firm coagula; the lungs were carnified, but of a more florid colour than from hepatisation; they appeared more like the lungs of an infant still-born; the inferior lobes, as well as one of the superior, were solid, and did not crepitate; the other lobes were crepitant, but congested; no purulent deposits were found, however, although carefully sought for; the foramen ovale was still pervious, although it had progressed towards obliteration; the ductus arteriosus was impervious, but the obstacle to the passage of a probe through it was very slight; it was contracted and indurated; the ductus venosus was still patulous, and contained purulent fluid and some coagula; the left cavities of the heart contained some coagula, dark in colour, and rather firm and stringy; the thymus gland was not of unusual size or otherwise abnormal.

REMARKABLE CASE OF INFANTILE ICTERUS, OCCURRING A FEW HOURS AFTER DEATH, FOLLOWED BY FATAL HÆMORRHAGE FROM THE UMBILICUS SIX DAYS AFTER THE SEPARATION OF THE REMAINS OF THE FUNIS.

By GEORGE F. BRUTTON WILLING, M.R.C.S.E.
Licentiate in Midwifery of England.

Mrs. —, a lady of sanguineous temperament, and in perfect health, was delivered by me of her third child on the 13th April, 1853, after a very short and easy labour. The other two children are perfectly healthy, and have been so since birth, with the exception of the younger being slightly affected with rickets. She was in her garden at half-past seven p.m., when labour pains regularly set in, the stages succeeding each other in quick succession. The presentation was natural. On the membranes rupturing, the head followed immediately, and the child was born at half-past nine p.m. The patient's pelvis being well developed, and the child's head of average size, there was no pressure *in transitu*. Immediately after birth, the child did not present the redness so natural in new-born infants. The cord was tied an inch and a-half from the abdomen, and secured in the usual manner, and the bandage applied by myself, as the nurse had not arrived; the infant was put to the breast directly it was dressed, but did not suck. The next morning, at ten a.m., the mother said she could not get the child to take the breast through the night, and that it had become perfectly yellow soon after I left, at twelve p.m. the night before, but did not appear to be uneasy. Half a teaspoonful of castor oil was given, and the meconium passed in good quantity. Two or three spoonsful of gruel were ordered to be given through the day, and the infant to be kept to the breast constantly until it sucked. It appeared healthy, and rested quietly. The most remarkable symptom was its inability to lie on its back, which invariably caused it to cry as if in pain. 15th.—The child had taken the breast, and had not cried throughout the night; but the motions were unhealthy and destitute of bile, and appeared like curdled

milk. The jaundice had still increased, and was now of an intensely deep orange colour. A little more castor-oil was ordered, which acted well. 16th.—The child is progressing favourably, with the exception of the evacuations still being curdled and destitute of bile. It continues to take the breast, in which there is plenty of milk. On the morning of the 20th, about eleven, the remains of the funis dropped off as the nurse was dressing the child; the navel looked healthy and dry; no appearance of hernia. A little powder and burnt rag were applied by the nurse; the icterus a little better, and the child seemed to thrive, and take the breast well. Everything went on favourably until the morning of the 25th, when the nurse, in dressing the child, perceived a slight serous discharge from the navel, but applied a little powder, and took no further notice of it. The next morning, the 26th, (six days after the remains of the funis dropped off,) on dressing the infant, the nurse perceived there had been an oozing of blood through the night, which had caused a patch on the linen the size of a crown-piece. The father, who is a retired Physician, applied a strong solution of tannin on lint, with a bandage, and things went on until the next day, when, the hæmorrhage still continuing, I was requested to visit the child, and at eight p.m. found the hæmorrhage rather considerable. I applied matico in powder, completely filling up the navel, and placed a graduated compress of lint, and made pressure by bandaging, and left strict orders to have the child narrowly watched. At twelve p.m., was sent for again, the bleeding still continuing in greater quantity, saturating the bandage and napkin. I then applied the nitrate of silver, and plugged the navel with matico, tannin, and alum, and a compress of lint, and over this an umbilical pad of galvanized India-rubber. The child still continued to take the breast, and the skin continuing yellow, with the evacuations destitute of bile, I ordered small doses of hydrarg. c. cretâ, conceiving the cause of the hæmorrhage to be a congested state of the liver. 28th, 10 a.m.—The bleeding still continues, and was evidently exhausting the child. I now endeavoured to take up the bleeding vessels, but failed. I then plugged the navel with plaster of Paris, and applied pressure with my fingers, unceasingly and effectually, for four hours; but, on removing them, the hæmorrhage returned with increased activity. At three p.m., Dr. Sayer and Mr. Henry Lee, of King's College Hospital, arrived, when, upon consultation, it was determined, if possible, to put a ligature on the bleeding vessels, as the only chance of saving life; but the textures were so frail, that the ligature did not succeed, the question arose as to whether the blood was arterial or venous. From what I had seen, I believed it to be both; but Dr. Sayer and Mr. Lee rather thought it to be venous. The blood consisted of a thin serous fluid, which, upon drying, did not stiffen the linen upon which it was received. It appeared to be the serum of the blood, combined with its colouring matter, but without any fibrin. A pledget of lint, saturated with the tincture of sesquichloride of iron was put into the navel, and a pad of lint retained by sticking-plaster. The child still continued to take the breast, and beef-tea with wine was given it. I remained with it for some hours, and on examining it, found the bleeding still continuing. It was now half-past seven p.m. I determined on removing the dressings, and plugged the navel with cobweb saturated with tinct. ferri sesquichlor., and a a pad of lint, retained with sticking-plaster, the child still to be fed frequently with beef-tea and wine. She also continued to take the breast, and seemed to suck with a degree of strength. Mr. Lee came again at 12 p.m. The bleeding had entirely ceased since the last dressing at half-past seven, and it was thought prudent not to disturb the bandages. We remained until one, when we left everything going on favourably. The child's bowels continued up to this time entirely destitute of bile, and were like curdled milk. Visited at 9 a.m., and found the hæmorrhage had quite ceased, but the child much exhausted, and had (as its father and mother told me) evidently suffered much pain, and had cried piteously all night, refusing to suck. It was, however, constantly fed with its mother's milk artificially drawn, and beef-tea and arrow-root with a few drops of sp. ammon. arom. The little patient died at two p.m. of the same day. This case being of so unique a character, permission was sought and obtained to have a *post-mortem* examination, which was conducted by Mr. Henry Lee, Dr. Sayer, and myself, twenty-six hours after death, when the following appearances presented themselves:—The external surface was of a pale yellow colour; the body and limbs well formed and perfect; no appearance of hernia about the umbilicus. Upon opening the abdomen on each side of the navel, so as to preserve it intact, the liver appeared of a darker colour than natural, and much gorged with blood; the umbilical vein admitted a probe its whole length, and, on careful dissection, it was found to be quite pervious throughout its whole course. Near the commencement there was some thickening caused by effusion around the vein; at the opening of the vein was an extremely small but adherent coagulum,—this was evidently inadequate to close the vessel; within the orifice was another very delicate thin filamentous coagulum, also found adherent to the lining membrane. The left umbilical artery was pervious, and contained only fluid blood; the artery of the right side was closed near the umbilicus; the ductus venosus and ductus arteriosus were both open, so that the opinion with reference to the bleeding being arterial as well as venous was probably correct; the gall-bladder was much contracted; the spleen was of the consistence of currant-jelly; the capsules of the kidneys were non-adherent, and easily peeled off; there was an abnormal quantity of serum in the pericardium, and spots of ecchymosis on the lateral parts of the lower lobe of the left lung; the foramen ovale was open, but the heart was healthy in other respects; the other viscera appeared normal, but were not particularly examined; the blood was fluid in every part, and a portion of it which was removed in a bottle did not coagulate, although kept for several days; this blood was obtained from the chest after the division of the great vessels, and may have been mixed with the serum there effused.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE MONTH OF FEBRUARY.

The Hospitals included are, University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, and the Central London Ophthalmic.

Lithotomy.—Mr. Cock's case, reported last month, (*Case* 2) has done well. The man has left the Hospital, but the wound was not quite closed at the time of his discharge. A perineal fistula had existed before the operation, into the track of which the incision was made. (See last month's report.)

Number of cases, 2; both recovered. *Case* 1.—A boy, aged 12, from whom a calculus, the size of a walnut, was removed, in King's College Hospital, by Mr. Partridge. He recovered well, and the wound was healed in about a fortnight. *Case* 2.—A boy, aged 6, operated on by Mr. Birkett, in Guy's. A good recovery has been made, but the process of healing was slow, as the boy was in delicate health.

Herniotomy.—Two of the cases reported last month have recovered. In *Case* 7, the patient has died, the recovery, however, as far as it concerned the operation, was complete. The wound had all but healed; the woman appeared in good health; and her bowels acted regularly. One morning, three weeks after the operation, she was suddenly attacked by dyspnœa and faintness, about an hour after which she died. The only lesion discovered at the *post-mortem* was, extreme congestion of the lungs (pulmonary apoplexy). *Case* 10 is yet under treatment; at one period the wound was healing, but it has since been affected with sloughing.

Number of cases, 3; under treatment, 1; died 2. *Case* 1.—A femoral rupture in a woman, aged 57; under the care of Mr. Luke, in the London Hospital; strangulation, 7 hours; sac not opened; is doing well. *Case* 2.—A congenital hernia, of large size, in a man aged 25. Strangulation 6 hours. There was, on the side of the protrusion, an undescended testicle, by which the intestine had been prevented from coming down into the scrotum, and so turned back that it had forced its way round the border of the conjoined tendon, and passed upwards between the abdominal muscles as high as the level of the umbilicus. The sac was opened in the operation, and about 22 inches of intestine exposed and returned. Death ensued about 60 hours afterwards, and at the *post-mortem* a large quantity of extravasated blood was found in the peritoneum, having resulted from a small wound of the mesentery. There was very little peritonitis, and death had evidently resulted from the hæmorrhage. *Case* 3.—A femoral hernia in a woman, aged 54; strangulation, 4 days; sac not opened; death, from collapse. 30 hours afterwards. The *post-mortem* showed but very little peritonitis;

the strangulated part of intestine, although not gangrenous, had evidently not regained full vitality.

Trephining of the Skull.—This operation has been done in one case in which, although there was no fracture, the symptoms of compression were well marked. The patient was a young man, aged 23, who had fallen from a height on to his head. The trephine was applied beneath the part where the violence had been inflicted, in the hope of finding extravasated blood between the dura mater and skull; none, however, was discovered. Venesection was also practised, but without any relief to the coma. The man died a few hours afterwards; and, at the *post-mortem*, a quantity of effused blood was found on the opposite side of the head; there was also a chink-like fracture extending across the base of the skull.

Ligature of Arteries.—Mr. Skey's case, in which the external iliac had been tied, is doing well. The ligature came away on the sixteenth day, and there has since been rather profuse and deep-seated suppuration from the wound; it is now abating, and the man's health is good.

During the month there have been performed:—Ligature of the external iliac, on account of aneurism of the femoral beneath Poupart's ligament, by Mr. Solly, in St. Thomas's Hospital. The patient is a man aged 30, by trade a mason, apparently in good health, but who has extensive disease of the arterial system. On the right side (operated on) are a popliteal aneurism, and also one of the femoral high up; on the left the femoral is somewhat dilated at the same point. With the exception of a little venous oozing of blood, and considerable deep-seated suppuration, the man has done well since the operation. The ligature came away on the 26th day. Ligature of the femoral artery was performed by Mr. Haynes Walton, in a case of popliteal aneurism, in St. Mary's Hospital, previously under treatment by compression. The man has recovered and left the hospital.

Compression Treatment of Aneurism.—Mr. Hilton's case remains under treatment. He was allowed for a week to walk about the ward, and compression was suspended. The tumour, however, gained in size, and the compression has been again commenced, with an improved instrument. Mr. Coulson's case remained under treatment by compression through the whole of February, but ligature of the femoral has since been practised, as its progress was not satisfactory.

Amputations.—All the cases left under care, by last report, are either recovered or doing well. There have been performed during the month, 13; under treatment, 8; died 5. Of the *thigh*, 5. *Case* 1.—On account of disease of the knee-joint of thirty-three years' standing, in a woman aged forty-nine, under the care of Mr. Stanley, in St. Bartholomew's Hospital. The operation was by the flap method, and the patient was in fair health; excepting much irritability of stomach, she did fairly until the sixth day, when suddenly a severe rigor occurred, followed by extreme prostration, rapid gangrene of the stump, and death six hours afterwards. *Case* 2.—A boy aged 12, under Mr. Stanley's care, for acute disorganisation of the knee, consequent on an injury received two months before; amputation in the lower third of the thigh; recovery. *Case* 3.—Secondary amputation of the thigh, after severe compound fracture of leg. The operation was done on the 6th day after the accident, and had been necessitated by phlegmonous erysipelas of the limb. The man rallied very imperfectly, and continued ever after in a very feeble condition; death took place on the 6th day, and at the *post-mortem* granular degeneration of the kidneys and fatty liver were found. *Case* 4.—A boy, aged 14, under the care of Mr. Fergusson, in King's College Hospital, on account of necrosis of the whole tibia, the knee-joint being also involved in disease. Mr. Fergusson amputated at the knee-joint, and cut away the condyles of the femur. The stump is almost healed. *Case* 5.—Amputation in the lower third of the thigh for diseased knee-joint, by Mr. Macmurdo, in St. Thomas's Hospital. The patient, a man of middle age, and in extremely bad health, is doing well. Of the *leg*, 7. *Case* 6.—Secondary amputation of the leg of a child aged 5, by Mr. De Morgan, in the Middlesex Hospital. Secondary hæmorrhage, with sloughing, had occurred. Amputation in the upper third was performed on the 10th day: recovery. *Case* 7.—Secondary amputation of the leg of a very intemperate cabman, aged 49. The compound fracture was a most severe one, and a primary operation would have been done if the patient had consented; it became absolutely necessary on the third day. Delirium tremens came on; gangrene attacked the stump, and extended to the thigh, and afterwards to the trunk. Death took place five days after the operation. *Case* 8.—Amputation in the middle third, on account of diseased tarsus, by Mr. Cock, in Guy's Hospital. The patient was in fair health, a woman aged 22, and is doing well. *Case* 9.—An old man, whose leg was amputated in the upper third for disease of the bone, with a large sloughy ulcer, died on the sixth day from secondary hæmorrhage; his arteries were found much diseased. *Case* 10.—A boy, aged 15, whose leg Mr. Erichsen had amputated in University College Hospital, on account of a compound fracture, died on the eighth day from tetanus. The operation was primary, and the boy had done well until within thirty-three hours of his death; the tetanus appeared to be excited by severe bruises on the other leg, rather than by the condition of the stump; the latter was doing well, and all the pain was referred to the former. *Case* 11.—In King's College Hospital Mr. Fergusson removed the lower two inches of the tibia and fibula, on account of carious disease of the latter, in a case on which amputation at the ankle-joint had been performed about two months previously. *Case* 12.—In the Westminster Hospital Mr. Holt amputated the leg of a man on account of disease of the tarsus, on whom excision of a considerable portion of the os calcis had been practised three months before. Of the *arm*, 1. *Case* 13.—Mr. Coulson has amputated, in St. Mary's Hospital, the hand of a man, in whom the member had become useless from contractions, the result of old injuries. All the above cases yet under treatment are doing well.

Excision of Bones and Joints.—Mr. Erichsen's case of excision of the head of the femur is yet under treatment. The boy suffers much from profuse suppuration. Two cases in which Mr. Cock had removed carious bone from the tarsus have been discharged, but in neither was the cure yet complete. In Mr. Holt's case, as stated above, amputation has been performed. Two cases under the care of Mr. Cock, Mr. Solly's cases, Mr. Adams' case, and Mr. Statham's case, in all of which excision of carious tarsal bones had been performed, are under treatment, as also several others of more or less similar nature. During the month, there have been performed:—Excision of the knee-joint, by Mr. Erichsen, in University College Hospital. The patient is a boy aged 7, who had suffered from diseased knee for more than a year. The operation was performed a month ago, and the patient is doing well. Excision of the elbow-joint, and also of the ankle-joint, on patients under Mr. Fergusson's care, in King's College Hospital. Removal by excision of almost the whole of a necrosed os calcis, leaving in most parts a shell of bone. The patient, a lad aged 15, under the care of Mr. Birkett, in Guy's Hospital, had suffered from the disease (which followed a sprain) for eight months. The wound is fast healing. Gouging out of some carious bone from the inner aspect of the tibia, immediately above the internal malleolus, by Mr. Paget, in St. Bartholomew's Hospital.

Removal of Necrosed Bone.—Several cases of this class have been operated on, and remain under care, together with those previously reported.

Excision of Malignant Growths.—Mr. Erichsen's patient, from whose orbit a melanotic tumour had been removed, made a good recovery, and was quite well as regards the operation. He was about to be discharged from the Hospital, when an apoplectic seizure occurred, and ended fatally. Secondary deposits of melanosis were found in the liver, but the disease had not re-appeared in the orbit. The other cases previously reported may all be considered well.

In two cases in King's College Hospital, in which the mammary gland had been previously excised on account of scirrhus, Mr. Fergusson has performed operations for the removal of secondary growths in the axilla; both have done well. In a case in the London Hospital, Mr. Adams has removed the breast on account of scirrhus: the patient is nearly well. In a case in St. George's, a woman, aged 32, had excision of a scirrhous breast performed, and died on the 10th day, with symptoms of pyæmia. In St. Mary's Hospital, Mr. Lane removed an ulcerated epithelial cancer, involving almost the entire lip of an old man, at the same time making incisions so as to permit of the parts being brought into apposition. In a case in St. Bartholomew's, under the care of Mr. Paget, a large portion of the lower lip has been excised on account of epithelial cancer; and in another, under the care of Mr. Stanley, the penis amputated for the same disease. A second operation has been performed by Mr. Quain, on a patient from whom, two months ago, he removed the eye, on account of a doubtfully malignant tumour. The disease had re-appeared in the bottom of the orbit. The patient is a delicate-looking girl, aged 6. From a woman, aged 56, now in St. Bartholomew's, Mr. Paget has removed a large ulcerated mass of primary scirrhus cancer from the axilla. The growth extended so deeply that a small portion of it was unavoidably left; the wound is, nevertheless, healing well. In the Middlesex Hospital, Mr. De Morgan removed an epithelial cancer

from the tongue, by means of ligature. The growth was situated so far back, that it was necessary to apply the ligature from beneath the jaw. Excepting that there is a suspicious degree of induration about the cicatrix, the case has done favourably. A case of primary chimney-sweeps' cancer of the scrotum has been operated on by Mr. Paget, in Bartholomew's. It was remarkable, that there were two distinct growths, both of them ulcerated, one on each side of the lowest part of the scrotum. The man recovered well.

Excision of Non-Malignant Growths.—The patient from whom Mr. Fergusson had excised a large colloid tumour from the calf, has been discharged well. Mr. Cock's case of large polypoid tumour in the pharynx remains under treatment. In Guy's Hospital, Mr. Birkett has removed a mammary glandular tumour, weighing three pounds, from the breast of a married woman, aged 25, in whom it had been growing during three pregnancies. Mr. Birkett has also operated on the following:—A girl, aged 18, for two keloid growths on the skin of the chest, of seven months duration. These were afterwards examined with the microscope, and found to consist of fibrous tissue, with some peculiar dark cylindrical bodies, which refracted transmitted light in a remarkable manner. A married woman, aged 48, for a tumour, composed of mammary glandular structure, cysts, and intra-cystic growths, which was of four months' duration. The patient had been operated on by Mr. Birkett nearly two years ago, and a small mammary glandular tumour of well-marked character, and without cysts, removed. The second growth had been formed beneath the cicatrix of the former one; the woman appeared in good health. Several cases of encysted and fatty tumours, one of epulis, and two of thickened bursæ, have been successfully operated on. An exostosis, of considerable size, removed by Mr. Paget, in St. Bartholomew's, from the lower border of the scapula of a boy, who has since recovered.

Operations for Urethral Stricture.—Cases of perinæal section, by Mr. Fergusson, Mr. Partridge, Mr. Cock, Mr. De Morgan, and Mr. Coulson, remain under treatment in their respective Hospitals. The patients are, in all the cases, out of danger, and doing well. The operation has been performed during the month by Mr. Partridge, in King's College Hospital, on a patient who had suffered from stricture and perineal fistulæ for many years. The wound is almost healed. In a second case, by Mr. De Morgan, in the Middlesex Hospital. The patient had been for years under treatment by dilatation, with great tendency to re-contraction. At the operation, a small child's lithotomy staff was passed through the stricture, and the incision made upon it. The man is doing well.

Paracentesis Thoracis.—This operation has been performed three times during the month, in each instance on patients who have been previously subjected to it. (For details respecting these, we must refer our readers to the series of empyema cases which will shortly be resumed.)

Paracentesis Abdominis.—In 4 cases, 3 for ascites and 1 for ovarian disease, all recovered.

Tracheotomy.—A child, aged 4, was admitted into the London Hospital, having five hours previously attempted to swallow some boiling water. Leeches were at first applied, but the dyspnœa increasing, and having become very urgent, Mr. Wordsworth performed tracheotomy about an hour after its admission. Great relief was afforded, but after some hours the difficulty of breathing returned, and death took place fifty hours after the operation. The *post-mortem* showed charring of the glottis and epiglottis, collapse of parts of the lung, but no extension of inflammation to the latter.

Ligature, etc., of Nævus.—In a case in the London Hospital in which a very large and thick nævus spread over part of the shoulder and upper arm of an infant, had ulcerated, and was rapidly increasing, Mr. Ward adopted the plan of treatment by the uninterrupted ligature. He made an incision through the skin all round the tumour, and then tied the latter in five compartments. The whole sloughed off on the third day, and a perfect cure has resulted, there being no remains whatever of vascular structure. In a case at Guy's Hospital, Mr. Hilton has twice injected a nævus on the lip of a child with solution of perchloride of iron. The tumour has become harder, but the vascular character of its border still exists to a certain extent. Mr. Erichsen has operated by ligature on a large irregular nævus, involving the labium, perinæum, and verge of anus of a female infant. The case remains under treatment. Three cases have been operated on by ligature, in King's College Hospital, by Mr. Fergusson, and are doing well.

Fistula in Ano.—No cases in this class require especial notice, excepting one at University College, in which Mr. Marshall has operated by means of the galvanic cautery. Several other operations have been performed in the ordinary way, and remain under treatment. In a case in the Middlesex Hospital, Mr. Moore has divided the sphincter ani on account of a troublesome fissure of the side of the anus. The wound is almost healed.

Operations for Ununited Fracture.—In Mr. Paget's case, in which setons had been introduced between the ends of the bones (forearm) with little appearance of benefit during the first two months, much consolidation has since taken place, and there now seems reason to hope that union may yet become firm. In the other case in St. Bartholomew's (the humerus), in which the ends of the bones had been exposed and cut away, no benefit seems likely to ensue. The man has had an outbreak of tertiary syphilis during his convalescence.

Plastic Operations.—We were in error, last month, in stating, that, in Mr. Paget's case of *ruptured perinæum*, the sphincter ani had not been involved, since the laceration had extended quite through that structure. The woman has now recovered, and the result is most satisfactory; she has command over her fæces, and the perinæum, which appears strong and firm, is nearly an inch in length. Mr. Pollock's cases of vesico-vaginal fistula, in St. George's, and Mr. Baker Brown's, in St. Mary's, remain under treatment. *Hare-lip.*—Mr. Fergusson has operated successfully on three cases of single hare-lip, in King's College Hospital. In a case in the Middlesex, of large aperture remaining after a cut throat, Mr. De Morgan has this month performed a second operation. A large flap of skin from the side of the neck has been transplanted, so as to cover the aperture; with the exception of a small portion, it has united well, and a small chink is now all that remains.

Tenotomy.—The cases in St. George's and Guy's, under the care of Mr. Hawkins and Mr. Birkett, remain under treatment. In University College Hospital, a case of talipes valgus has been operated on by Mr. Erichsen, and is under process of treatment.

Operations for Cataract.—Extraction.—One, successful, under the care of Mr. H. Walton, in the Central London Ophthalmic. *Solution.*—One, by Mr. Wharton Jones, in University College Hospital; and two, by Mr. Walton, in the Central Ophthalmic; all progressing favourably.

Orbital Tumours.—In Guy's Hospital, Mr. Cock removed, from the lower margin of the orbit of a boy, an encysted tumour, which extended a little inwards. Mr. Walton operated, in the Central Ophthalmic, on what appeared to be an encysted tumour on the edge of the orbit, but which was found to extend very deeply into the orbit, and contained a very large quantity of sebaceous matter. It was believed that the entire cyst was extracted, and the wound healed well. The tumour had been observed soon after birth; the child was now aged 4 years.

Ectropium.—Two cases have been operated on, and with much benefit in each.

ST. THOMAS'S HOSPITAL.

STRICTURE OF THE ŒSOPHAGUS. — DEATH. — AUTOPSY.—EPITHELIAL CANCER OF THE ŒSOPHAGUS AND THYROID BODY.

[Under the care of Mr. LE GROS CLARKE.]

Thomas Deenfold, a barge-man, aged 48, was admitted on May 5, 1853. He was emaciated to an extreme degree, and had the aspect of a person dying of starvation. His history was, that two years before he had first become affected with a sensation of pain and soreness in his throat during swallowing; that it had gradually increased, more especially for the last six months, during which he had been quite unable to swallow anything excepting spoon food; for five days past nothing even of liquid had passed his mouth. His pulse was quick and small, and tongue dry; he suffered from extreme thirst, and much flatulence. Mr. Clarke having heard this account, proceeded to examine the throat by means of a flexible tube. It was found, that about two inches down the œsophagus there existed an obstacle which the tube could not be got to pass. Painful dyspnœa was caused during the experiment, but afterwards the patient succeeded in swallowing half a pint of milk. On manipulating the throat externally, there appeared to be some slight enlargement and thickening on the right side. Beef-tea injections were ordered, and as much beef-tea and milk by the mouth as he could be got to swallow. A few days later, Mr. Clarke succeeded in passing a very small tube through the stricture, and, as the man found great relief to his swallowing from the operation, it was repeated afterwards every alternate day. Under this treatment he remained able to

swallow from one to two pints of nutrient fluid daily, and once or twice managed a little bread. At first he seemed to improve a little; but, subsequently worn down by the severe pain he suffered, and which frequently quite destroyed his rest, he died on June 8th, about a month after admission.

At the *post-mortem*, the œsophagus opposite to the upper rings of the trachea was found to be surrounded by a band of cancerous deposit, which had so far narrowed its calibre, that a probe could but just be admitted. The thyroid body was also much enlarged, and portions from it, as well as from the diseased part of the œsophagus, displayed, under the microscope, the ordinary constituents of epithelial cancer.

The above case is from notes taken by Mr. Smith, one of Mr. Clarke's dressers.

ST. GEORGE'S HOSPITAL.

PUNCTURED WOUND OF THE FEMORAL ARTERY.—REPEATED HÆMORRHAGES.—LIGATURE OF THE VESSEL ON THE FOURTH DAY ABOVE AND BELOW THE WOUND.—RECOVERY.

[Under the care of Mr. JOHNSON.]

Arthur Owen Davis, a clerk, aged 22, was brought into the Hospital at midnight, on November 28, having nearly an hour previously met with the following accident. He was running in the street, having in his coat pocket a desk knife in a pasteboard sheath; the coat lap got between his thighs, and the knife, being caught lengthways, was made to inflict a deep stab in the right one. Profuse bleeding at once occurred, and he fainted away, and was carried by some bystanders to the nearest surgeon, who tied a handkerchief around the thigh and sent him to the Hospital.

On examination, a transverse wound about half an inch long was found over the inner border of the sartorius muscle in the middle of the right thigh. There was no bleeding, and a bandage and compress were accordingly placed over the part. About ten minutes afterwards, a gush of arterial blood took place, but the bandage having been tightened it at once ceased.

In the morning of the 29th, when visited by Mr. Hornidge, the House-Surgeon, the man complained of pain, and at his request the bandage was a little loosened. Not long afterwards the bleeding again commenced, and it became necessary to apply a tourniquet to the femoral above. The wound in the skin was also enlarged, and on introducing the finger it was found to pass through the fascia lata in the direction of the vessels. At one o'clock, Mr. Johnson saw him. There was observed to be a large oval swelling, apparently caused by infiltrated blood, extending in the course of the vessel above and below the wound. There was no bleeding going on. Mr. Johnson ordered the wound to be left exposed, and to have ice applied.

Nov. 30.—The man has slept well; no bleeding has occurred; the swelling about the wound has considerably decreased.

Dec. 1.—No bleeding; the temperature of the wounded thigh is greater than that of the opposite one.

2nd.—Early this morning, without any apparent cause, the bleeding returned. Mr. Hornidge having been called, at once applied pressure, which succeeded in arresting it. On Mr. Johnson's arrival, it was determined to no longer delay cutting down upon the femoral artery. Chloroform having been administered, an incision three inches long was made parallel with the inner border of the Sartorius muscle, and the dissection continued downwards to the sheath of the vessels. So great was the extravasation of blood and staining of the various structures, that it was with the greatest difficulty they were distinguished from each other. The clots having been as much as possible sponged away, the pressure on the artery at the groin was intermitted, when a profuse gush of scarlet blood escaped. The sheath of the vessels was then opened, and the wound in the artery having been found, a double ligature was passed beneath its trunk, and one thread carried above and the other below the site of injury. The upper one having been tied, pressure was again removed from the groin, when a stream of bright arterial blood was distinctly seen to issue from the distal trunk. On tightening the lower ligature, all bleeding finally ceased. In the course of the afternoon, the man appeared weak and exhausted. He was ordered to take beef-tea, and to have a draught containing 20 minims of Battley's sedative. The limb was wrapped in cotton wool.

3rd.—Has slept pretty well. The limb is as warm as the opposite one. Pulsation can be felt in the anterior tibial, but not in the posterio

6th.—Doing well; the wound is now clean, and filled with healthy granulations. Pulsation can be felt in both tibial arteries.

12th.—Both ligatures were found loose in the wound this morning. He is doing well in every respect.

After the ligatures had come away, the wound closed slowly, and it had not quite healed at the time of the patient's discharge; in other respects, however, the man had made a perfect recovery. We have taken the preceding account of his case from notes kindly furnished us by his dresser, Mr. Phipps.

The impossibility of always diagnosing with certainty that profuse hæmorrhage after a wound proceeds from the arterial trunk itself and not from one of its branches, taken in consideration with the probability that minute wounds of even very large vessels may close permanently by lymph, make it compulsive on the Surgeon to take care in such cases that he does not undertake a serious operation unnecessarily. In the *Medical Times and Gazette* for May, 1853, page 576, two very instructive cases may be found bearing on this subject, in one of which ligature of the external iliac was actually performed for what proved to be a wound of the circumflex ilii only. In the case we have just related, the judicious caution displayed by Mr. Johnson in delaying the operation until it was unavoidable, was productive of directly good results, since time had been allowed for the collateral circulation to have become in part established before the ligature was placed on the femoral trunk. By this means no doubt but that the danger of the operation was much diminished. That the collateral channels had really become, during the three days of pressure prior to the ligature, efficient to a very considerable extent, was proved by two circumstances: first, the arterial bleeding from the distal extremity of the vessel during the operation; and secondly, the presence of distinct pulsation in the anterior tibial so early as the day following it.

A few words may perhaps be permitted us on the curious phenomenon presented by regurgitation of a stream of blood from the distal extremity of a cut artery. A case has been recorded by Mr. Guthrie, and has, from that circumstance, become famous, in which, after ligature of the upper end of a wounded femoral, the distal orifice continued to pour forth blood of a dark venous colour. Mr. Guthrie remarks on this case, that it illustrates "a surgical fact, which cannot be too strongly impressed on the minds of students," viz., "that the reflux blood from the lower end of a wounded artery, after its division, will be of the colour of venous blood." In Mr. Johnson's case above given, the blood was not venous; and it was not so in a second instance, in which, a few months ago, during an amputation, the completion of which was delayed, we had an opportunity of observing a muscular artery bleed from its distal end profusely, for more than half a minute, in a continuous jet. In Mr. Guthrie's case, the wound had been inflicted by a scythe-point, and the cut in the artery was seen to be an inch in length. It is possible, therefore, that the vein might have been wounded through the latter; and, since the idea of reflux venous hæmorrhage from an artery involves the supposition of reversed capillary action, and the denial of the existence of a *vis à fronte*, an ingenious sceptic would, we think, suggest, that such was the more probable explanation of the phenomenon. It would, of course, be necessary to suppose, that the wound of the vein had been inflicted in an oblique direction, and at a point rather lower down than that of the artery, in order to account for the arrest of the bleeding by the second ligature on the latter.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, March 25.—ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture IX. :—"Generative System of Birds." By Professor R. OWEN, F.R.S. Four o'Clock.

——— ——— ROYAL INSTITUTION. *Subject :*—"On the Chemistry of the Non-Metallic Elements." By Professor MILLER. Three o'Clock.

——— ——— MEDICAL SOCIETY OF LONDON. *Subject :*—"The Relative Merits of Empiricism and Rationalism in the Present State of Medical Science." By Dr. ALEXANDER HENRY. Eight o'Clock.

——— ——— ROYAL BOTANIC SOCIETY. Four o'Clock.

Tuesday, March 28.—ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture X. :—"General Characters of the Class Mammalia." By Professor R. OWEN, F.R.S. Four o'Clock.

——— ——— ROYAL INSTITUTION. *Subject :*—"On Heat." By Professor J. TYNDALL. Three o'Clock.

——— ——— RUSSELL INSTITUTION. *Subject :*—"On Palæozoology, or the Natural History of Extinct Animals." By ROBERT E. GRANT, M.D. Eight o'Clock.

Tuesday,	March 28.	—Royal Medical and Chirurgical Society. Half-past Eight o'Clock.
——	——	Zoological Society. Nine o'Clock.
Wednesday,	March 29.	—Hunterian Society. *Subject*:—"On the Treatment of Delirium Tremens, and on the Causes which lead to a Fatal Termination." By Dr. Gull. Eight o'Clock.
——	——	Microscopic Society. Eight o'Clock.
Thursday,	March 30.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XI.:—"Monotremata." By Professor R. Owen, F.R.S. Four o'Clock.
——	——	Royal Institution. *Subject:*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.
——	——	Medical Society of King's College. Half-past Seven o'Clock.
——	——	Royal Society. Half-past Eight o'Clock.
Friday,	March 31.	—Royal Institution. *Subject:*—"On Chemical Affinity among Substances in Solution." Half-past Eight o'Clock.
Saturday,	April 1.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XII.:—"Marsupialia." By Professor R. Owen, F.R.S. Four o'Clock.
——	——	Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——	——	Medical Society of London. *Subject*:—"The Diseases Confounded under the Term Prolapsus Uteri: their Diagnosis and Treatment." By Dr. Snow Beck. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, MARCH 25.

FREEDOM AND LICENCE OF THE PRESS.

The Royal Medical and Chirurgical Society has lately carried a Resolution expelling the *Lancet* from its library, because its tendency was at variance with the objects for which the Society was established, those objects being, "the promotion of science, and to uphold the honour and dignity of the Profession;" and that Journal, in accordance with its usual tactics, has replied,—first, by gross personal abuse of those gentlemen who expressed their opinions against it; and, secondly, by raising a cry that the freedom of the press was attacked by the Resolution. The abuse we need not notice. It supplies all that the opponents of the *Lancet* could desire, if they wished to prove that the old spirit is still active; that the "*Old Lancet*" has not been replaced by any new or improved series; but that, as the Editor boasted in the first number of the present volume, it "is still possessed and directed by the same person that offered the first number to our brethren and to Science."

The question of the freedom of the Press is a more important one. Had we conceived that freedom in any way attacked by the Resolution so ably and temperately moved by Mr. De Morgan, we should have at once exposed the danger to which its adoption might lead. But we feel very strongly, that the only real danger to which a free Press is exposed, is created by those who cannot enjoy freedom without abusing it, and who, by proving the necessity which exists for curbing licence, might lead to the imposition of checks more stringent than could be required for the repression of abuse alone. The advocates for a free Press only ask for liberty, not licence. They would secure public servants from the imputation of improper motives, from libel and slander, but would not attempt to screen them from fair criticism, or from the effects of proved incompetency. When advocating the removal of the censorship of the Press, they see the necessity for imposing laws to check libel and sedition. In more than one of our dependencies, when the censorship was withdrawn without these safeguards, the immediate consequence was a series of the most atrocious libels upon public servants engaged in carrying out necessary but unpopular measures, and seditious attempts to alienate the allegiance of the people from the British Crown. Is it to be wondered at that, in putting the necessary checks upon such licence, the local governors of people enjoying representative institutions found it difficult not to check, at the same time, that proper influence of public opinion which surely ought to be regulated by free discussion?

The same principles apply with still greater force to the relations subsisting between the Medical Profession and the Medical Press. In a Profession like ours, where the members are known to each other, if not personally, certainly by reputation, all discussions are apt to assume a personal tone. General remarks are at once applied to individual cases; and that which is merely meant to reform a public abuse, even if most cautiously guarded, is received as an attack upon those who might be led to resist the reform. Thus, in no Profession are personal attacks so likely to arise as in ours. Certainly, in none are they likely to be so damaging to reputation and to practice. It consequently becomes of extreme importance, that, while permitting every possible freedom of fair discussion upon Medical science and literature—upon the politics of the Profession, whether bearing upon its relations with the State or its internal organization—upon the conduct of its public and charitable Institutions, and upon everything affecting its honour and dignity, there should be some check upon unbridled licence, some means of repressing violent scurrility, some moral tribunal before which those can be brought who have learned by long practice to steer safely in the narrow channel which separates vice from crime, and just escape the strong arm of the law. But, however desirable some such authoritative checks might be in theory, in practice they are found to be unnecessary. The simple law which regulates the supply of every commodity by the demand for it, is quite sufficient, in the long run, to secure a supply of a good article. A depraved taste may be created and pandered to; but good taste at last prevails, and self-interest leads to improvements which an innate sense of what was right and honest would never have brought about.

The right, so dear to every Englishman, of "a free Press," "of freedom, or liberty of the Press," is simply the right to publish without the previous supervision of a censor. By carrying the Resolution expelling the *Lancet* from the Royal Medical and Chirurgical Society, the Fellows assume no right of censorship, no sort of dictation as to the manner in which that or any other Journal should be conducted. It is simply a question of buying and selling. The Editor of the *Lancet* prepares an article which he loudly proclaims to be good. The Society, on the contrary, think it is bad, and will not buy it. Any attempt to force his article upon the Society by intriguing among a combination of Fellows, by abuse of the Society in general, or of certain Fellows in particular, can only be regarded as an improper interference with the right every Society has to buy what it pleases and reject what it pleases, and an impertinent attempt to suppress the free expression of the opinion of the Fellows who constitute the Society. The Society say they will not buy a Journal conducted in the manner in which the *Lancet* has been conducted. It is for the Editor to consider whether he will adapt his manner to the requisitions of the Society, in order to induce them to purchase his Journal. It is clearly beyond his province to attempt to force the sale upon them by intimidation or electioneering tactics.

We and others have been entitled, in the phraseology so peculiar to the *Lancet*, "assassins of our calling," because we did not dispute the right of the Society to buy or reject what it pleased, and are unfavourably contrasted with the supposed conduct of the daily papers in case of an attack upon the freedom of the Press. The only case that has lately occurred which could

be considered as parallel, is the abuse of Prince Albert by the *Morning Advertiscr*. If any Literary Society had refused to take in that paper because the members thought it had been guilty of the worst form of cowardice, in attacking a person whose station prevented him from replying to the attack, does any rational being suppose, that other papers would have imagined the resolution of the Society to be an attack upon the freedom of the Press? Certainly not; nor do we or our Contemporaries feel disposed to interfere with the undoubted right of any Society to refuse to buy our Journals, if they are not satisfied with the manner in which they are conducted.

The question brought before the Special Meeting of the Fellows may be viewed in different lights. The various Resolutions, signed by 104 Fellows, are so cautiously worded, that many might vote for them who entirely disapprove of the principles and conduct of the *Lancet*, yet, if passed, it would be paraded as a grand triumph for that Journal. The questions, therefore, should be entirely separated: the one, whether all the Medical Journals should be taken in a Medical Library; the other, whether the Society encourage the *Lancet* by its example. Let each be judged upon its own merits, and without any cant about the freedom of the Press. We shall then see if any man who cares for his character or reputation will stand up and openly defend that Journal.

GAY *versus* WAKLEY.

With the evident intention of diverting the attention of the Fellows of the Royal Medical and Chirurgical Society from the question of the general tendency of the *Lancet* to lower the honour and dignity of the Profession, by raising a discussion upon a single case in which that tendency has been most recently manifested, the Editor has come forward with the astounding assertion, that he "had nothing whatever to do with instigating the proceedings against Mr. Gay, and neither spoke nor voted for or against him throughout the discussion;" and proposes that Mr. Gay and himself should be judged before some Medico-Ethical Court. What course Mr. Gay may pursue we know not, but, it appears to us, that the statement of his case against the Hospital Committee, of which Mr. Wakley was and is a member, has been already sufficiently examined by the whole Profession, so that no further steps are required from Mr. Gay. If Mr. Wakley feels that any defence he may publish in the *Lancet* is not likely to serve his cause, he is, of course, competent to plead before any Society which will consent to hear him; but we cannot see that Mr. Gay has anything further to do in the matter.

It will be observed, that Mr. Wakley's denial of his share in Mr. Gay's dismissal, is so worded, that the facts of *instigation* and *voting* are alone urged. Nothing is said of influence exerted against Mr. Gay by Mr. Wakley, by his son, or by the relative of the latter, and his partner, members of the Committee. Now, the sole offence charged against Mr. Gay was, that he had become the "literary companion and helpmate" of the conductors of a rival journal to the *Lancet*. The charge was brought forward at a Committee Meeting on the 15th of July, at which Mr. Wakley was present, and at which certain questions respecting the share Mr. Gay had taken in his biographical sketch were drawn up, evidently by some person accustomed to the details of a printing office. Out of five Committee Meetings, in which the subject was discussed, Mr. Wakley was present at three. The most studious silence was observed all this time in the *Lancet*, with the hope, probably, that the transaction might be allowed to pass without exposure; and although, so early as Dec. 24, we showed how the independence of Medical Officers of Public Charities was attacked by the proceedings of the Committee, the *Lancet* was silent until the Profession spoke out, and then all the little remaining ability of its Editor was employed to insult the Profession, by defending the conduct of the Committee of which he was a member, and by asserting that the Profession had *acquiesced* in the decision of this Committee, who, it was said, had "done a real service to the staff of Hospitals in this Metropolis, by their recent proceedings." (*Lancet*, Jan. 14, 1854.) The acts of those gentlemen who came forward to vindicate the outraged honour of the Profession were politely termed "the devices of such well-known knaves," and the meeting a "palpably shallow conspiracy." (*Lancet*, Jan. 21, 1854.) Carefully avoiding the question, whether Mr. Gay's dismissal was a violation of the rights and dignity of the Profession, the motives of those who came forward to denounce the proceedings of Mr. Wakley and his Committee were criticised in the style which the *Lancet* has made so peculiarly its own. The generous desire to avenge a wrong perpetrated on a Professional brother, was stigmatised as an attempt to crush the new Medical College at the Free Hospital by the "underlings of St. George's, of the Middlesex, of Bartholomew's, and of the University College Hospitals." (*Lancet*, Jan. 28.) The Public Meeting was to be proved, within a month, to be the result "of as foul a conspiracy as ever was concocted." (*Ibid.*) And we were assured, that "the actors in the infamous conspiracy now at work" should not go "unmasked." (*Ibid*). The gentlemen who had called the meeting in Hanover-square were "unprincipled persons"—those who attended it were "credulous gentlemen." (*Lancet*, Feb. 4.) The meeting was "assembled for the promulgation of falsehood, and its decisions were obtained at the instigation of calumny, and under the direct sanction of fraud." (*Ibid.*) When *Punch*, the *Daily News*, the *Globe*, the *Critic*, and other papers, joined in condemning the Committee, the *Lancet* informed us, that "some half dozen pot-house newspapers echoed the falsehoods and dark insinuations of the wicked conspirators," (*ibid;*) and we were again assured, that "ethically considered, the decision of the late Committee of the Hospital has furnished a lesson which must prove of inestimable value to the Medical officers of all public Institutions in this kingdom." (*Ibid.*) The fact, that at the Annual Meeting of Governors, the proceedings of the Committee were approved, was boasted of as a great triumph. In his reply to Mr. Gay, Mr. Wakley says in his well-known letter which gives the key to the whole proceedings, dated on the 26th of July, after the first meeting, and before that at which Mr. Gay's reply to the questions was read, "You have not shrunk from appearing before the Profession as the literary companion and helpmate of the malignant slanderer of me and my family. Under these circumstances, I must decline any further correspondence on the subject. You have made your own election, and must abide by the consequences." After all this, Mr. Wakley may affirm that he took no part against Mr. Gay; but will anybody be foolish enough to believe him, when it stands recorded that he used all the influence of his Journal to support the Committee which had dismissed Mr. Gay from his office upon a groundless charge, and to impeach the motives of those who came forward so nobly to defend an injured professional brother.

Mr. Wakley, and the Committee of which he is a member, have been judged by the Profession upon their own statements: first, upon the Draft Statement so industriously circulated before the great Meeting, and promulgated with its appendix in the *Lancet;* and, secondly, upon the articles from which we have just culled a few choice flowers of rhetoric. The united bodies of Medical men throughout the kingdom have been the judges; and without laying much stress upon the question whether Mr. Wakley, or his son, or his reporter, actually voted against Mr. Gay, or whether the two latter merely paid ten guineas to obtain the right of voting if necessary, they see that the son has

accepted the office made for him by Mr. Gay's dismissal; that the father attended the meetings of the Committee when this dismissal was decided upon, and that he supported the Resolutions of the Committee by repeated articles in the Journal of which he is Editor and Proprietor. In the face of such overwhelming evidence as this, if a man with a well-earned reputation for the most undonbted trnth and most unsullied honour should come forward and assert that he had taken no part against Mr. Gay, no man of common sense could believe him,—his reputation would be destroyed. Whether Mr. Wakley's reputation will be affected by his assertion, it is not for us to decide; nor need we now stop to examine the effect he and his Jonrnal have had on the Profession, for the following quotation from that able and impartial literary Journal, the *Critic*, for March 15, expresses the opinion which we believe to be very generally entertained, not only in Medical but in non-Medical circles:—

"The indignation of the Medical Profession at the course adopted by that once popular Journal, the *Lancet*, in the disgraceful affair of Mr. Gay's dismissal from the Royal Free Hospital, appears to know no bounds. Even that grave and decorous, not to say cold and apathetic, but highly-respectable body, the Medical and Chirurgical Society, have resolved that the *Lancet* shall no longer lie upon their library table, nor be admitted in their library; and, lest they should seem to sanction the puff biographical, the members have also excluded the *Medical Circular*. The Midland Branch of the Provincial Medical Association, at a Quarterly Meeting lately held at Leicester, unanimously resolved, 'that the partial and one-sided statements contained in late Numbers of the *Lancet*, have forfeited for that publication its title to the confidence of the Profession.' A meeting of the South-Eastern Branch of the Association is also to be shortly held, chiefly for the purpose of considering the propriety of expressing an opinion on Mr. Gay's case. There is no conspiracy, no plot, but a deep and widespread sense of injury and insult offered to the whole Profession, which no living man can brave with impunity. It is, indeed, a matter of rejoicing to see so strong a fraternal feeling manifested in the ranks of a Profession which has long been a good deal divided in opinion on various points, and which has been long goaded into divisions and jealousies by the very Journal which they are now fully determined to crush beneath their feet. Were this 'Gay' affair the first offence, it might be forgiven; but their movements are but the outbreaking of a latent sense of injury, inspired by a series of offences committed during the last quarter of a century or more. But there is now an opinion rapidly spreading over every portion of the body, and especially pervading the most distinguished and influential branches, that to be eulogised by the *Lancet* is a great misfortune, while the abuse of that Journal is the sure passport to the sympathy, the respect, and the support of the whole Profession."

ALDERMAN COPELAND'S "BOULETS ASPHYXIANTS."

THE squares of London, which seem like bits of the country caught and imprisoned in the midst of our Babel of brick, degenerate and sad-looking as they are, serve, without doubt, a very important purpose, scattered at intervals among the largest aggregation of men the world now beholds. The parks have been called the lungs of the Metropolis; and these square patches of verdure, dotted over the whole surface of the town, may be looked upon as a subsidiary lung, answering to the office of the skin in the animal economy. Here the mephitic gases sent forth by 2,500,000 beings, jammed together by a misdirected civilization, find some escape, and death some little dilution. We do not see the process, but not more certainly is the concentrated virulence of some deadly poison dissipated by the admixture of water than is the fatal malaria and jungle fever of the courts and alleys of the Metropolis modified and subdued by the admixture of purer air. Of this fact, scientific men need not at this time be informed, and the public are so well aware of it that they have forced upon the Government the formation of new parks, at the expense of hundreds of thousands of pounds, to complete the boulevard round London—a necklace of oxygen worthy the greatest of cities.

Can it then be believed, that at a moment when in all probability Cholera is preparing to spring upon us like a tiger from his lair, it is proposed to give over the largest open space of this natnre in the Metropolis, and the one situated in the most crowded and badly ventilated part of it, for building purposes—that we are to have, in short, the garden of Lincoln's-inn-fields, with its luxuriant trees and verdant sod, "put into chancery."

Let those who donbt the fact read the following announcement, which appeared a short time since in the *Times*:—"At a meeting of the Trustees of Lincoln's-inn-fields, held on Monday, the 1st of February, it was moved by Alderman Copeland, 'That the Trustees deem it desirable to entertain the proposition for building the Law Courts in the centre of the fields." This Motion, to deliberately deposit tubercle, if we may so term it, in our already too limited breathing space, was supported, it appears, on the very intelligible grounds, coming as it did from a City Alderman, "that the value of property in Lincoln's-inn-fields would thereby be greatly enhanced, while a large saving would also be effected to the funds destined to be appropriated to the erection of the Law Courts. The Alderman was supported in his Motion, we are informed, by "other non-resident proprietors." That is, the persons who hold property in this neighbourhood, propose to poison the poor resident inhabitants, while they themselves, living far out in the fresh air, prosper by the very death they intend to produce. Of what consequence how many bees are stifled, so long as they can take the honey! Against this proposition, so selfish in itself and so entirely opposed to every sound sanitary principle, we are glad to find an eminent member of our own Profession protesting earnestly and loudly. Professor Owen, on the Motion being put from the chair, immediately moved the following Amendment:—"That the Trustees for maintaining and adorning Lincoln's-inn-fields do not deem it desirable to entertain any proposition for building the Law Courts in the centre of the fields, such proposition tending directly to deteriorate the sanitary condition of the Metropolis, by destroying airy and ornamental garden-space for the erection of the Law Courts in the present over-crowded vicinity of Lincoln's-inn-fields."

In support of this Amendment, Professor Owen dwelt upon the necessity of facilitating that beneficent interchange between the carbon and oxygen of the air, which are the offices of such planted spaces in an over-crowded and ill-sewered city, (an interchange, by the by, which our forefathers seemed to have practically understood better than ourselves, as nearly all the wide old streets were planted,) and concluded by warning the Trustees, that, whatever might be the effect of their votes, public opinion would be too much for them, and would imperiously demand the retention of a space so fortunately preserved in the centre of London. "The non-resident proprietors" negatived the Motion, after Alderman Copeland had expressed his opinion, "that the public would be in favour of a plan which would save so much public money as that which was the subject of his Motion."

As the *non-resident* Alderman and Trustee does not appear to be open to any other argument than that of pounds, shillings, and pence, let us ask him if he is aware of the annual expense attendant upon a fever district? Does he know, that a very great number of the cases admitted into one of our large Hospitals comes from one court, and that that court, made noxious by the cupidity of man, costs the charity a large moiety of its funds annually! Certain potentates in Africa amuse themselves by keeping alligator-preserves in their dominions, regardless of the human victims they prey upon; but they do not do it with the idea of profit. There our non-resident Alderman and brother

proprietors have the advantage of the less calculating sable potentates.

Already the district bordering upon the south and west of Lincoln's-inn-fields is a known nest of disease, marked with the fatal shade upon the fever map. Here reeking slaughter-houses, and putrid fish from the disgraceful stalls of Clare-street, Clare-market, already pollute the air, and render the neighbourhood a nursery for fever, as the statistics of King's College Hospital can show. If this proposition to build upon the large area of Lincoln's-inn-fields, which acts as a diluent of this poisoned atmosphere, should be carried out, the sickness and mortality of the neighbourhood would in all probability be trebled. And what, we should like to know, would be the effect of this state of things upon the poor-rates,—not for a term of years, but in perpetuity? The cost, without doubt, would be very much more than the interest of money upon the sum (50,000*l.*) saved to the building-fund. If this method of looking upon the question should not satisfy Alderman Copeland, let us further inform him, that if he and his co-trustees are non-resident, the disease and death which they most selfishly and culpably propose to deepen and multiply are also non-resident; and the fever and cholera which he and his colleagues propose to leave as a legacy to the poor and wretched of this neighbourhood, may pursue and overtake their victims as remorselessly in the gilded West as in the squalid East. Of what use, we should like to know, is the Board of Health, with its expensive staff of officers,—of what use the City Officer of Health, if one of the very first conditions of life can be thus unceremoniously taken from the community!

The Paris Correspondent of the *Times*, a short time since, spoke of a new kind of projectile as now being made in France, called *Boulets asphyxiants*,—hollow balls filled with a composition which stifles those among whom it falls. Let us call Alderman Copeland's attention to this discovery, which seems to have been made by a kindred genius to that of his own and fellow non-resident proprietors,—with this difference, that the one is to be used against the enemy in open warfare, the other against poor, defenceless, resident fellow-countrymen, and for the avowed purpose of gain.

MR. BRADY'S BILL.

We congratulate our readers upon the successful result of Mr. Brady's efforts in the cause of his Professional brethren. It will be seen, by our Parliamentary Intelligence, that his Registration Bill was read a second time on Thursday night; and we trust that any further opposition to this really useful measure may now cease. It is not too late to obtain modifications in Committee, but, beyond this, we sincerely hope no qualified Practitioner will assist the exertions of Dr. Coffin and his Botanists.

OPINIONS OF THE PROFESSION ON MR. GAY'S CASE.

At a meeting of the Bedfordshire Medical and Surgical Association, held at the Red Lion Inn, Dunstable, on February 23, 1854, the following gentlemen were present, namely:—Joseph Farr, Esq., Dunstable; Frederick Farr, Esq., Dunstable; Thomas Parker, Esq., Woburn; Henry Veasey, Esq., Woburn; Edward Daniell, Esq., Newport Pagnell; P. Benson, Esq., Luton; K. Tomson, Esq., Luton; R. Stevens, Esq., Markyate-street; H. W. Swayne, Esq., Markyate-street; H. Lee Hogg, Esq., Toddington; Dr. Williams, Aspley; Edwin Williams, Esq., Aspley; J. Wyer, Esq., Bedford; Dr. Barker, Bedford.

In the absence, from indisposition, of the President of the Association, Dr. Paris Dick, of Bedford, Joseph Farr, Esq., of Dunstable, was called to the chair.

The following Resolutions were passed unanimously:—

Proposed by Edward Daniell, Esq., Newport Pagnell; and seconded by Dr. Williams, of Aspley:—

"That the dismissal of John Gay, Esq., from the office of Surgeon to the Royal Free Hospital, is unjust and likely to injure the best interests of Medical institutions for the relief of the sick poor.

"That independently of the propriety or otherwise of publishing biographies of living members of the Profession, we consider that the conduct of Mr. Gay has been most honourable, and that he deserves the most cordial sympathy of his professional brethren.

"That no Medical Officer of any Hospital or Dispensary should be considered liable to dismissal, unless proved guilty of some great moral delinquency, culpable neglect of his duties, or want of Medical skill."

Proposed by Frederick Farr, Esq., of Dunstable, and seconded by Edward Daniell, Esq., of Newport Pagnell:—

"That a copy of the foregoing Resolutions be forwarded to Mr. Gay, and to the weekly Medical Journals."

"We, the undersigned Medical Practitioners residing in Bedford and the neighbouring localities, are desirous of expressing our hearty concurrence with the Resolutions passed at the Bedfordshire Medical Association, held at Dunstable, on the 23rd of February, relative to Mr. Gay's dismissal from the Royal Free Hospital. (Signed)

"Paris Dick, M.D., M.R.C.P.L., Physician to the Bedford General Infirmary, President of the Bedfordshire Medical and Surgical Association.
G. F. D. Evans, M.D. Edin., M.R.C.P., Physician to the Bedford General Infirmary.
John Harris, F.R.C.S., Consulting Surgeon ditto.
Isaac Hurst, F.R.C.S., ditto.
Wm. Thurnall, M.R.C.S., ditto.
H. W. Sharpin, M.R.C.S., House-Surgeon ditto.
John G. Appleton, Surgeon, Luton.
John Bunney, Cranfield.
Thomas Chapman, jun., M.R.C.S., Ampthill.
Oswald Foster, M.R.C.S., Hitchin.
Nathaniel Godfrey, L.S.A., Turvey.
Joseph Gregory, L.S.A., Riseley.
Andrew Hamilton, M.R.C.S., Ampthill.
J. Hughes Hemming, M.R.C.S., Kimbolton.
W. Heygate, M.D., Newport Pagnell.
Blackall Marsack, M.R.C.S., Fenny Stratford.
W. Philson, M.D., Baldock.
C. E. Prior, M.D., Bedford.
George Osborn Rogers, M.R.C.S., Newport Pagnell.
R. R. Shillitoe, M.R.C.S., Surgeon to the Hitchin Infirmary.
Robert S. Stedman, M.R.C.S., Sharnbrook.
J. Edmund Umphelby, M.R.C.S., Baldock.
William Wootton, M.R.C.S., Harrold."

[To the Editor of the Medical Times and Gazette.]

Sir,—I have been requested by the Committee of the Medical Society of University College to inform you, that, at the last General Meeting, held on Thursday, the 16th ult., the following Resolution was passed with one dissentient vote:—

"That this meeting, feeling that the tone and spirit of the *Lancet* are inconsistent with a high moral code, and hence unfit it for the patronage of this Society, recommend the Committee to discontinue their subscription to it from this day."

The insertion of this in your publication will oblige, Sir,

Yours, &c. Frederick G. Clarkson, Secretary.

University College, March 21, 1854.

Sir,—At a meeting of the Belfast Medical Society, held on the 6th instant, Mr. Browne, Vice-President, in the chair; and in compliance with due notice placed on the books of the Society, the subject of Mr. Gay's dismissal was brought under discussion, when it was unanimously resolved—

"That this Society regards with great disapprobation the unjustifiable and harsh conduct of the Governors of the Royal Free Hospital, London, as exhibited in the dismissal of Mr. Gay from the Surgeoncy of that Institution; and they beg to convey to that gentleman the expression of their deep sympathy with him in his unmerited position; while they also have to express their astonishment and regret that any Medical man could be found abetting the Committee of that Hospital in their objectionable and unwarrantable course, and thus lending himself to injure a Professional brother."

(Signed) Samuel Browne, Vice-President, Chairman.

Belfast, March 16, 1854.

At the last meeting of Oxford Medical and Chirurgical Society, it was resolved to discontinue the circulation of the *Lancet*.

REVIEWS.

1. *The Diseases of the Rectum.* By Richard Quain, F.R.S., Professor of Clinical Surgery in University College, Surgeon to University College Hospital. 8vo. Pp. 285. London. 1854.
2. *A Treatise on the Diseases, Injuries, and Malformations of the Rectum and Anus.* By T. J. Ashton, Surgeon to the Blenheim Dispensary, etc. London. 1854. 8vo. Pp. 356.

It is surprising that monographs on diseases of the rectum are comparatively few in number, for the diseases of that portion of the intestine are numerous, the cause of great suffering, and are of frequent occurrence.

The works before us are not simply didactic essays on diseases of the rectum, for cases are cited in support of almost every statement of importance they contain. They differ from other books on the same subject in this particular, being clinical rather than dogmatical in their teaching.

The following are the subjects treated of, and their order in Mr. Quain's book :—Hæmorrhoids, Abscess, Fistula in Ano, Prolapsus Ani, Ulcers of the Skin and Mucous Membrane, Painful Contraction of Sphincter Ani, Neuralgia of Sphincters, Stricture, Concentric Thickening, and Ulceration ; Tuberculated Disease, Cancer, Spasmodic Contraction of the Bowel, Polypus and Polypoid Growths, Fæcal Accumulation, Alvine Concretions, Foreign Bodies.

Mr. Ashton's arrangement is different. He commences with Irritation and Itching of the Anus, its Inflammation and Excoriation, Excrescences of the Anal Region, Contraction of the Anus, Fissure of the Anus and lower part of the Rectum, Neuralgia of the Anus and extremity of the Rectum, Inflammation and Ulceration of the Rectum, Hæmorrhoidal Affections, Enlargement of Hæmorrhoidal Veins, Prolapsus of the Rectum, Abscess near the Rectum, Fistula in Ano, Polypi, Stricture, Malignant Diseases and Injuries of the Rectum, Foreign Bodies in it, Malformations of the Rectum and Anus, with Remarks on Habitual Constipation and its Treatment.

We must now proceed to make some remarks on Mr. Quain's work.

As his opinions and practice in regard of Hæmorrhoids have appeared so recently in this Journal, it is unnecessary for us to follow him on the present occasion ; but Mr. Quain has now entered somewhat at length into the question of the structure of hæmorrhoids ; and as his observations are at once original and of considerable practical importance, we shall give a brief abstract of the result of his researches.

Over the greater part of the rectum, the arteries, as soon as they have penetrated the muscular coat, divide into small branches, and form a net-work by their communications with the subdivisions of other similar vessels. In the lower five inches of the bowel the arrangement is very different. Here the vessels have considerable length, and their direction is downward in parallel lines towards the end of the gut.

"The arteries in this place all join by transverse branches of good size ; the veins form loops, and communicate with equal freedom." From changes in the structure of these loops, hæmorrhoidal tumours result.

"At an early stage dilatation occurs, which in one part is gradual, fusiform. In another, it is abrupt, starting suddenly out from the end of the loop into a rounded pouch. A degree of elongation of the looped part accompanies these changes ; so that the vessel is lowered beyond its natural level."—P. 30.

At first the blood in these loops is fluid ; subsequently it solidifies, and then hæmorrhoidal tumours are formed.

This part of the work is illustrated by four admirably executed lithographs.

It is curious, that the difference in the arrangement of the arteries in the lower and upper part of the rectum should have escaped the notice of previous anatomists and surgeons, especially as fatal hæmorrhage has more than once followed the division of one or more of these arteries in operations for removal of piles by the knife.

Passing by the sections on Abscess and Fistula in Ano with the remark that they contain the details of a considerable number of cases illustrating the various forms of those diseases, we come to the subject of Prolapsus Ani. This is a very common affection, and yet authors differ much as to the anatomical condition of the parts displaced. Copeland says, "The connexion of the external surface of the rectum is so firm with the surrounding parts, that it is almost impossible the whole should be protruded together." Bushe describes two forms of the disease : "In one, the mucous membrane is alone prolapsed ; whereas, in the other, all the coats of the rectum come down." Chelius remarks : "Prolapse of the rectum appears under three forms ; it may be, either the rectum with all its membranes, or simply the internal membrane, or an inverted upper portion of the intestine."—South's Chelius, p. 130.

Mr. Quain's large experience leads him to the conclusion, that, *in all cases*, the prolapsed portion includes all the coats of the intestine :—

"Surgical writers," he observes, "treat of a form of prolapsus consisting of the mucous membrane alone, thickened and hardened, perhaps by subsequent deposit. For my own part, I have not seen a single case or preparation bearing out this view, and I much doubt its correctness. I have never seen the mucous membrane prolapsed and retained below the sphincter, except when forced down by hæmorrhoids. With the mucous and muscular coats of the intestine, the peritoneum also descends in a prolapsus, but only at its fore part."—P. 133.

This arrangement Mr. Quain has found even in a prolapsus of only two inches in length.

Several most instructive cases are given in the section on ulcers of the skin and mucous membrane. It is most important for the Surgeon to understand this class of cases, because the sufferings of the patient are really terrible ; medicines are of little effect, time rarely works a cure, while an operation of a trifling nature restores the patient permanently to health. The greater part of this section was published by Mr. Quain, in the form of a Clinical Lecture, in a late Volume of the *Medical Times and Gazette.*

Painful contraction of the sphincter ani is, Mr. Quain maintains, in opposition to the opinions of Boyer, Dupuytren, and Brodie, invariably the consequence of the presence of an ulcer of the mucous membrane of the rectum, *i. e.*, it never exists as an idiopathic affection.

"The conclusion I have come to upon this subject is, that where pain, brought on by the fæcal evacuations, and continuing after them, happens to be present, the fault—the morbid condition—is not in the sphincter, but in the skin or mucous membrane covering it, and that the division of the muscle is not required in order to remove the patient's suffering."—P. 170.

To divide the sphincter is a serious operation ; to cure the ulcer by the knife a very trifling affair. The practical importance, therefore, of the question at issue is evidently considerable.

Stricture of the rectum may be idiopathic, or it may result from the healing of an ulcer.

"The destruction," our author observes, "of the mucous membrane only is not, I am disposed to conclude, followed by narrowing of the gut. In order that the cicatrix should become a stricture, it is, I believe, requisite that the fibro-cellular coat, which is, in some sort, the frame-work of the intestine, should be involved in the ulceration."—P. 178.

As to the treatment of this variety of stricture—

"When the stricture does not materially interfere with the comfort of the person, it is most prudent not to interfere actively, for all such interference is attended with a risk of mischief."—P. 179.

The idiopathic stricture of the rectum "is occasioned by fibrinous matter effused within the walls of the intestine, or upon its surface." (Page 197.) The narrowing of the gut results from the "contraction of the lymph."

"The mucous membrane is not necessarily involved in the disease. It is but consecutively affected. In one of our cases it was healthy all over, but folded by the contraction outside it ; in another, it was sound at the seat of stricture, though ulcerated beyond that part ; while the membrane, in a third case, was ulcerated within the grasp of the stricture, as well as beyond it." (P. 198.)

The breadth of the stricture varies ; its usual seat is not more than two inches from the anus. Disease of the adjacent parts is an occasional consequence.

"General thickening, abscess, and fistula are the results. But in my observation fistula has only occurred where the stricture was near the lower end of the bowel." (P. 200.)

In discussing the treatment of this disease, Mr. Quain dwells much on the benefit to be derived from general treatment. "In treating stricture, I am not," he says, "disposed to regard local applications as the only or the chief resource." The remarks on this point are exceedingly valuable.

The section on cancer of the rectum occupies about fifty pages. It contains much highly interesting matter, but the space at our disposal forbids the attempt to analyse it.

On the whole, we regard Mr. Quain's work as comprehensive and eminently practical. The pathological views advanced are

sound, the treatment recommended is judicious, and the style is remarkably clear.

It will be seen, by a glance over our summary of the contents of the two works before us, that Mr. Ashton treats upon a subject which Mr. Quain has passed over, namely, malformations of the rectum and anus; but this chapter is meagre. In his chapter upon enlargement of the hæmorrhoidal veins, he has alluded to a condition which we are confident has been too much overlooked, namely, a state of chronic fulness or congestion of the vessels of the rectum, with neuralgia, but without hæmorrhoids or spasm of the sphincter. If this state were called neuralgia of the rectum, Mr. Quain's observation, that it is very rare, would certainly be inaccurate, but he confines the term neuralgia to cases "free from obvious disease in the part." Whether he would call a certain increased fulness of vessels "obvious disease" we cannot say, but we have certainly seen many cases in which very severe and obstinate symptoms of rectal neuralgia were attended by no other change whatever, either in rectum, anus, or sphincter. Neither of the works before us throw much light upon this affection, which is far from uncommon, and requires investigation.

Mr. Ashton's work is a compilation by a man who evidently knows his subject practically, and has enjoyed ample opportunities of illustrating his statements by cases which have fallen under his own observation. Like that of Mr. Quain, we believe his book will do much to rescue a large class of diseases from the hands of ignorant impostors.

Unsoundness of Mind Considered in Relation to the Question of Responsibility for Criminal Acts. By SAMUEL KNAGGS, M.R.C.S.L., L.S.A. Pp. 96. London. 1854.

IN this essay the author very forcibly alludes to the anomalous state of the law in relation to the insane when they become involved in criminal acts; and he shows, by citing several familiar instances, that the insane have frequently been found guilty, and have sometimes even been executed for murder; while, in other cases which appear to be parallel, the plea of insanity has been followed by acquittal. In the course of his very ingenious and candid argument, Mr. Knaggs discusses, on the one hand, all the circumstances indicating unsoundness of mind which ought to absolve an accused person from responsibility; and, on the other, he criticises the pleas of irresponsibility, often advanced without just foundation, in order to protect a criminal from punishment. In forming a just conclusion as to the sanity or insanity of a supposed criminal, Mr. Knaggs considers the present tribunals to be inefficient,—the juries, from the nature of their ordinary avocations, and their inability to weigh accurately the value of medical evidence; and the judges, from their want of acquaintance with psychological science. Mr. Knaggs proposes that such difficult questions should be decided by a jury of Medical men; and that they should pronounce, by their verdict, upon the responsibility or irresponsibility of the accused party; and that such Medical juries should be selected from men of such undoubted ability in their Profession, that their fiat should be decisive and final as to the punishment of the criminal, or the detention and cure of the lunatic.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

RESEARCHES INTO THE MORE IMPORTANT DISEASES OF ARTERIES.

By K. ROKITANSKY.

Rokitansky, the celebrated Professor of Pathological Anatomy to the Medical Faculty of Vienna, Conservator of the Museum of Morbid Anatomy, appointed to examine the bodies of those who die in the General Hospital, has made known his researches in a previous work, ("Handbuch der Pathologischen Anatomie,") now almost out of print. We cannot find fault with the Professor for depriving us so long of a second edition, well knowing the reason of his delay. For some years past, pathological anatomy has had its principles modified by microscopical and chemical research. From so many discoveries having been made in a very short space of time, certain subjects have been only glanced over; but, in a year or so, more definite results will have been attained. That is the epoch which Rokitansky awaits, when he will publish a new and general treatise, rather than a new edition of his old work. The work which we now propose to notice is an original production, and one of considerable interest.

Deposits in the Coats of Arteries.—The slight opacity so often seen is caused by a deposit on the internal surface of the vessel, of a protein substance, arising from the blood. This protein substance undergoes a series of transformations, causing a number of changes in the texture of the vessel. At the beginning, the deposit, under the form of a red, pulpy matter, gives to the internal surface of the artery a more brilliant and humid aspect; it may then be readily mistaken. At a more advanced period, the pulpy matter thickens, becomes opaque, and may be removed under the form of pseudo-membrane. Under microscopic examination there is found elementary granules, sparkling nuclei, and nucleated cells. Moreover, sometimes there may be seen a sort of stroma, presenting the commencement of fibrous tissue. At other times there is seen a species of cribriform structure, interspersed and rendered opaque by a deposit of granules. New deposits form, one after the other, increasing in size, and becoming in time thickened, and the seat of calcareous degeneration, or of a dirty yellow substance, consisting of cholesterine, mixed with amorphous matter. Ultimately the atheromatous deposit gets in contact with the blood, from which it receives a quantity of fatty matter. This "ossification," which never resembles true bone, may occupy a considerable extent of vessel, and it gives to the orifice of any branch leaving the original trunk a slit-like aperture. In certain arteries there are seen upon a level with the deposit, numerous orifices the size of a pin's head, from which a drop of blood may be squeezed. They do not, according to Rokitansky, communicate with the capillaries of the artery, but are the orifices of tubes which permeate the atheromatous layer. They may be so numerous, as to give to the part they cover the appearance of erectile tissue, and it is to this lesion that Lobstein has given the name of "arteriomalacia."

The middle coat, which is at first healthy, does not undergo change until the deposit has become calcareous; then it assumes a pale brown hue; it softens and loses its elasticity. Upon microspical examination an abundance of fatty granules is seen in it. The external coat, also healthy at first, is eventually swollen and red, as from inflammation; but is not attacked by atheromatous degeneration.

The arteries most frequently affected are arranged by Rokitansky in the following order:—The descending aorta, the arch of the aorta, the thoracic aorta, the abdominal aorta, the splenic artery, the iliac and crural arteries, the coronaries at the base of the ventricles, the internal carotids and the vertebral, the uterine, brachial, spermatic, common carotid, and hypogastric. Other arteries are very rarely affected, such as the cœliac axis, the coronaria ventriculi, and the hepatic.

What is the nature of this thickening of the arteries? "I cannot," says Rokitansky, "admit the formation of an exudation commencing in the external membranes, and penetrating by degrees the other structures until it reaches the internal coat. It depends upon the primary deposit upon the internal coat of a coagulable blastema proceeding from the blood."

Spontaneous aneurisms may arise from inflammation and deposit of pus in the elastic coat, and in spontaneous laceration of the two inner coats of an artery. The branches given off in the situation of an aneurismal sac may become impermeable from ossific deposit, from clots of blood, by pressure, etc.

Rokitansky relates six cases, in which he found the ductus arteriosus permeable. Of these, four had reached the age of 21—24; one was 32; one was 43 years old; one only had cyanosis from infancy.

Contraction and Obliteration of Arteries.—The author gives three new cases of contraction of the aorta to the sixteen which he has already recorded; and he endeavours, from twenty-six observations, to give a brief account of this disease of the aorta. It is caused by clots of blood, or by morbid deposits in the interior of the vessel, by external pressure, tubercle, cancer, neighbouring aneurisms, &c.

Spontaneous Laceration of the Aorta (Dissecting Aneurism).—Rokitansky gives twenty original observations of spontaneous lacerations of the aorta. He does not think that in all cases the dissection goes on between the lamellæ of the middle coat; but he has verified in some instances the description given by Dr. Peacock.—*Mém. de l'Académie des Sciences à Vienne.*

[We must caution our readers against too readily accepting, without further evidence, the statement made by Rokitansky, that morbid changes in the coats of arteries commence by a primary deposit of protein substance from the blood upon the internal

coat of the vessel. We apprehend that, so long as the artery is healthy, so long the blood will freely flow through it; and that a loss of smoothness of the lining membrane must precede the separation of any of those constituents of the blood which we call fibrin, protein substance, etc., and which ultimately may pass into granular matter and crystals of cholesterine. Rokitansky gives us no sufficient description of this "protein substance," nor the cause of its separation from the blood. He leaves us in ignorance how it happens that it should be deposited more in one part of the arterial system than another; also the mode of its acting upon the coats of the artery from within outwards. It is believed of this celebrated pathological anatomist, whose labours have so greatly enriched nearly every department of Medical science, that, with a most careful and truthful narration of facts, he frequently combines hypotheses which rest upon insufficient evidence, and we fear that this peculiarity is prominently marked in the preceding work. We would refer our readers to Virchow's account of granular degeneration of the middle coat of the capillaries of the brain, as illustrating this subject.—Ed.]

THE DANUBIAN PRINCIPALITIES.

Moldo-Wallachia, the seat of war between the Turks and the Russians, is situated in a sinus formed by the Carpathians and the Balkan, great mountain ranges which meet at the western zone, and leave this country widely open to the east and the south-east. The climate is peculiar. Although between the parallels 43° and 46° north latitude, heat and cold never attain their maximum but by an intermediate gradation, these provinces, so situated, know neither spring nor autumn, winter and summer succeeding one another in rapid and inappreciable transitions.

Towards the end of November, a sharp, dry, cutting wind, the "krivaz," blows from the north-east; under it the leaves die and fall in a few days; then there suddenly succeed hoar frost, falls of snow, and ice; in short, the winter has commenced. The cold continues throughout the season 20° to 25° R., about 40° below freezing of Fahr.

The spring commences in March with the south-east wind. Its appearance is so sudden, that in less than fifteen days, the trees charged with hoar-frost become covered with flower. During the summer, which comprises the months of May, June, July, August, and September, the heat is excessive, almost intolerable. From midday till three or four all work is suspended, and the inhabitants sleep or drink doultchaz, a mixture of cherry and water. After sunset the temperature falls 15° to 20°. The atmosphere is more refreshing, but it is charged with miasmata and humidity. The autumn, a season as short as the spring, comes in with thick fogs and torrents of rain; a perfect cloud of water falls upon the earth; nevertheless, about midday the sky becomes clear and the sun shines.

The plain of Moldo-Wallachia is most productive; a thick layer of humus lies upon a sandy, calcareous, or clay substratum. Here and there are marshy districts in which feed troops of buffaloes.

The mountains are formed of gypsum, red sandstone, grit, and marble. In some, the Sakoîéni, the Gorge, the Moutchélon, there are inexhaustible mineral riches. Pit coal, slate, black agate, iron, lead, copper, manganese, tin, mercury, silver, gold, are found at every step; and, wonderful to say, the natives live among such riches without exerting themselves to derive profit from them.

Multitudes of fine rivers flow from the mountains to the Danube, which, when the snows melt, overflows its banks and deposits a thick and prolific sediment. Every kind of grain and fruit is produced in abundance; potatoes, wheat, etc. etc.; ananas; the vine grows in the open air, and produces a strong wine. The ox, the goat, the pig, Abyssinian sheep, the buffalo, and every kind of game and wild bird are in abundance, and thrive greatly.

The Moldo-Wallachian peasant is a pattern of sobriety. The Boyards, however, enjoy better fare and live more freely. The towns are ill-built. Even in Bucharest, Giurgevo, Orsova, and Galatz, the streets are narrow, sinuous, humid, and dark, and the passenger walks in a sea of mud. Jassy is the only town which possesses a pavement and lamps.

The population amounts to not more than 3,200,000 inhabitants, exclusive of 150,000 Zigans (Bohemians). There are certain districts which are very unhealthy, such as about Galatz, Matchini, Hirsova, and Ismail. In spring, after the subsidence of the waters, with the first rains, there appear dangerous intermitttent fevers and dysentery; and among the inhabitants of the plains, anasarca, swollen abdomen, enlarged spleen, and precocious senility, are common occurrences. But in consequence of the general abstemious mode of living, gout, gravel, and pneumonia are almost unknown. The plague has made many irruptions from Constantinople, and there is a regular quarantine of 4 to 20 days, according to season, established along the Danube. The intermittent fevers yield to quinine, but the natives have a faith in charms and amulets, etc.—*Gazette des Hôpitaux*, Feb. 21, 1854.

LOCAL ANÆSTHESIA.

We have but few observations to add upon local anæsthesia. During the past week the surgeons of Paris have ceased to employ a mode of treatment, which, from some cause, has failed to produce satisfactory results. M. Paul Dubois has terminated a series of essays of its efficacy upon the uterus, and the only fact of importance is the following:—M. Richet, having to open an abscess in the axilla of a female, employed the chloroform, not in the way recommended by Hardy, but according to an idea suggested by M. Mathieu and Dr. Guérard. This proceeding, which resembles rather refrigeration than chloroformisation, consists in pouring chloroform, drop by drop, upon the region which it is proposed to render insensible, and then to blow upon it, that vaporisation may be hastened. Complete success did not follow, but sensibility was much diminished; the patient only felt the prick as of a pin.—*Gaz. des Hôpitaux*, Feb. 25, 1854.

[In these cases, the application of cold, as recommended by Mr. Arnott, would doubtless be much more efficacious in producing insensibility in superficial parts.—Ed.]

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, March 21.

MR. SYME ON MEDICAL REFORM.

It may be interesting just now to draw your attention to part of a Letter to Lord Viscount Palmerston on Medical Reform, by Mr. Syme. It is in the old style, but contains some good sentences. He says:—

"A new party has lately come forward, the Provincial Association of England, and proposes a Bill which, if it passes into law, would, so far from affording the relief desired in Scotland, completely annihilate the licensing bodies of this country, and throw the whole Profession into confusion. According to this measure, a new examining Board would be appointed in Scotland for bestowing the licence of general practice, so as to supersede the Edinburgh College of Surgeons, and the Glasgow Faculty of Physicians and Surgeons, in the performance of a duty which both of these bodies have long discharged to the satisfaction of the public. The Edinburgh College, by the authority of successive Royal Charters and Acts of Parliament, has done so for more than three hundred years, and at present receives annually, from the fees for diplomas, not less than 1500*l.*, the whole of which is devoted to the promotion of Medical science. It may be asked, what has this body done to deserve being thus extinguished? Was it spending the whole of its accumulated capital, amounting to nearly 20,000*l.*, on the formation of a museum, illustrative of comparative anatomy and surgical pathology? Was it leading the way, as it unquestionably did, to the present extended courses of education required by the British licensing boards? Or is it the high esteem in which the diploma of the College is now so widely held? It is, indeed, proposed by the Provincial Bill, as some compensation to the College, that all Licentiates of the new Board, who propose to practise in Scotland, shall be registered as Physicians or Surgeons, and in the latter case must take the surgical diploma, in addition to their other qualifications, not as a further evidence of their fitness for practice, the previous examinations having included all departments of professional study, and merely as a source of profit to the old Institution, which would otherwise be left destitute. But, to say nothing of the mercenary nature of this proposal, can anything be more absurd than to ask young men to determine before they enter upon practice whether they are to be Physicians or Surgeons? Ninety-nine out of the hundred will be neither the one nor the other, and merely General Practitioners, who in every community must supply the ordinary wants of society for Medical assistance, the Physicians and Surgeons, properly so called, being limited in their sphere of practice to combating difficulties, and ministering to the more affluent classes. The plan proposed, therefore, would, in this respect, be a mere deception, a name without a substance, and a

confusion of things that ought to be distinguished. Then, as to the equality of privilege, which is the great professed object of Medical reformers, the Provincial Bill further requires that the aspirant to practice shall obtain a diploma or licence from the College of Physicians, or the College of Surgeons, in the country where he proposes to be registered; so that a Scottish student wishing to practice in England, would acquire freedom from the Apothecaries' monopoly at the expense of a still more intolerable thraldom to one or both Colleges. Thus, an Edinburgh Doctor of Medicine intending to cross the border and practise in Northumberland or Cumberland, after passing the various examinations, and performing all the exercises requisite for graduation, would have to undergo the examinations of the new Board proposed to give the practical licence, and then, betaking himself to London, again submit to trial by the College of Physicians or the College of Surgeons. How the Profession would be benefited by such a preposterous succession of examinations, with their corresponding accumulation of fees, it is not easy to imagine; and how such a system is compatible with the grand principle of equal privilege, founded upon equality of education, seems no less incomprehensible; since, according to it, there would be an impossibility, not only as at present, of qualifying in Scotland for general practice in England, but also of qualifying in England for practice in Scotland."

Mr. Syme's mode of affording the redress required is—

"The appointment by Her Majesty, with the advice of her Privy Council, of a Medical Board for regulating education and practice in Great Britain and Ireland, composed of so many members, and so proportioned as to Her Majesty and her advisers may seem proper,—with the following duties:—

"1. To determine the minimum of education requisite for obtaining the licence of general Medical practice.

"2. To ascertain which of the existing licensing boards are willing to adopt this standard, and test the qualifications of candidates by suitable examinations.

"3. To ensure, by visitation, the due performance of the obligations thus undertaken.

"4. To publish a register of all persons thus qualified to practise their profession in any part of Her Majesty's dominions.

"5. To enforce penalties for the assumption of false titles."

There is some plain common sense in this, which you will doubtless appreciate.

ROYAL MEDICAL SOCIETY.

The Annual Dinner of the Edinburgh Royal Medical Society was held on Monday, March 13. Dr. P. H. Watson in the chair; Dr. Pinkerton, Croupier. Among those present were—Dr. Traill, President of the College of Physicians; Dr. Inglis, Presidentof the College of Surgeons; Professor Miller, Professor Bennett, Mr. R. J. Mackenzie; Drs. Seller, Andrews, and Gairdner; Mr. J. F. Macfarlan, the Treasurer of the Society; and Mr. Gifford, the Society's law-agent.

The Chairman, in proposing the toast of the evening, congratulated them upon the prosperity of the Royal Medical Society. Our Society (he said) is not a thing of yesterday. The untiring industry of 117 years has made her what she now is; and while her age commands respect, she must not be supposed to be in her dotage; for with all the experience of a venerable age, she still displays the unspent vigour of youth. You all remember the old site of our Society in the dingy precincts of Surgeon-square, and you know the change for the better which has taken place in our circumstances in the removal to the splendid and spacious premises in Melbourne-place. The Society has now paid all the expenses connected with that change, amounting in all to upwards of 3300*l.*; and, I rejoice to tell you, that upwards of 500*l.* still remains in the hands of our respected Treasurer, as a nucleus for further accumulation. Old members of the Society, scattered over the whole world, have a happy remembrance of old times in the Society, and take a deep interest in her prosperity; and to you who see it, I am sure I need say no more than name my toast, "The Prosperity of the Royal Medical Society."

The Croupier, in proposing "The University of Edinburgh and Professor Miller," said: Among us is one known to all—known to Britain, of European fame—as most accomplished in his art, as a pattern to his students, alike in his practice as in his labour. To him we owe much; from him have we learned lessons such as will never be forgot. And when I call on you to drink to the prosperity of the University of Edinburgh, coupled with the name of Professor Miller, I feel you all will join with heartfelt pleasure in rendering honour to whom honour is due.

Professor Miller replied with his wonted eloquence.

Dr. Francois de Chaumont proposed "The College of Physicians and Dr. Traill."

Dr. Traill replied, and concluded by proposing as a toast, "The Presidents of the Royal Medical Society."

Mr. Birdwood proposed "The Royal College of Surgeons and its President, Dr. Inglis," and made a few appropriate remarks.

Mr. J. Jardine Murray proposed "The Extra-Academical School and Mr. Mackenzie."

Mr. Mackenzie replied, and proposed, "The Restoration to Health of Professor Goodsir."

Mr. A. Groves Duff, Honorary Secretary, then proposed, "The Medico-Chirurgical Society and its President, Dr. Simpson."

Mr. Cullen, Honorary Secretary, then asked for an overflowing bumper to the continued welfare and prosperity of the Physiological Society of Edinburgh, coupled with the health of its President and Founder, Professor Bennett.

Dr. Gairdner, one of the Vice-Presidents of that Society, responded.

After this, there followed a variety of toasts; among others, "The Royal Physical Society and Mr. Hugh Millar, its President," by Mr. M'Kay. To this, in the absence of Mr. Hugh Millar, Professor Miller replied; and begged the Society to drink the health of Mr. John Struthers, at present supplying the place of Professor Goodsir. "The Royal Infirmary and Dr. W. T. Gairdner," by Mr. Smith; responded to by Dr. Gairdner. "*The Edinburgh Medical and Surgical Journal* and its Editor, Dr. Seller," by Mr. Macfarlan; responded to by Dr. Seller. "Mr. J. Jardine Murray, Curator of the Society's Library," by Dr. Seller; responded to by Mr. Murray. "The Sister Universities and Dr. Andrews," by Mr. Marshall; responded to by Dr. Andrews. "The Botanical Society and Dr. Balfour," by Mr. Hugh Clarke. "The Chemical Society and Dr. Gregory," by Mr. Elliott.

The evening was spent with much hilarity, the company breaking up at twelve o'clock.

GENERAL CORRESPONDENCE.

THE "TWO ASSASSINS OF THEIR CALLING."—LETTER FROM DR. CORMACK.

[To the Editor of the Medical Times and Gazette.]

SIR,—The following occurs in the *Lancet* of to-day upon the vote of censure which was recently passed upon that Journal by the Royal Medical and Chirurgical Society:—

"There were present two persons connected with the Press—Sir John Forbes and Dr. Cormack—neither of whom can claim upon all occasions to have been mealy-mouthed, who humbly kissed the rod, and, like assassins of their calling, became a portion of the majority of forty-six."

I utterly deny that the question before the Society in any degree involved the independence of the Press, as is argued in the laboured article from which the above extract is taken. Had I thought that Mr. De Morgan contemplated any encroachment upon the freedom of opinion which is universally accorded to every British journalist, I would have opposed his Resolution; but, as I felt that I had been allowed without challenge to energetically attack the policy of the Governors of the Society upon various occasions in the Journal which I edit, and as his Resolution seemed to me to bear only upon the honesty and *morale* of the *Lancet*, and not to be connected in any way with the legitimate rights of the Press, I abstained from voting without any compunction. I told Mr. Ancell, who sat next me during the voting, that my neutrality arose from causes wholly apart from the merits of the question. I do not much care as to whether I am or am not called "an assassin" by the *Lancet*. I am anxious, however, to state, that I was not one of the majority or minority; but, if I had been one of either, I would still maintain that I had not taken part for or against the freedom of the Press on the occasion referred to.

I am, &c. JOHN ROSE CORMACK.

London, March 18, 1854.

THE DIVISION AT THE ANNIVERSARY MEETING OF THE MEDICAL AND CHIRURGICAL SOCIETY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the last Number of your Journal you state, that at the Anniversary Meeting of the Royal Medical and Chirurgical Society, I voted for the expulsion of certain Journals from the library.

As Secretary to the Society, I was deputed to count the show of hands, and, as the performance of such a duty must be characterised by impartiality, I considered it due to the Council and to the Fellows of the Society at large that, whatever might be my private opinions, I should take no part whatever in the question.

Permit me then to state, that, upon the occasion in question, I confined myself to the enumeration of the votes on either side. I am, &c. HOLMES COOTE,

Hon. Sec. Royal Medical and Chirurgical Society.

MR. WAKLEY AND THE INCORPORATION OF THE GENERAL PRACTITIONERS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Lancet* of the 11th of this month, Mr. Wakley states as follows:—

"The *Lancet* prevented the establishment of an Apothecaries College, and this is now regretted by few except Mr. Henry Ancell."

Mr. Wakley may designate the incorporation of the whole body of the Profession not belonging to the College of Physicians and the Fellowship of the College of Surgeons, with the unrestricted right of controlling the education and testing the qualifications of its members in all branches of Medicine, including Surgery, as a "College of Apothecaries," if it so please him, but it is a little too much for Mr. Wakley to apply his sarcasm to me alone, or to any of the thousands of gentlemen with and for whom I have acted, seeing that the prevention of the Editor of the *Lancet* was not always in the sense of hindering the formation of such a College.

It is a matter of history that the General Practitioners in the Metropolis held a public meeting on the 7th of December, 1844, one object of which, as shown by their Resolutions, was to adopt measures to obtain a Charter of Incorporation. This was reported in the *Lancet*. It is equally a matter of history that, on the 8th of January, 1845, the Committee issued a Circular, the first paragraph of which sets forth that the Association was instituted "to obtain a Charter of Incorporation for the General Practitioners." The duty devolved on me, as one of the Honorary Secretaries of the Association, to forward the Circular, with other communications in furtherance of this object, to the Editor of the *Lancet*. On the 23rd of January following, Mr. Wakley addressed to me the accompanying letter, which I shall feel obliged if you will copy, "without the alteration of a sentence, word, syllable, or letter."(a) I have only to premise that the reference to Dr. Bull arose, I believe, from the fact of that gentleman having offered to become a local Secretary not being aware that the Association consisted of General Practitioners only.

"35, Bedford-square, Jan. 23, 1845.

"My dear Sir,—I return the letters. Three out of four of them will appear in the *Lancet* to-morrow, but I regret to find that your printed circular has been pushed aside. It shall, however, be published in the next *Lancet*. I have purposely omitted the letter of Dr. Bull, of Hereford, on account of the answer which you sent to him, as I think that the Provisional Committee have not acted with their usual intelligence, discretion, and caution, in offering to open a list for the reception of the names of PATRONS in Dubs and Pures. If you thus solicit and court the support of those parties, they must necessarily be admitted to the meetings which will be held in the country towns; and, whenever they are present, and take part in the discussions, or in framing the Resolutions, the cause is sure to be damaged. Pray, pray write to Dr. Bull, and desire him, at any rate, to suspend acting upon the last notification of the Committee, until you have had time to reconsider the subject. You may call it a 'roll' for receiving the names of General Practitioners, and a 'list' for containing those of Physicians and Pure Surgeons; but the act of enrolment is the same in each case; and the Pures might even petition the Legislature, as parties whose names are 'enrolled as belonging to' your Association. Take my advice, and keep your natural enemies at a distance, however friendly or specious may be their professions and promises. Admit of their interference in your proceedings at all, either in London or the country, and you cannot place any limit to any injury they will inflict. *Would you enter the names of* CHEMISTS *and* DRUGGISTS *in the same way?* Certainly not. Why, then, admit those of the Pures? It is thus evident, that you confer upon them a recognition of superiority over that of the General Practitioners, and, consequently, their admission on separate lists, as proposed, would carry with it the appearance of patronage.—I am, my dear Sir, yours sincerely,

"THOMAS WAKLEY."

This "College of Apothecaries," as Mr. Wakley delights to call it, was thus to consist of the General Practitioners, of whose interests and honour this gentleman was so tenacious, that he was jealous lest, by accepting the co-operation of Dr. Bull, of Hereford, they might admit a superiority and an appearance of patronage; and to whom Mr. Wakley gave, gratuitously, the advice to keep their "natural enemies," the "Dubs" and the "Pures," who were certain to damage their cause, at a distance.

To be sure, this letter was written while Mr. Wakley, in his simplicity, viewed the Committee of the Association, consisting of seventy-two General Practitioners, as a body of "gentlemen of the highest position and character in the Profession, and whose rank, emoluments in practice, and independence, shield their pure and honourable motives from every taint and imputation of suspicion,"(a) and also before the Committee offended him by declining, for a very good reason, his offer to take his seat at their Board.

It is curious to remark how, after this latter event, these honourable and learned gentlemen rapidly descend from their exalted positions, and become "West-end apothecaries," with "manœuvring leaders," "puppets," "tricksters," "arch traitors," "ignorant," "dishonest," attempting to perpetrate an "odious and corrupt job," "to obtain a miserable distinction, and certain paltry personal advantages for themselves."(b)

"Sic transit gloria mundi."

Mr. Wakley may be assured, that while Mr. Ancell and his coadjutors would hail with satisfaction the accomplishment by others of any better measure, they have not altered their opinion one iota on the subject of the incorporation of the General Practitioners, nor have they the slightest cause to regret any of their proceedings for the melioration of the evils which afflict the Medical Profession. I am, &c. HENRY ANCELL.

3, Norfolk-crescent, March 21, 1854.

MR. BRADY'S BILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—I trust the members of our Profession will freely respond to your call, and petition in favour of Mr. Brady's Bill, which, if not all that is wanted, yet will be of incalculable service to the public as well as to the Profession.

In this parish alone there are sixteen or seventeen illegal practitioners (besides prescribing druggists, herbalists, etc.) who have been engineers, weavers, and chairmakers, some of whom can scarcely read or write; yet all are getting a good living, keeping a chaise, country-house, etc., from the practice of medicine, thereby robbing the qualified man of his just income. But that is the least evil; for I and my Medical brethren are daily witnesses of the fearful results of their ignorance and incapacity in the treatment of disease; many cases that, in the acute stage, might have been benefited by active treatment, allowed to terminate in death, or what is perhaps worse, total inability ever to resume their occupations. Sometimes salivations of a fearful character, where the exhibition of mercury in any dose was scarcely justifiable, yet persisted in, both in children and adults, until its direful ravages were beyond control.

Now, Sir, must things remain in this state until a large and adequate measure of reform is perfected,—until the conflicting interests of Universities, Colleges, Halls, and individuals, are amicably adjusted,—and until a perfect unanimity of the Profession is acquired? If so, then the present generation will not live to see that happy event, and thousands of lives will be sacrificed, and thousands of pounds lost to our hard-worked Profession. Vain will be Sanitary Laws and Boards of Health while hordes of murderers are allowed to carry on their worse than Thuggism in a nation professing to civilization and protection.

I believe the public in the end will become as great gainers as ourselves by the Bill becoming law, as many persons have employed the interlopers in ignorance of their not being qualified, seeing that on their doors is the title of Surgeon blazoned, and in their windows displayed the outward signs of the apothecary. And as many of the Profession are aware of the parties who have been the victims of such pretenders and malpractices, would it not be advisable to call upon them to state such

(a) The *Lancet*, Jan. 25, 1845, on the "Modest Author."

(a) The *Lancet*, Feb. 5, 1845. (b) The *Lancet*, 1845.

facts embodied in a Petition to the Legislature, praying the Bill to pass into law, to prevent others becoming the victims they had been? Such course I intend to advise several who have suffered to pursue.

Hoping, through your influence, and the exertions of the honourable Member for Leitrim, that we shall get a small instalment of protection, I am, &c.

EDWARD MOORE, M.D., M.R.C.S. Eng., L.S.A. etc.

Thurlow House, Bethnal-green-road, March 20, 1854.

CHOLERA AND PREMONITORY DIARRHŒA.

[To the Editor of the Medical Times and Gazette.]

SIR,—In order to agree or disagree with Dr. Macloughlin's conclusions on the cases he commented on in your Number of to-day, it appears needful for one to know exactly what he takes to be the constituent symptom of an attack of cholera; as, for anything I can see, the diarrhœa he calls "premonitory" might have been part of the cholera seizure itself.

I am confirmed in the opinion that such was the case by the fact, that in only one of the four cases quoted doos he mention the occurrence of rice-water evacuations.

Should Dr. Macloughlin be kind enough to furnish this information, he might, at the same time, state what is the shortest interval he allows between the first liquid stool and the accession of cramps in order to deprive the diarrhœa of its "premonitory" character. I am, &c. GEORGE PICKESS.

13, Caledonia-place, King's-cross, March 18, 1854.

MODE OF PRODUCING LOCAL ANÆSTHESIA.

[To the Editor of the Medical Times and Gazette.]

SIR,—The experiments which have been lately performed in France with the aid of Hardy's instrument, and which have been noticed in your valuable Journal, bear ample testimony to the highly important and interesting discovery, that local anæsthesia can be readily induced by the action of the vapour of chloroform upon the cutaneous surface. The ingenious and useful invention referred to, although not very complex or costly, may not, however, be always at the command of the Medical Practitioner; and, therefore, you will perhaps permit me to suggest to the Profession an extremely simple, ready, and, I believe, efficient substitute—viz., the common bellows. With that view, I would propose, that the nozzle of this familiar domestic contrivance be removed, and that, just within the neck of the bellows, so as not to interfere with the action of the upper valve, a strong pin be fixed, passing through, or supporting a sponge saturated with liquid chloroform. The nozzle being then again screwed or tightly fitted into the neck, and the bellows brought into action in the usual mode, the chloroform vapour, passing off from the sponge, would mingle with the air in the body of the bellows, and be thus forcibly expelled through the nozzle. If, then, the extremity of the latter, or a connecting tube similar to that attached to Hardy's instrument, were directed to any part of the surface of the body, in other words, to the locus morbi, a state of topical anæsthesia might thus be speedily established. Indeed, as the mingled current of air and vapour issuing from the bellows would impinge more forcibly than a similar current from Hardy's instrument, the local insensibility would, too, I conceive, be more promptly induced.

Hoping that these few very humble hints may prove serviceable to the Profession, I am, Sir, &c. W. H. O.

Surrey-place, Old Kent-road, March 16, 1854.

MR. HOUSLEY'S CASE.—At a meeting of the Bedfordshire Medical and Surgical Association, it was proposed by Thomas Parker, Esq., of Woburn, and seconded by John Wyer, Esq., of Bedford:—"That it is the opinion of this meeting that the case of malpraxis recently tried, in which Mr. Housley was defendant, has not been fairly made out; and that the gangrene which resulted after the fractured thigh of the infant Seward, was as likely to occur from other causes, and far more likely than from tight bandages. We are decidedly of opinion, therefore, that Mr. Housley has been unfairly judged, and if such cases are to subject the Profession to such censures, such expenses, and such ruin, as have been visited upon Mr. Housley, no member of the Profession will be safe. We, moreover, are of opinion, that it would be desirable for Mr. Housley to move for a new trial, and we, the members of the Bedfordshire Association now assembled, willingly contribute a subscription in aid of such an object, and strongly recommend every member of the Profession to follow this example." Several subscriptions have been forwarded.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 14, 1854.

Dr. COPLAND, F.R.S., President, in the Chair.

A paper was read, entitled

CASE OF MOLLITIES OSSIUM, PRECEDED BY DEGENERATION OF THE MUSCLES.

By T. K. CHAMBERS, M.D., Physician to St. Mary's Hospital.

A woman, aged twenty-six years, was admitted into St. Mary's Hospital, in March, 1853, having been unable to follow any active employment, on account of weakness and general ill health. The principal feature of the case was, in the early stage of the disorder, defective muscular power; the flesh feeling peculiarly soft and flabby, and the calf of the leg hanging down flaccid and baggy. During her residence in St. Mary's, the bones of the back and limbs were frequently examined, but no deviation from the natural state was discovered. Having left St. Mary's, and entered soon after St. George's Hospital, spontaneous fracture of first one femur, and soon afterwards of the other occurred, and, subsequently, very remarkable changes took place in the osseous system. Thus, in April, 1853, the right arm became painful to the touch, and soon afterwards was paralysed; the same misfortune soon followed in the other arm. In June the pelvic arch gave way; in July the right ribs fell in, and she suffered much from cough and dyspnœa. The bones of the arm were quite soft, and towards the end of October the pelvic distortion was so great that she could not expel the fæces, which were removed mechanically from the body. She died in November. The bones throughout the whole system were found soft and yielding, and a sharp knife could readily be passed through them. On a section being made of the tibia, the colour appeared like muscle, and the bone itself presented scarcely more resistance than brain; its shape being retained by the aid of the thickened periosteum. The microscope showed the bone to consist of large fat vesicles, some containing white and some a reddish oil. The parts adjacent to the periosteum, which felt gritty, presented, when examined under a quarter-inch glass, small islands of opaque bone; the bone corpuscles, however, were indistinct, and the canaliculi not to be seen. A slight disengagement of gas took place when hydrochloric acid was added. The muscular fibres presented everywhere the characteristics of fatty degeneration. The author concluded by enumerating those points that he deemed worthy of attention:—1. The patient afforded an instance of the early stage of the disease, when it rarely met with attention. 2. The impression produced by it, viz., that the degeneration of the bone was preceded by that of the muscle, the degeneration of both tissues being dependent upon the same causes, and the consequent probability that such was the history of analagous cases. 3. The opportunity of placing on record a careful quantitative analysis of the urine. 4. The fact that the degeneration was least advanced in the circumference of the bone. 5. The formation of perfect fat vesicles, both in bone and muscle.

Mr. Greenhow related the particulars of a case now under his care. A female, apparently healthy, and who had undergone one natural labour, miscarried. This was followed by great difficulty and pain in movement, which was laid to rheumatism; but symptoms, not to be mistaken, of mollities ossium occurred. The woman was expecting her confinement in about a month, but so great was the distortion of the pelvis, consequent upon the disease, that he was in a state of great alarm respecting her.

Mr. Curling remarked, that the case related by Dr. Chambers was of peculiar value, inasmuch as the disease was comparatively uncommon, and because it had rarely been observed from its commencement. It generally occurred in females, but generally in a more advanced age than in this case. He referred the Fellows of the Society to Mr. Paget's lectures, where this disease was described under the name of fatty degeneration of bone. The disease generally commenced with great pain, which closely resembled that of rheumatism; but this case seemed an exception to the usual rule in that respect.

Mr. H. Thompson related the particulars of a remarkable case under his care in the Westminster Hospital, in 1834, where a female under the influence of the disease became diminutive. Her legs were bent, and the thighs could be bent. She died in

consequence of the softness occurring in the bones of the thorax. Upon a *post-mortem* examination, her femurs could actually be tied in a knot. He expressed his opinion, that, when fairly commenced, the disease was incurable.

Mr. Ure said that he once had a case of fatty degeneration of the muscles and bones of the leg, which was amputated without any recurrence of the disease.

Dr. Chambers, in answer to a question, replied, that he had no faith in steel as a curative agent in the disease. Change of air was of the greatest service.

Dr. Patrick Black wondered why some chemical investigation of the disease had not been made. He wished to know whether the ailment was owing to a defective state of the assimilating, or of the eliminating organs of the body.

Mr. Cæsar Hawkins could not agree with one of the preceding speakers as to the fact, that the disease, when once commenced, could not be checked. Nothing was more frequent than to see remissions of the degenerative action. He particularly remembered one case where the clavicle gave way; but there occurred an intermitting of the morbid action, and repair of the fractured bone took place. He considered that the theory of fatty degeneration of bone was not sufficient to account for all the phenomena attendant upon mollities ossium. Granular deposition might supervene upon the primary cause of the disease, but could hardly be said to originate it. Often the fracture of a bone was prefaced by a great expansion of the part where the lesion occurred; in one case the bone became double its natural size. This was deemed malignant at first; but, upon an after-examination, no trace of a cancerous structure was to be discovered. He pronounced the enlargement to be entirely due to active inflammatory action.

A paper was read entitled

ON THE BLOOD AND EFFUSED FLUIDS IN GOUT, RHEUMATISM, AND BRIGHT'S DISEASE.

By ALFRED D. GARROD, M.D., Professor of Materia Medica, etc., in University College.

This paper was in continuation of one read before the Society in 1838. The leading features of that communication were, the discoveries of uric acid in the blood, in minute quantities in healthy blood, and in greater quantities in pathological states of that fluid. That communication also contained a description of the methods employed for detecting and estimating the presence and quantity of uric acid The present paper was supplementary to the former, and its principal object was, to describe a process for the detection of uric acid in the blood, more readily employed in clinical medicine than the former process, and capable of being performed by any Medical Practitioner. To this process the author applied the term, "The Uric Acid Thread Experiment." It should be conducted as follows:—One or two fluid drachms of serum of recently drawn blood should be placed in a flattened glass dish; to this is added strong acetic acid, in the proportion of about six minims to each drachm of the serum. When the fluids have become well mixed, a very fine thread is introduced, consisting of from one to three ultimate fibres from a piece of unwashed huckaback, or other linen fabric; this should be depressed into the fluid, and the glass put aside in a moderately warm place until the serum is quite set, and almost dry. Should uric acid be present in the serum in quantities above a certain amount, it will be crystallised on the thread, and readily detected by the microscope in the shape of the rhomboidal crystals of uric acid. The author alluded to some precautions which were necessary to insure success. He then adverted to the delicacy of this test for uric acid, and gave a table exhibiting the proportion of uric acid in 1000 parts which this test was capable of detecting, by which it appeared that the experiment failed to demonstrate a quantity of uric acid less than 0·025 grains in 1000 grainsof serum. The author pointed out the great practical value of this absence of extreme delicacy in the test; as any quantity above that just enumerated constituted a morbid proportion, so that whenever the thread experiment demonstrated the presence of uric acid we possessed evidence of an abnormal quantity of that product in the blood. By this method of analysis he had succeeded in proving the presence of uric acid in certain morbid effusions, the abdominal fluid, and pericardial effusion, in cases of granular kidney; and he had also succeeded in discovering the presence of uric acid in fluids artificially effused by blistering agents. This was a point of much importance, particularly in relation to diagnosis. It often happened, that from the state of the patient, or from other causes, the abstraction of blood for the purpose of analysis was undesirable; but by the application of a blister, the effused serum afforded the means of determining with remarkable accuracy the presence or absence of uric acid in the blood. An examination of the serum obtained from a variety of blisters, in different cases, demonstrated the singular fact, that the presence of local inflammation in a part, had the power of preventing the appearance of uric acid in effused serum.

A short conversation took place between Mr. Simon and Dr. Garrod, relative to the possibility of uric acid being converted to oxalic acid and the oxalate of lime in the body; and the latter gentleman having expressed his intention of soon bringing the subject before the Society in a practical shape, as regards the treatment of disease, the meeting adjourned.

MEDICAL SOCIETY OF LONDON.

March 18, 1854.

ANEURISM OF THE THORACIC AORTA OF A MONKEY.

Dr. Crisp showed a specimen of the above aneurism, which he had discovered a few days since, in a rare monkey (*circopithecus Pluto*); the aneurismal dilatation consisted of three sacs, the largest the size of a nut, its coats on one side partly destroyed; it contained an adherent coagulum. Dr. Crisp believed the specimen to be unique.

MALIGNANT BLOOD DISEASE IN FELINE ANIMALS.

Dr. Crisp also exhibited specimens of the blood, with microscopic drawings, from a lioness and two tigers that he had recently dissected at the Zoological-gardens. The symptoms and morbid appearances were described. The chief peculiarities were, the abnormal condition of the blood, the rapid evolution of gas, the presence of "farcy buttons" under the skin, the existence of pus near the joints, the separation of the tendons from the bones, the rapid progress of the disease, and the sero-purulent discharge from the nostrils. Dr. Crisp remarked, that he brought the subject before the Society because he thought it had an important bearing upon the paper of the evening, viz.,—"Acute Glanders."

UTERINE HÆMORRHAGE NOT CHECKED BY GALVANISM.

Dr. Winn had seen a case with Mr. Goode, in which the patient had had hæmorrhage at six weeks and six months, and again at seven months, when she ultimately died. Before Dr. Winn was called in, the Medical attendant had used Meinig's new galvanic apparatus without causing contraction of the uterus, but with the peculiarity of acting as a strong diffusible stimulus. He found the patient exhausted, and the uterus dilated and dilatable. As she was exhausted, he gave brandy and ergot, and subsequently turned the child. She rallied for a short time only.

In reply to a question from Dr. Routh, he stated that he gave secale before attempting to turn, lest, in the relaxed condition of the uterus, fatal hæmorrhage should follow the withdrawal of the hand.

Dr. Mackenzie inquired if the single or double current had been employed, remarking that the single current was far more efficacious than the double one, and more particularly when applied in a more diffusible manner than had been related in this case, viz., with one pole on the spine and the other on the abdomen.

Dr. Cogswell explained that he had recently seen the apparatus at the British Institution, and that it consists of a series of plates of the ordinary size, faced with phosphoric acid, sand, and starch, and moistened with water.

VACCINIA AND VARIOLA FROM VACCINATION.

Mr. Richardson stated that two children had been vaccinated from the same set of points. In one the vaccinia progressed naturally, but in the other variola appeared on the 8th day, and several deep scars were left behind. He inferred, that in this and other instances in which eruptive diseases had followed vaccination, the practitioner was not to blame. He, however, attributed the variola to the introduction of the vaccine virus.

Dr. Hare inquired if the child had been exposed to the contagion of small-pox, and, on receiving a negative answer, still affirmed that it might be one of the cases in which the contagion of variola was in the system before vaccination was performed.

STEREOSCOPIC PHOTOGRAPHS OF DISEASED BONE.

Dr. Lankester exhibited some beautiful specimens, and suggested that they might be useful in illustration of the conformation of heads in ethnology, and stated that they can be produced at a small cost—probably of 10s. 6d. for twenty specimens.

Mr. Cox then read a paper on

A CASE OF EQUINA.

The facts of this case may be briefly stated:—A man, aged 47, was attacked with profuse salivation, with fetor of the breath, sloughy condition of the mucous membrane of the mouth and fauces, with very severe constitutional irritation. After being treated by the author for two or three days in the usual mode,—viz., gargles of alum, chloride of soda, etc., and getting rapidly worse, he was seen by Dr. Mackenzie, who suspected the case to be one of acute glanders,—an opinion which the facts of the history, afterwards elicited, confirmed. He was then treated with carbonate of ammonia in large doses, with wine, &c., and rapidly recovered. The author considered the case highly interesting, as respects five important points, namely:—

1. *Diagnosis.*—This appears generally somewhat obscure, inasmuch as, in several recorded cases, glanders was not suspected until the last. The chief land-marks seem to be (as indicated in this case)—*a*. Absence of mercurial fetor. *b*. The teeth remaining firm. *c*. The injected and partially eroded state of the Schneiderian membrane. *d*. The very great and disproportionate disturbance of the nervous system, evidenced by obstinate watchfulness and slight delirium.

2. *Mode of Communication.*—This the author considered the most important feature presented by the present case. It went, in his opinion, very far to establish the position of Dr. Mackenzie, that the virus of glanders may be communicated to the human subject through the medium of the atmosphere alone, and that absolute contact with the glanderous secretions is not essential. This opinion was not recognised by authors on the subject in general. (Several quotations from Rayer, Copland, R. Williams, etc., were given.) The history of the case proved satisfactorily, that the patient had not approached within six feet of the diseased animal, and, during the whole time he was exposed to the infection, stood at that distance above the horse, on a sort of platform. He was entirely out of reach of the animal's secretions, but felt sickened by its breath. The period of incubation in this case was about twenty-four hours.

3. *Predisposition.*—It would seem probable, that a certain amount of vital exhaustion is necessary to the development of the malady, and that only those persons so predisposed are affected by it. The patient, in this instance, had walked, with a heavy load, several miles, in a hot day, upon an empty stomach. He was also a teetotaler; but this circumstance was not considered by the author as adding to the force of predisposition. Mr. Cox also considered the electrical condition of the atmosphere to have much influence on the chances of absorption of aerial poison.

4. *Peculiarity of the Symptoms.*—The sudden accession of the symptoms, and their somewhat peculiar character, would direct our attention to them in future instances, and excite suspicion of their origin. Mr. Cox here gave a *resumé* of the principal symptoms, and dwelt especially on the excessive constitutional disturbance, (resembling that of delirium tremens,) as indicating a marked departure from ordinary cases of ptyalism, etc.

5. *Treatment.*—Glanders being generally fatal, its successful treatment must possess a strong claim on our interest and attention. That recommended by Dr. Mackenzie, and successfully adopted by him in this and two preceding cases, (under his more immediate care,) consisted of carbonate of ammonia, exhibited in the mode advised by Dr. Peart in scarlet fever, viz., 10-grain doses every hour or two hours, according to the urgency of the symptoms. Dr. Mackenzie advised creosote combined with it; but Mr. Cox found the patient refuse it. Wine and beef-tea were also given freely. Mr. Cox quoted the experience of Dr. Elliotson, Dr. Cockburn, and others, at length, and concluded by eulogising ammonia (given in the particular method described) as the best remedy we possess, in all cases where the chief indication is to sustain the vital forces in their contest with the destructive chemical processes going on, whether in glanders, scarlatina, or gangrenous erysipelas. He related his own experience of the value of the remedy in the latter diseases, and deprecated the internal administration of antiseptics. Dr. Mackenzie had suggested the idea, that perhaps many malignant affections of the throat and mouth among stablemen, etc., may be justly attributable, not to syphilis, but to the glanders poison. Mr. Cox thought that the remedy advocated (ammonia) should be tried in such case, and also in all cases of septic poisoning by dissection-wounds.

Dr. Hare occupied nearly half the time allowed for discussion by reports of three interesting cases which had come under his notice since 1841. One was of chronic glanders resembling syphilis, which was not fatal, and two of acute glanders, which were fatal on the nineteenth and sixteenth days respectively. Both the latter occurred in persons residing in mews, one with and the other without probable contact with glandered horses. The first acute case occurred in a female, aged 17, and was ushered in by muscular pains and prostration, the disease first appearing on the ninth day in the left eyelid. She aborted about that period. A *post-mortem* examination exhibited a white areola surrounding the pustules and bullæ, and the uterus was a mass of purulent disease. No effusion was found in the visceral cavities, except a little lymph in the pelvis and at the bases of the lungs. The second case was that of a man, aged 59, living over a horse hospital, in whom the eruption appeared first on the twelfth day, and then resembled herpes in its second stage. Dr. Hare cautioned the Fellows against the danger of performing *post-mortem* examinations in such cases, and complimented Dr. Mackenzie for having laid the proper plan of treatment so clearly before the Profession.

Dr. Crisp remarked, that, as disease varies according to the structure affected, it can excite no wonder if this one should exhibit different symptoms when attacking men and brutes. Rayer, in his work on glanders, had long ago shown that in nine cases the contagion could not have occurred from direct contact. Two-thirds of his cases died before the nineteenth day.

Mr. Hird was of opinion that the author's case was not one of glanders, but simply an exaggerated form of the furunculoid epidemic which had so much prevailed of late. In that epidemic the glandular system had been remarkably affected, and boils and low fever had attended the disease. Moreover, as the patient had taken quack pills, and had afterwards suffered from tenderness of the gums and salivation, it was not improbable that mercury had been administered. He also was of opinion that glanders may be communicated without direct contact, and that, while ammonia is not a specific for glanders, it would be a very proper remedy, both in that disease and in such affections as the epidemic referred to.

Mr. Richardson suggested that the disease could not usually be communicated to the horse by direct contact, and inquired if, assuming it to be an epidemic, it runs parallel with any epidemic affecting man.

Mr. H. Lee remarked, that the author had failed to show any broad line of diagnosis, and he was disposed to regard the case as one of mercurial ptyalism. In reference to the difficulty of distinguishing chronic glanders and syphilis, he remarked that M. Ricord had characterised a case in the Hôpital du Midi which had occurred without primary sore as one of the former, while he, Mr. Lee, could see no distinction between it and other cases of syphilitic ulceration of the throat.

Dr. Mackenzie and the author both affirmed that the quack pills contained no mercury, for the author had ascertained that the quack was a woman who administered simples only.

Dr. Mackenzie, after remarking that he was not aware of the intention of the author to bring forward this case for discussion, affirmed his entire belief that it was one of glanders, and stated in explanation, that, as the disease is not indigenous to the human frame, we may expect is to exhibit a great variety of symptoms. If the disease be communicated through the air, fever will be the first symptom; but if by direct contact, the local evidences will first appear. He was not the first to show the value of ammonia in large and frequent doses; and in a concentrated form; since Dr. Peart, whose work is in the Library of the Society, had shown this long ago.

Mr. I. B. Brown would not have admitted the case to be one of glanders, had Dr. Mackenzie not seen it, and affirmed it to be so. He should have considered it to be one of ptyalism from the quack pills, occurring in an unhealthy system, and in epidemic conditions of the atmosphere.

Mr. J. F. Clarke, Mr. Hancock, Dr. Druitt, and Dr. O'Connor, also expressed doubts as to the correctness of the diagnosis, Dr. Druitt expressing the opinions of veterinarians that glanders is to the horse that which phthisis is to man, viz., a break up of the system, and that the disease may arise in the system spontaneously.

The author, in his reply, gave the lesion of the Schneiderian membrane, with discharge from the nares and excessive constitutional disturbance, as diagnostic marks of glanders.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

MEDICAL REFORM.—SPECIAL MEETING.

On Thursday, the Medical Reform Committee, in connexion with the Association, met at ten o'clock. The Conference on the subject took place at eleven, and the Joint Vaccination Committee met at one. At four o'clock the Special General Meeting was held, at which time about 150 gentlemen had assembled.

Dr. G. G. Bird, President, occupied the chair.

The requisition calling the meeting having been read,

The President said: Gentlemen, in accordance with the above requisition, I have called you together for the purpose therein stated. The Conference which met this morning came to certain Resolutions, the substance of which will be laid before you. It has been thought very desirable that some Resolution should be arrived at early on the subject of Mr. Brady's Bill. That measure, we understand, is to come on for second reading to-night, and it would be very desirable that a Resolution, such as that which will be laid before you, if passed, as I have no doubt it will be, should be forwarded to the House of Commons before that Bill is brought forward, that the Members of the House may know what is the opinion of the Association upon it. (Hear, hear.) With respect to our own Bill, it is hardly to be supposed that the individuals of whom our Profession is composed should be all of one mind upon it; but I believe that considerable advance has been made in obtaining unanimity, and we hope to be able to present to Parliament something in the shape of a valuable measure in the course of the present Session. But if such hopes are not realised, at any rate we shall have made some advance in the right direction by the efforts which have been made.

Sir Charles Hastings (for the Secretary) then read the Report of the Committee. It referred generally to the proceedings taken from the first promulgation of the Bill of the Association, and which was printed in the Journal of the body in 1852. It remained in the same state to the present time, with the exception of the Clauses as to the Scotch and Irish Colleges, and recommended strenuous opposition to Mr. Brady's Bill.

Dr. Webster (Dulwich) moved the reception of the Report, which was seconded by Dr. Camps.

Dr. Lankester then moved the first Resolution, as follows :—

"That in the opinion of this meeting of Medical Practitioners, the Bill of Mr. Brady is unsuited to the wants of the Profession, calculated to perpetuate strife and discord in all its classes throughout the United Kingdom, and eminently injurious to the interests of the public."

He stated, that, as the representatives of large numbers of the Profession in the country, great importance must attach to the decision of that meeting. The Bill of the Provincial Association had now been before the Profession for two or three years, and its details were pretty generally known. Great efforts had been made to bring it before the Legislature, and a disposition had been evinced on the part of the Government to do something in that direction. None could doubt that there was this disposition, if only the Profession showed some unanimity on the subject. Sir G. Grey, and also his predecessor (Sir J. Graham), had stated as much. Under these circumstances it was, that they were suddenly surprised to find another measure brought forward—the Bill of Mr. Brady. What excuse that gentleman had for taking such a step, he (Dr. Lankester) was at a loss to conceive. Mr. Brady said, indeed, that there was a chance of passing the "little" Bill, but no chance for the other. But he maintained that the "little" Bill stood in their way, and was obstructive, and not only so, but was of a retrograde tendency. The Profession was already in that condition, that when a member had got his diploma in his hand, he could hardly tell to what he was entitled by it, so different were the powers conferred by different bodies. And Mr. Brady's Bill would in no way help him out of his difficulty. He (Dr. Lankester) did not wish to register according to the laws of his country—they were too anomalous. Some gentlemen who were practising as Physicians in London, were practising by courtesy only, and might be punished; and what, then, was the use of Mr. Brady's Registration Bill to them? There were pains and penalties sought to be enforced by it, and the result would be, that your Dr. Coffins and others of the class might turn round on them, and say, "Recollect, you can be prosecuted, too, with that very diploma in your hands." (Hear, hear.) Thus, they would be putting themselves in a false position. Again, by Mr. Brady's Bill, they would bring to light a whole host of obsolete laws, and if the Bishop of London were disposed to turn it to his advantage, there was no end to the money which he might obtain. ("Hear, hear" and laughter.) They should be careful at the present moment not to do anything which would tend to lower the standard of medical education. That was just what was contemplated by the Bill of the Association,—the not sending inferior men into the Provinces. It went to establish uniformity, that is, reciprocity, of practice. It was monstrous that a senior member of another College, on coming to London, must go before his juniors both in age and in experience, for a second examination,—and thus a man who was considered quite competent in Dublin to practise even on Royalty, was held in London to be disqualified as the adviser of even the poorest peasant. (Hear, hear.) Now, in the Bill of the Association they had a measure which would get rid of such an anomaly. But, then, Mr. Brady's Bill came across their path, and actually perpetuated such a system; and, whatever might be said of the little good which would be attained by it, he strongly advised, that they should sacrifice even that little good, if it stood in the way of a large and comprehensive system of Reform being ultimately adopted. While he said thus much, he at the same time time believed, that Mr. Brady had no personal interest in the matter, and that, if he could only be convinced of its objectionable nature, he would at once abandon it. (Hear, hear.)

Mr. Nunneley (Leeds), in seconding the motion, said, he believed that Mr. Brady's Bill was not only objectionable as regarded the Profession, but was also calculated to injure the public. What was required was, that there should be some tribunal which should give a certificate that would enable a man to practise in all branches of his Profession, and in virtue of which he would be trusted in all cases of emergency. The Bill of Mr. Brady would perpetuate all the mischiefs under which the Profession had been suffering for years, at the same time that it would not protect the public, and would postpone indefinitely Medical Reform. He also complained, that in Mr. Brady's Bill they had no guarantee that the examinations might not be deteriorated in quality.

Mr. Hastings believed that Mr. Brady's Bill would fall through entirely of its own dead weight, and he thought the members of the Association had great right to complain that Mr. Brady should thus interpose his Bill. He said that it was bad even as a Registration Bill. It did not give a legal right to practise to any Medical man who registered under it; and they would be paying a yearly tax for a measure that conferred no benefit whatever. It could hardly be credited that it was endeavoured to pass a Bill which might render almost every gentleman then present an illegal practitioner. (Hear, hear.) Again, it left out altogether, in the Schedule of examining bodies, the Universities of London, Edinburgh, and Dublin. He conceived that such a measure as that would not be a fitting end to the twenty years of toil which the Profession had experienced in the cause of Medical Reform.

Sir John Forbes referred to his presiding at the meeting called to consider Mr. Brady's Bill, and feared that from that fact some of his friends might consider that he was favourable to the measure. He now begged to state, that on mature deliberation, he not only considered it in an inert Bill, but, if anything, worse even than that. (Hear, hear.)

Dr. O'Connor thanked Dr. Forbes for his disclaimer, and charged that the meeting referred to was packed, and exclusively promoted to influence the House of Commons to pass Mr. Brady's Bill. He then went into his objections to that measure, as limiting the powers of the different Corporations and reviving old enactments; excluding the Universities of London, Durham, Edinburgh, and Dublin, of St. Andrews, and Aberdeen, and that it would neutralise the power of the College of Surgeons in London in granting *ad eundem* diplomas. He believed that the mass of Petitions presented in favour of it had been signed by men in competition with chemists and druggists,—men of Newcut and such like localities, and who were frequently figuring at County Courts.

The Resolution was then carried *nem. dis.*

Dr. Noble proposed that a Petition [read] echoing the sentiments of the Resolution, should be signed by the Chairman, and presented to the House that evening, accompanied by the Resolution.

Dr. Sibson seconded the motion.

Several gentlemen suggested that those present in the meeting should at once wait on their respective Members, and state their objections to Mr. Brady's Bill.

The Resolution was carried unanimously.

Sir John Forbes moved—

"That in the opinion of this meeting, it is important that the Bill of the Provincial Medical and Surgical Association should be emphatically the Bill of the Profession; and, with this view, that the Reform Committee should be empowered to invite representatives from the Medical Corporations, and other members of the Profession at large, to co-operate with them in further considering the details of the Bill, and in subsequently taking steps to urge Her Majesty's Government to pass such Bill during the present Session of Parliament."

He remarked, that though the Bill of the Association did infinite credit to their lawyer, yet that there were many points in it which required further consideration. They ought to take strong measures in order to break the opposition of the ruling bodies; this done, he thought the Bill would suit all the requirements of the Profession. (Hear, hear.)

Mr. Ancell seconded the Motion. He reviewed his experience in the effort to obtain Medical Reform. He concurred in the principles of the Bill of the Association, in so far as it would go to effect uniformity of education, reciprocity of privileges, and complete representation of all classes of the Profession in its governing Bodies. He then proceeded to test the Bill of the Association on those principles. He said, some points were essential, if the Bill should not pass this Session, towards the progress of Medical Reform:—first, that the Association should reconsider its laws, and place itself on the representative principle; because the question might be asked, How is it that you are so tenacious on this very point, when your own Association does not act upon that principle? Then, in reference to their influence upon the young members of the Profession, they should insist upon two points,—that none should be admitted without proper preliminary education; and that they should instruct young men never to leave their *Alma Mater* without being properly educated for the emergencies of their Profession, as well as for its ordinary exigencies.

Mr. B. W. Richardson moved, as an Amendment, to add to the Resolution, after the words, "That this Bill be considered as emphatically the Bill of the Profession," the words—

"That a Committee be appointed by this meeting to take into further consideration the Clauses of this Bill, more particularly the third Clause of the Bill. That the Committee include the members of the existing Reform Committee, with the addition of the names of Henry Ancell, Esq., John White, Esq., of Dowlais; John Bowling, Esq., Dr. Lankester, Dr. Semple, and Dr. Noble, of Manchester; and that it put itself in communication with the corporate institutions, and with gentlemen willing and qualified to deal with the question of Medical Reform."

Some discussion took place on this Amendment, and ultimately Mr. Richardson withdrew it, on the appeal of the Chairman, that unanimity was of essential importance in their proceedings.

Some further discussion took place on matters of detail, more in the way of recommendations to the Committee in their future deliberations; and, after a vote of thanks to, and confidence in, the Reform Committee, and also of acknowledgement to the President, the meeting broke up.

UNIVERSITY INTELLIGENCE.

CAMBRIDGE, March 17.—Natural Science Tripos, 1854.

MIDDLE BACHELORS.—FIRST CLASS.

Gibson, Trinity, C; Trollope, Pembroke, C; Brittan, St. John's, M.

SECOND CLASS.

Fleay, Trinity.

Æq.—Pope, Sidney, C; Smith, Downing, B.

COMMENCING BACHELORS.—FIRST CLASS.

Brown, Caius, A, B, C, M, P.

SECOND CLASS.

Brass, Corpus, G, M; Walker, Corpus.

Note.—Distinguished in—

Comparative Anatomy, A.	Geology, G.
Botany, B.	Mineralogy, M.
Chemistry, C.	Physiology, P.

LEGAL INTELLIGENCE.

THE DIRECTORIES.

YEARSLEY *v.* WAKLEY.

This case, which stood over from the 9th ult., to enable a minute and careful examination to be made as to the names and addresses of medical men, which it was alleged by the plaintiff had been wrongfully copied by the defendant, in his work called "The British Medical Directory," from the plaintiff's works called "The London and Provincial Medical Directory" and "The Medical Directory for Scotland," came on again before Sir W. P. Wood, on Saturday last. Our readers have been already made acquainted with the circumstances.

The Solicitor-General and Mr. De Gex were for the plaintiff; Mr. Rolt and Mr. C. F. Smith were for the defendant.

The latter gentlemen now contended that there never was less ground for such a motion than in this case. The defendant had, it was true, used the plaintiff's local list, but it had received so many additions and corrections that it was entitled to be considered substantially as an original list, the result of great labour and research. They entered into a detailed analytical examination of the alleged copying of errors, and read passages from their affidavits to show that they were errors which two printers might commit in copying from different manuscripts. As to the local list, it was entirely untouched by the evidence. Upon the grounds of delay, and the explanation of similarities in minute errors, detected by minute criticism, the injunction ought to be refused. The learned counsel referred to the affidavits of Mr. Wakley and Dr. Wilson as to the *bonâ fides* of the work complained of.

The Solicitor-General had no objection to let the motion stand over, the question to be tried by action.

Mr. Rolt said the motion for the injunction ought to be disposed of and refused. It would be a great prejudice to the defendants to have such a motion as this hanging over them. An action might have been brought in the first instance.

The Vice-Chancellor thought the defendant could not sustain any injury by acceding to the suggestion.

Mr. Rolt said, perhaps, if arrangement could be made for an early trial, there might be less objection.

The Solicitor-General: Early trial! You cannot be more desirous of an early trial than we are. We shall proceed immediately.

It was then arranged that the motion should stand over, the plaintiff undertaking "forthwith" to bring an action, with liberty to apply.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, March 16.

Petitions were presented in favour of the Medical Registration Bill, by Sir J. Walmsley, from Dr. Strange, M.D., Mr. A. Watkins, M.R.C.S., and Mr. Thursfield, L.S.A.; and by Mr. Brady, from Mr. J. M'Donoh, M.R.C.S.

Petitions were also presented by Mr. T. Duncombe, from Mr. James Ogden and Mr. William Sewell, against the Medical Reform Bill; by Mr. G. Duffy, from the Medical Practitioners of New Ross, praying for an amendment of the regulations affecting Surgeons in the Navy.

Friday, March 17.

Petitions were presented by Mr. Cobden, from Medical Professors of Malton, Yorkshire, for the better accommodation of the Naval Medical Officers; and by Mr. Jackson (4) from Medical Practitioners resident in Newcastle-under-Lyne, in favour of the Medical Reform Bill.

Monday, March 20.

Petitions were presented by Mr. Brotherton, from Medical Botanists, and by Mr. Cobden, from Medical Botanists and other inhabitants of the West Riding of Yorkshire, against the Medical Practitioners Bill; and by Mr. Davison, from the President, Vice-Presidents, and Council of the Belfast Medical Society, in favour of the Medical Registration Bill.

Petitions were also presented by Mr. Knightley, from members of the Medical Profession of Northampton, on the subject of Naval Medical officers.

TUESDAY, MARCH 21.

Petitions were presented by Lord Goderich, from Birmingham, against the Medical Practitioners Registration Bill; by Mr. Hadfield, from the Medical Botanists of Sheffield, and inhabitants, amounting to 4,180, against the restrictions proposed by Mr. Brady's Registration Bill, and against any monopoly of Medical practice, as being opposed to the freedom of science, and a restraint on the people in the choice of medical treatment.

WEDNESDAY, MARCH 22.

Petitions in favour of the Medical Registration Bill were presented by Mr. Brady, from Mr. G. Coates, M.R.C.S.; Mr. G. V. Coates, M.R.C.S.; Mr. A. M'Gregor, L.R.C.S., Edinburgh; Mr. S. W. Broadbent, M.R.C.S, Edinburgh; Mr. J. Christie, L.R.C.S.; and Mr. T. C. Beattie, M.R.C.S.; by Mr. Davison, from Dr. R. Blair and Mr. C. Ridley, M.R.C.S.; by Lord Goderich, from Mr. J. Hunter, M.R.C.S., and Mr. J. Jarvis, M.R.C.S.; by Mr. Beamish, from Mr. G. Ross, M.R.C.S., and Mr. W. Fortescue, F.R C.S.; by Mr. Oliveira, from the Hundred of Bosworth, county of Leicester; and by Mr. Ferguson, from several Medical Practitioners of the city of Carlisle.

Petitions against the Medical Registration Bill were presented by Mr. Blackett, from Medical botanists and other inhabitants of Newcastle-on-Tyne; by Mr. Baines, from Medical botanists and inhabitants of Bradford and Thornton; also from J. F. White, of Leeds, Medical botanist; and by Mr. Bright, from Manchester and Northallerton.

THURSDAY, MARCH 23.

Petitions were presented by Mr. Milligan from Medical Botanists of Bradford, against the Medical Registration Bill; by Mr. Wise, from Edward Wilson, Esq., M.D., Senior Physician to the North Staffordshire Infirmary, praying for a comprehensive measure of Medical Reform, but that the Registration Bill may not be passed.

MEDICAL REGISTRATION BILL.

Mr. BRADY moved the second reading of this Bill. He observed that there were at this time nineteen different medical bodies in this country which granted degrees; and yet, with all this, there was no means by which a man professing to belong to the Medical body could be known. He found that in the other Professions there was a regular system of registration; the Medical Profession was a perfect anomaly in this respect. His Bill sought to remedy that evil. He thought it possible that some opposition might be offered to this measure. It might be said that it was at variance with the principles of Free trade; but he denied that the ordinary principles of Free trade were applicable in this case. The Bill might be objected to by the class called medical botanists and quacks. The evils produced by this class were well known. He had before him a list of verdicts of Coroner's juries in cases where death had resulted from the unfortunate interference of shoemakers, blacksmiths, and others professing to be licensed to act as Medical men. This was a measure essentially required by the Profession, and only a single Petition from a Medical body had been presented against it.

Mr. Hadfield said, a Petition had been presented, signed by 4,000 persons, objecting to the Bill *in toto;* and he understood that the noble Lord (Palmerston) had expressed his intention of bringing in a Bill which would benefit the whole country. The present Bill did not appear to be drawn in a proper manner. Unless some one on the Treasury Bench could state what was the intention of Government, he would move the postponement of the Bill for a month.

Mr. Fitzroy said he was not aware that any expression of opinion from the Government would be called for on that occasion, or he would have consulted the noble Lord the Home Secretary. He believed the noble Lord had had some communication with the mover of the Bill, and had stated that he had no objection to its introduction, or to its going to a second reading. (Hear, hear.)

Colonel Dunne said he believed it was generally considered that the object of the Bill was good, but there were some points in it on which he should propose Amendments in Committee.

The Bill was then read a second time.

VALVULAR STOPPERED BOTTLE.—We have inspected this arrangement, (by Messrs. Mayo and Watson, of Berners-street,) which is intended to obviate the inconvenience attending the opening of soda-water bottles. It is a great advantage, that, while the use of both corks and wire are dispensed with, any quantity can be withdrawn, the portion in the bottle remaining unimpaired.

MEDICAL NEWS.

APOTHECARIES' HALL.—The names of gentlemen who passed their examination in Classics and Mathematics on Tuesday and Wednesday, the 21st and 22nd inst.:—

ANNANDALE, T., Newcastle.
ASHBY, JOS. F., Oakley-square.
BARNETTE, W., Bath.
BEALE, G. B., Finsbury-square.
BELL, JNO. W., Hull.
BROOKE, THOS. T., Stockport.
CATT, ALFRED, King's College.
CLARK, G., Newcastle.
DANIEL, W. J., Beaminster.
FAGGE, C. H., Blackheath.
FALWASSER, FRS., Sherborne.
FERNIE, H. M., Kimbolton.
FITZPATRICK, B., Edgeware-rd.
GORRINGE, H., Brighton.
GLASIER, G. W., Lincoln.
HALE, W. G., Hampton.
HAMMOND, FRS. J., Sherborne.
HARDWICK, J., Worle, Somerset.
HEMSTED, HENRY, Whitchurch, Hants.
JEAFFRESON, JOHN B., London.
JESSOP, T. R., Brigham, York.
JONES, W. G., Sydenham College, Birmingham.
LLOYD, E. H., Finsbury-square.
LYNCH, E., Queen's College, Birmingham.
MASON, F., Bedford-place, Russell-square.
MORDICE, ROBT. D., Newcastle-on-Tyne.
MORRIS, HENRY, King's Coll.
PROVIS, W., Oswestry.
STODDART, G. S. L., Brighton.
THOMAS, E., Seacombe.
WALLIS, GEO., Addenbrooke's Hospital, Cambridge.
WALTERS, JNO., King's College.
WINTER, WM. T., Bristol.
WORKMAN, WM., King's Coll.
YARDE, W., Lamb's Conduit-street.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 16:—

BECKE, CECIL AUGUSTUS, Birmingham.
FORD, JOSEPH, Cheddar, Somerset.
SLOANE, JOHN, Carryduff, Co. Down.
STRONG, HENRY JOHN, Sloane-square, Chelsea.
TAYLOR, SAMUEL.
TOMLINSON, JOHN TOMLINSON, Manchester.

APPOINTMENTS.

COLNEY HATCH.—Alfred Hedger, Esq., of Guy's, has been elected to the post of Apothecary in the male department of the Colney Hatch Asylum.

NAVAL.—Surgeon Leonard D. Buchanan (1846) to the Vulture paddlewheel steam-frigate, at Devonport; Hugh Jameson (1830), from the St. Vincent, at Portsmouth, to Melville Hospital; James Browne, M.D. (1833), to the St. Vincent guardship of ordinary at Portsmouth, vice Jameson; John J. Crawford, M.D. (1843), from the Horatio, 24, screw-steamship, to the Hannibal, 91, screw-steamship at Woolwich; William Rogers, M.D. (1845), to the Horatio, vice Crawford; James Rae (b) (1850), recently serving in the Volcano paddlewheel steam-vessel on the West Coast of Africa station, to the Fisgard flagship at Woolwich.

Assistant-Surgeon Thomas J. Breen (1847), from a naval hospital to the Belleisle hospital-ship for the Baltic fleet.

Acting Assistant-Surgeon David Courtenay to the Driver steam-sloop, at Sheerness.

VACANCIES.

TIVERTON UNION.—Medical gentlemen are advertised for to contract with this Union for attendance and medicine.

DEATHS.

HAMMOND.—Suddenly, March 17, at 1, Manor-terrace, Brixton, Thomas Mitchell Hammond, Esq., Surgeon, deeply lamented by his friends, and respected and esteemed by the neighbourhood generally. F.R.C.S. (Sen.) 1853; M.R.C.S.E., 1819; L.S.A., 1817.

MACDONNELL.—March 5, at 13, Regent-square, St. Pancras, of disease of the heart, Archibald Macdonnell, Esq., Surgeon, aged 55. He was highly respected, and his loss is deeply felt by a numerous circle of friends and acquaintances. M.R.C.S.E., 1817; formerly Surgeon R.N.

CHOLERA.

LEEDS, March 18.—During the past week there has been a continuance of that abatement in the number of choleraic cases within the borough of Leeds, reported in the *Times* of Tuesday last; but the occurrence of exceptional cases, and a deterioration in the public health, in the prevalence of the premonitory symptoms which usually mark the advent of cholera, have excited an apprehension that the outbreak will not be of a temporary character. The deposit of manure on the bank of the river Aire, to which was attributed the localization of the

recent outbreak in Messrs. Wilkinson's flax-mill, was removed during the early part of the week, and on Monday Messrs. Wilkinson commenced running the mill again under judicious medical arrangements and supervision; and the result, we believe, has been highly satisfactory, for, although there have been cases of diarrhœa among the work-people, they have not since been subject to cholera. The number of cases of cholera reported during the week has been five, of which two proved fatal; but there is reason to believe that there have been other cases occurring in private practice. Though much has been done to improve the sanitary condition of the town, it is by no means in a satisfactory position.

Dublin, Saturday Evening.—The accounts this morning from Kanturk are scarcely as favourable as those of the previous day's date; for, although it is still maintained that the type of the disease is less malignant than that of 1849, the mortality is nevertheless nearly as great as upon any former visitation. Since the 21st of February, when the disease made its appearance, the numbers who have come under Medical treatment in the Hospital of the workhouse have been in all 69; of these the larger proportion have been inmates of the workhouse—43, and 26 inhabitants of the town. Though the malady has not been of the most malignant type we have lately seen, yet it will be seen from the number of deaths that have occurred—31 out of 69 cases—that it is one of a very grave character indeed; while the large proportion of persons who suffer under consecutive fever leaves room to apprehend no inconsiderable addition to the cases which have already terminated fatally. The disease, so far as the town is concerned, rages chiefly in the district called Bluepool, a number of mud cabins, extending to a considerable distance on the road to Cork. At the period of the late flood, these low-lying habitations were completely inundated, and their wretched occupants, being unable to purchase the luxury of fire, have been since labouring under the misery which damp and mouldy walls generate—a fitting precursor for cholera. But there is another matter connected with these habitations to which we deem it our duty to call the attention of the Committee. As we passed through them we observed, opposite almost every house, the old evil of the Irish cabin, the dungheap—some in a solid, some in a half liquid state; but all reeking up an offensive effluvium, if not calculated absolutely to generate cholera, certain at least to increase its ravages. We regret to say, that though a diminution has occurred in the numbers attacked, there were four additional cases between Wednesday night and Thursday morning.—*Cork Examiner.*

Glasgow.—Cholera is again prevalent at Glasgow. On Saturday week there were 10 deaths from it in the city parish, and 5 in the barony parish; on Sunday, 16 in the former, and 11 in the latter; on Monday, 10 in the former, and 6 in the latter; and on Tuesday, 14 in the city parish. The following statement shows the progress of the disease in Glasgow during the past week:—City parish cases, 280; deaths, 94; barony parish cases, 118; deaths, 49. Gorbals and Govan (Thursday), 3 cases. The disease appeared with great virulence at Chapelhall and Calderbank, near Airdrie, on Saturday. The fury of the disease was chiefly concentrated in the latter place; from Saturday morning till the forenoon of Monday there were not less than 30 cases and 9 deaths. The disease still continues in Airdrie and vicinity with considerable severity. At Falkirk, likewise, the epidemic has broken out with severity. The first case took place on Thursday week; and from that time until Wednesday evening 9 cases had occurred, of which 6 had proved fatal. "In the most of these," says the *Falkirk Herald*, "the dwellings occupied by the victims were exceedingly filthy."

Jamaica advices to the 26th ult. announce the re-appearance of cholera.

Lettsomian Lectures.—Dr. Theophilus Thompson will give his Third Lecture before the Medical Society of London on Wednesday the 29th inst., at half-past eight p.m.—Subject: "The Treatment of Pulmonary Consumption."

North District of St. Marylebone.—Mr. Sedgwick has resigned his appointment of Surgeon to the above district, previous to retiring into private practice.

Mr. Brady's Bill.—A Deputation on the subject of the Medical Practitioners Bill, now before Parliament, to state objections to that measure and to recommend a comprehensive measure of Medical reform, had an interview with Viscount Palmerston yesterday. The Deputation consisted of Mr. J. H. Craufurd, M.P.; Dr. Lankester, Dr. A. Henry, Dr. Wm. Camps, Dr. George, Dr. Gibb, Dr. J. Dalston Jones, Reginald Reed, Dr. Edward V. Murphy, Dr. C. H. F. Routh, Dr. O'Connor, Dr. Sherwood Stocker, Dr. R. W. Powell, Thomas Charles, and Henry Ancell. We understand that Lord Palmerston merely promised to attend to the subject.

Prescribing by Chemists Sanctioned by a Coroner's Jury.—On Saturday last, an inquest was held at the Marquess of Wellesley, Cromer-street, Gray's-inn-road, on the body of Edward Quatt, 14 months old. The deceased child had been unwell for some time past, and the mother took it to a Mr. Humphage, chemist, of Judd-street, who made it up a powder, but, notwithstanding, the child never rallied, and expired on Tuesday last. Mr. P. W. Bullock, surgeon, of Skinner-street, said, he had made a *post-mortem* examination of the body, and found that the child had died from the softening of the brain. He had examined the contents of the stomach, and found nothing of a deleterious character therein. He had no doubt that, if medical aid had been called in earlier, the child might have been saved. The Coroner, in summing up to the Jury, said, it was a monstrous thing for a chemist to prescribe for a child without a Medical man having seen it; and he thought he need not tell them, that the chemist's place was not to prescribe, but to make up medicines. He thought the conduct of Mr. Humphage, in this case, was exeeedingly improper. In this case, they would return as their verdict, "that the child died from natural disease," and would add to their verdict an expression of their opinion, that the conduct of the chemist in prescribing for the child was improper. Mr. Page, the foreman, and several of the Jury, said, they knew Mr Humphage *was a very respectable man*, and they disagreed with the remarks of the Coroner as to adding an addendum to the verdict. The Coroner said, the conduct of the chemist was very culpable, and he did hope that they would express it in their verdict. The Jury, however, were very determined upon the point, and returned a verdict of "Died from natural causes."

Cheap Medical Literature.—On this subject much may be said on either side. We have our doubts about the matter, for we learn that really good and cheap books sell no better than bad and dear ones. The truth is, that an immense proportion of the Medical Profession neither buy nor read books or journals. The town doctor "looks" at a book in the public library, and the country Practitioner is either so busy, or thinks he is, that he cannot study. But the truth is, that, with the exception of books published for show by their authors, Medical works never were so cheap, or so well "got up." Churchill's Manuals and Maclise's Plates are examples. How Wilson's "Anatomist's Vade Mecum," with its singularly beautiful illustrations, can be sold for the price charged, we cannot comprehend; and so of the rest. Looking back to the days of the Longmans, we may well congratulate ourselves on our present advantages in this respect. Not only have we these publications of Mr. Churchill's, but many excellent books on reasonable terms provided by Highley, Renshaw, Walton and Maberly, not forgetting Sherwood and Company, to whom we are indebted for the Cyclopædia of Anatomy. A cheap re-issue of standard works, now out of print, would, we think, "pay," and would prove most beneficial, by reviving a taste for practical treatises of sterling merit.—*Dublin Medical Press.*

Weight and Specific Gravity of the Brain in Insanity.—Dr. Skae read a curious paper on this subject recently at the Medico-Chirurgical Society of Edinburgh, in which it was shown, that the specific gravity of the brain, in both the white and grey portions, is greater in insane persons than in others; whereas the entire weight of the brain was less; consequently, the bulk of the brain in the insane must be comparatively small. —*Critic.*

Houseless Classes.—The population sleeping in barns, in tents, and in the open air, comprised chiefly of gipsies, beggars, criminals, and the like, together with some honest but unfortunate people out of employment, or only temporarily employed, was 18,249 in 1851. It is mentioned as a curious trait of gipsy feeling, that a whole tribe struck their tents, and passed into another parish, in order to escape enumeration.— *Cheshire's Results of the Census.*

Mortality Notabilia.—The total number of deaths registered in the Metropolis in the week that ended last Saturday, was 1188, and exhibits a decrease on that of the preceding week, when 1343 were registered. In the ten weeks, corresponding to last week, of the years 1844-53, the average number was 1122, which, if raised in proportion to increase of population, becomes 1234. The deaths returned last week are, therefore, less by 46 than the calculated amount. The rate of mortality among children last week was rather greater than usual, while in middle and more advanced life the number dying was below the

average. Hooping-cough appears to be still prevalent among children, 71 cases of this disease having ended fatally last week. No death from cholera has been registered in London in the last five weeks, and only 7 in the present year.

Births.—883 males and 881 females, in all 1764 children were registered in London,—average number, 1511.

Meteorology.—Mean reading of barometer in the week, 29·997 in. Mean daily reading above 30 in. on Wednesday, Thursday, and Friday. The mean temperature rose 5·7° above the average of the weeks in 38 years. It was above the average last week on every day except Saturday. The mean dew-point temperature was 39·5°. The wind blew from south and south-west till Thursday, when it changed to north-west and north. No rain fell till Saturday, on which day the fall was 0·13 in. Horizontal movement of the air, 620; no electricity shown through the week.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending March 18 :—

	Males.	Females.	Total.
Workhouses...	76	65	141
Military and Naval Asylums ...	9	...	9
General Hospitals	31	32	63
Hospitals for Special Diseases ...	2	2	4
Lying-in Hospitals	...	...	...
Lunatic Asylums	4	5	9
Military and Naval Hospitals ...	8	...	8
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	1	1	2
	132	105	237

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March* 18, 1854.

CAUSES OF DEATH.	MARCH 18. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	562	348	254	1188	11223
SPECIFIED CAUSES	561	347	254	1163	11180
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	167	42	8	217	2023
SPORADIC DISEASES :					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	6	28	23	58	503
3. Tubercular Diseases	82	104	7	193	2074
4. Diseases of the Brain, Spinal Marrow, Nerves, and Seuses ..	73	38	33	144	1322
5. Diseases of the Heart and Blood-vessels	..	20	15	35	438
6. Diseases of the Lungs and of the other Organs of Respiration ..	100	59	78	237	2295
7. Diseases of the Stomach, Liver, and other Organs of Digestiou	29	22	14	65	627
8. Diseases of the Kidneys, etc. ..	1	9	7	17	145
9. Childbirth, Diseases of the Uterus	1	4	1	6	99
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	3	2	7	71
11. Diseases of the Skin, Cellular, Tissue, etc.	1	3	3	7	18
12. Malformations	4	..	..	4	34
13. Premature Birth and Debility ..	42	2	..	44	241
14. Atrophy	29	..	10	39	219
15. Age	..	..	46	46	601
16. Sudden	5	4	1	10	99
17. Violence, Privation, Cold, and Intemperance	19	9	6	34	371
CAUSES NOT SPECIFIED	1	1	..	25	43

TO CORRESPONDENTS.

Dr. Fenton.—We are much obliged for the handbill, but publication would give more importance to it than it deserves, though, as our Correspondent well remarks, it shows how much Dr. Coffin and his ageuts dread Mr. Brady's Registration Bill.

Dr. Ramsbotham's interesting case shall appear next week.

Mr. Congdon's letter shall be inscrted if there should be auy probability of a Medical Reform Bill being brought before Parliament this Session.

Dr. Merriman's letter will be published uext week.

A. B.—About £100.

Gulielmus.—The letter arrived too late for insertion this week.

The report of the Western Medical and Surgical Society is unavoidably postponed until next week.

A Reader.—Macerate, clean, and dry.

G. F. B. did right in withdrawing, in our opinion.

Dr. R.—We purpose commencing the publication of your papers very soon.

Sir Benjamin Outram kindly sent us last week a paper of useful instructions for young medical officers, printed many years ago. This paper was published last week in the *Lancet*, as an Original Communication. We do not wonder at such anxiety to obtain a respectablo name occasionally among the contributors, or apparent contributors, to the expiring Journal.

[To the Editor of the Medical Times and Gazette.]

SIR,—The enclosed copy of a letter from a bookseller and advertising agent, to a newspaper editor, is such a good model, that I cannot refrain from sending it to you for publication. It will be observed, that the writer surrenders not only pleasure, but profit, for the sake of discountenancing beastly advertisements. If all your readers would only do half as much, and make publicly known the reason why they do so, the nuisance would cease in a few months. I am, &c. T. K. C.

London, March 22, 1854.

"Dear Sir,—I have for some time past felt great repugnance at the filthy advertisements constantly inserted on the fourth page of ———, and great hesitation as to the propriety of putting it in the way of the members of my family; and my attention has been lately called definitely to the subject; and though for the last fifty years I have been in the habit of seeing it at the breakfast table on a Monday morning, and for nearly thirty years, by the liberality of the successive managers, freely in my own house, I must, though it will be a privation, beg to decline receiving any more; and shall, therefore, thank you to give directions that in future it may not be sent.

The same objection will prevent my sending auy advertisements for insertion.

It is not without regret that I close up a channel of some useful information, and abandon a connexion of so long standing; but I feel bound to protest against an evil which I consider is of great magnitude, and which the proprietors of many newspapers see it to be their interest, as well as their duty, to check, by refusing to be parties to obscenity, imposition, and extortion.

"I am, dear Sir, your faithful obedient servant, ———."

[To the Editor of the Medical Times and Gazette.]

SIR,—I enclose a letter received from the Secretary of the English and Irish Church and University Assurauce Society. The proposition it contaius, to obtain the countenance and support of members of the Medical Profession, possesses at least the claim of novelty. In answer, I have informed the Secretary, I am not iu the habit of *purchasing* the office of Medical Referee to Assurance Societies. I am, &c.,

Reigate, March. C. HOLMAN, M.D.

"The English aud Irish Churcli and University Assurance Society,
"18, Basinghall-street, March 18, 1854.

"Sir,—I have the honour to send you a copy of the Prospectus of this Society, and am instructed by the Board of Directors to inquire whether you would be desirous of having your name entered upon the list now preparing of gentlemen who wish to hold the office of Medical Referee for this Society.

"The remuneration paid to the Medical Referees for the trouble of examining the Proposer's state of health is fixed at One Guinea, where the sum assured is less than £500, and Two Guineas for assurances of that amount and upwards.

"It has been suggested to the Board, that yours would be a suitable name to select for the list, aud I shall feel much obliged if you will let me kuow by an early post whether such an appointment would be acceptable to you.

"The qualification for the office is the holding of Five Shares, at least, in our Stock, (the only payment required on which is £1 per share, and the liability is restricted to the amount of the shares,) or the effecting au Assurance on their Lives to the extent of £200 at least.

"Should you, after twelve months, wish to dispose of such share or shares, the Board will consent to transfer them to any person of respectability you may recommend.

"I have further to draw your attention to the accompanying Certificate of Mr. Scratchley, M.A., the eminent Actuary, in reference to the eligibility of this Society as a medium of investment for yourself and friends.

"I am, Sir, your faithful servant,
"STEPHEN J. ALDRICH, Secretary."

Mr. Owen.—The report was without foundation. No Medical officers are appointed either in the Army or Navy who have not the necessary qualifications prescribed by the respective Boards.

An Old Reader.—Such trash is beneath notice.

The Report of the Physiological Meeting of the Medical Society of London, and that of the Annual Meeting, have been unavoidably postpoued.

Studens.—1. The next examination will take place in July,—the third Tuesday, at eleven o'clock. 2. The subjects will not be altered.

A Provincial House-Surgeon.—Thanks. The series of tetanus cases will be commenced in a week or two; yours will be in time if sent before the 30th.

COMMUNICATIONS have been received from—

SECRETARY OF GEOLOGICAL SOCIETY; Sir JOHN LIDDELL, R.N.; Dr. RAMSKILL; Dr. CORMACK; Mr. PANTON; Dr. BIRDWOOD; Dr. HERBERT BARKER; T. C. SHINKWIN, Esq.; Dr. RAMSBOTHAM; H. ANCELL, Esq.; R. WADE, Esq.; Mr. SEDGWICK; E. WARD, Esq.; Mr. WILLIAMS; E. A. HUSSEY, Esq.; J. L. JARDINE, Esq.; R. RENNIE, Esq.; Dr. CHAMBERS; Dr. FENTON; Mr. CONGDON; Dr. MERRIMAN; A. B.; GULIELMUS; A READER; G. F. B.; Dr. R.; Sir BENJAMIN OUTRAM; T. K. C.; C. HOLMAN, M.D.; STEPHEN J. ALDRICH, Esq.; HAYNES WALTON, Esq.; T. JARDINE, Esq.; SYDNEY JONES, Esq.; Z. L. LAWRENCE, Esq.; Mr. WATERS; Mr. MAURICE; Dr. ROWLAND; Dr. MACKZENZIE; Dr. EVANS, Carlisle; Dr. BALFOUR.

the surface of the body cold. The pain is generally relieved by taking food, no matter what, and by lying down.

The disorder is often unattended with vomiting or nausea, but, now and then, when the pain is very severe, vomiting occurs, especially on any movement of the body. There may be few other symptoms of dyspepsia. The appetite, in the intervals of the pain, is not unfrequently good, and digestion is tolerably quick and without uneasiness, unless the disorder is very severe, when but little can be eaten or digested. The tongue is usually pale and flabby, but clean. In most cases the patient is weak and sleeps soundly.

This disorder is not very uncommon in men and women in the middle ranks, but seldom, if ever, occurs in children.

In men, it seems to be brought on by family cares, or anxiety in business, or over-fatigue, and is, I believe, most frequent between the ages of 35 and 50. In women, it is most frequently the effect of profuse monthly discharges.

The disorder may continue for two or three months; and, in persons who have once had it, is very liable to be brought on again by trouble, over-fatigue, losses of blood, want of rest, or any other cause of exhaustion.

In the summer of 1846, the following notes were sent me respecting a Medical man, practising in a country town, who was then between 35 and 40 years of age:—

"About three hours after each meal,—or perhaps about four or five hours are nearer the mark,—and, as soon as digestion appears to be over, he is seized all at once with severe pain in the stomach, which soon becomes so intense as to depress the circulation in a very remarkable way. The pulse falls to 35 in a minute; he becomes deadly pale; his hands and feet grow cold; and all his strength appears to have left him. This state of things continues until he gets something to take in. But the very moment he swallows anything,—and what is remarkable is, that the effect seems to be quite independent of the nature of the aliment,—he gets complete relief until the period comes round when the stomach is again empty. In the absence of food, the pain is much assuaged by his assuming the recumbent posture."

"For the rest, his appetite is perfectly good; he does not suffer at all from thirst; and his bowels are regular as the day. The evacuations perfectly healthy in appearance. At times, the stomach becomes enormously distended with wind, but this is not generally the case at the time of the paroxysm. He never vomits; never has nausea, water-brash, or heart-burn. Sleeps well." "He is a good deal alarmed about himself, but still not nearly particular enough, either in his diet or in his way of life generally."

Since the time when this letter was written the gentleman to whom it relates has had several illnesses of the same kind, most of them brought on by fatigue.

In 1848, I was consulted by a country clergyman, who occasionally suffers in the same way.

In one of his notes to me, he writes: "The attacks of pain come on generally in the afternoon, after exercise and before dinner. Cold winds seem to provoke them; warmth to allay them. They cease altogether after rest and food." "I was about thirty-five years old when they first came on. I have never had gout, but often feel pain in my knuckles, which yields to warmth, and which I fancy to be rheumatic pain."

This disorder, like other functional disorders, occurs in various degrees. In some cases so slight as to be little complained of; in other cases causing as much suffering for a time as the worst kinds of organic disease.

It may generally be distinguished readily, even when most severe, from organic diseases of the stomach, by the circumstance, that the pain and tenderness exist only, or are greatest, when the stomach is empty of food, and that they are removed or lessened by eating or by lying down.

In cancer of the stomach and in simple ulcer—the painful organic diseases of the stomach—there is generally constant uneasiness in the stomach, and the pain and tenderness are almost always greatest when the stomach is distended with food. This disorder is, as I have stated, closely allied to water-brash. Like water-brash, it occurs, I believe, chiefly in grown up persons who have been exposed to exhausting influences; and, as happens in water-brash, the pain comes on in paroxysms when the stomach is empty, and in the intervals of the paroxysms the patient may both eat and digest.

Its affinity with water-brash is shown more clearly by the occasional occurrence of vomiting, or of the eructation of a thin fluid from the stomach during the paroxysm of pain.

The disorder differs from water-brash in the circumstance that there is seldom any liquid rejected from the stomach, and that the pain is more severe and attended with more depression than the water-pang usually is.

The pain is probably caused by unhealthy and irritating secretions from the mucous membrane.

The medicine I have found of most use in this disorder is hydrocyanic acid, given in full doses. Opium is likewise of service, but is, I believe, generally less effectual than hydrocyanic acid.

Much benefit often results also from preparations of iron, especially citrate of iron, of which from three to five grains may be given, dissolved in water, immediately after meals.

The disorder may sometimes be mitigated by alkalies and other medicines that increase and modify the secretions. On more than one occasion I have known it speedily remedied by small doses of the grey powder.

Bismuth, nitrate of silver, and other medicines that have an astringent influence on the coats of the stomach, are of much less service than in water-brash.

The patient should live on a light but nutritious diet, have regular meals and plenty of sleep, and should avoid fatigue, and, as much as possible, other causes of exhaustion.

When the paroxysms of pain have ceased to recur, quinine and other tonic medicines may generally be given with much advantage.

Among the dispensary patients in London there is a common form of dyspepsia, closely allied to those we have just considered, the result of exhaustion, and brought on by deficient food, excessive labour, want of sleep, and trouble. It is much benefited by small doses of opium, and by steel.

Another variety of indigestion that may be classed with those we have lately considered is the indigestion of drunkards.

The chief characters of this are want of appetite, and vomiting, or dry retching, in the morning, with a white or furred tongue, and a slow pulse. The power of digestion is much enfeebled, and if the patient eat at any time, what for others would be a very moderate meal, he is apt to vomit soon afterwards, and to be troubled by pain in the stomach and flatulence.

This disorder, like the vice from which it springs, is most frequent in men of middle age, and is generally associated with more or less of that strange and peculiar disturbance of the nervous system which hard drinking brings on, and of which the most striking effects are, inability to sleep, or sleep broken by frightful dreams, despondency in the morning, and tremulousness of the hands and tongue.

The vomiting, at first, may occur only in the morning; but after a time, the health gets broken, and vomiting may occur frequently at other times of the day.

Spirit drinking often induces an inflammatory or catarrhal condition of the mucous membrane of the stomach, which may give rise to flatulence and other disorders of digestion; and it now and then causes, as I have before stated, minute superficial ulcers of the mucous membrane of the stomach, which may account for the pain that is sometimes felt after meals, as well as for the fact that the morning vomit of the drunkard sometimes contains small clots or streaks of blood.

It now and then causes, also, adhesive inflammation of the submucous cellular tissue of the stomach, especially near the pylorus, which leads to stricture or narrowing of the pyloric orifice, and to all the evils that result from that condition.

But the gastric disorder we are considering may occur without either of these events; and when the stomach, in case of death, may exhibit no striking marks of disease.

The disorder may, in most cases, be readily distinguished by the peculiarity of its symptoms, when the habits of the patient are known; but it is sometimes much more severe than I have represented it, and may then lead for a time to the suspicion of incurable organic disease. For months together the patient may have no desire to eat, and may vomit at any time of the day after food has been taken, and of course falls away greatly in flesh and strength.

In such cases, it is requisite to watch the progress of the disorder, and the effect of remedies upon it, to say positively what its nature is.

The same form of indigestion, like the peculiar nervous disorder with which it is associated, now and then occurs in persons who do not drink to excess, but whose nervous systems are exhausted by mental anxiety, fatigue, or want of food. Anxiety and over-fatigue take away the appetite, impair digestion, and often prevent sleep. If the influence of either of these conditions be continued, and there be no sleep for several successive nights, and no solid food be eaten for several successive days, a state bordering on delirium tremens often comes on. The nights are disturbed by spectral illusions,

the hands and tongue tremble, the appetite is quite gone, and vomiting is apt to occur in the morning, or at other times of the day if food be taken.

The exhaustion from want of food sometimes leads to similar results.

This kind of disorder is very common among the poor in London, especially among the women—among those even who do not drink largely. It is brought on by the conditions I have just specified, aided, no doubt, in very many cases, by the use of stimulating drinks.

Like delirium tremens, it may also be brought on by excessive depletion, or by the shock of severe injuries or operations. I have known it caused by fright.

The most efficient remedies for this disorder are bitters, opium, and solid food.

In all the public-houses for drinking bitter tinctures are kept, and the drunkard takes a glass of these "bitters" as his morning dram. He finds that it strengthens and settles his stomach, and gives some little appetite for the morning meal.

Gentian, quassia, and calumba are the bitters most commonly used, and they may be taken, singly or combined, two or three times a-day, an hour before the principal meals. They are generally taken, and are most relished, in the form of tincture.

Opium is of still greater benefit. It tranquillises the nervous system, procures sleep, and, by so doing, settles and strengthens the stomach.

The weakness of the stomach is in great measure the result of the general disorder of the nervous system.

This is more strikingly seen in that higher degree of nervous disorder that constitutes delirium tremens. While the delirium exists, and the nights are passed without sleep or in sleep that is broken by frightful dreams, there is total inability to eat; but the appetite generally returns when the nervous system has been refreshed by sleep.

Opium, by giving this refreshing sleep, remedies, indirectly perhaps, but more surely than any other medicine, the gastric disorder.

In the cases we are considering, where the more prominent symptoms are those of the gastric disorder, small doses of opium, or of morphia, may be usefully combined with the bitters. In most cases, small doses of opium so given are sufficient, if the patient give up the destructive habit of drinking, to restore, after a time, the tone and power of the stomach. But it now and then happens, where the gastric disorder is severe, that very large doses of opium are required to control it.

In January, 1849, a man, fifty-two years of age, was brought into King's College Hospital in this condition. He had long been of very intemperate habits, and, for some time before his admission to the Hospital, had vomited a portion of almost every meal. He was weak, and generally out of condition, and had very little appetite, and a white flabby tongue, and a pulse generally under 60, sometimes under 50 in a minute, and slept badly. After taking food of any kind he had a sense of nausea, followed in about ten minutes or a quarter of an hour by the rejection of part of the food. He had occasionally severe pain in the stomach, and water-brash; but the stomach was not generally either painful or tender.

Bismuth, nitrate of silver, and hydrocyanic acid, were tried without benefit. The symptoms were somewhat mitigated by quassia and gentian, and by small doses of the liquor opii sedativus; but no decided amendment took place until the middle of May, when the Physician's assistant at the Hospital, in my absence, prescribed for him half a grain of muriate of morphia, and five minims of dilute hydrocyanic acid, every four hours. This soon stopped the vomiting, and gave him a full measure of sleep, and the appetite returned.

He continued to take the morphia in very large doses, in conjunction with hydrocyanic acid; steadily grew stouter and stronger; and, at the end of some weeks, left the Hospital to resume his accustomed labour.

In all cases of this kind, as well as in delirium tremens, it is essential that the patient should eat as soon as possible some solid nourishing food. No medicines produce lasting benefit until solid nourishing food can be eaten.

When there is pain or soreness in the stomach after meals, and when what is vomited contains small specks or streaks of blood—leading to the inference that inflammation or minute ulcers of the mucous membrane exist, strict diet and effervescing draughts, with opium, are the proper remedies.

The kind of disorder we are considering is now seldom met with, except in the lower ranks of life. Half a century ago, hard drinking was common in the upper classes, and men of fortune were often sent to Bath to restore the tone of their stomachs by drinking its waters. Heberden classed these waters among the specific remedies. He says:—"The honour of this title (of specific) may be justly claimed by the Peruvian bark for the cure of ague; quicksilver for venereal disorders; sulphur for the itch; and perhaps opiums for some spasms, and Bath waters for the injury done to the stomach by drinking."(a)

The most common gastric disorders among the poor in London are water-brash, and want of appetite, and feeble digestion, the result of exhaustion and drink.

Now and then, another peculiar gastric disorder is met with, in which digestion is tolerably good in the morning, so that a substantial breakfast causes no discomfort; but if a hearty meal be eaten in the after part of the day, it is followed by distressing flatulence and pain at the stomach, which sometimes ends in vomiting, and sometimes, after continuing several hours, gradually subsides, without vomiting, as the stomach gets empty of gas. This variety of gastric disorder occurs most frequently in the decline of life, or in persons whose circulation is languid, and who are readily fatigued; and the weakness of digestion is in great measure owing to debility or exhaustion.

In such cases, half a drachm of aromatic spirits of ammonia, or five grains of carbonate of ammonia, may be given with advantage, three times a-day; and from five to ten grains of bismuth, just before dinner.

The patient should, of course, take his most substantial meal in the morning, when digestion is strongest; should be at rest in the recumbent posture for a couple of hours in the middle of the day, and should carefully avoid fatigue.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVIII.

ON THE MEDICAL PREPARATIONS FOR NAVAL ACTIONS, AND ON THE CASUALTIES AT THE BATTLE OF NAVARINO, 1827.

By SIR JOHN LIDDELL, M.D.
Inspector-General of Naval Hospitals.

[The publication of the following paper is now decided upon, in consequence of the approaching commencement of hostilities in the Baltic and the Black Sea.]

Malta Hospital, February 1, 1828.

In drawing up a report of the multitude of varied accidents that occur during a naval action, it may be well to take a general view of the preparations which we are required to make for the wounded, prior to its commencement. I cannot do this better than by detailing the arrangements that were made in the Asia's cockpit on clearing for action, before entering the harbour of Navarino, which I found of easy execution and eminently useful. I am the more induced to do this, as I can find no similar description—nor, indeed, any description at all—in any book on Naval Surgery with which I am acquainted; and as the Naval Instructions contain no directions for this most necessary preparation, the Surgeon is usually left to the resources of his own judgment for such arrangements before, during, and after a battle, as he may think will abridge his labours and conduce to the perfection of the aid he is expected promptly to render to the wounded. The following suggestions, therefore, may be useful to those Medical officers of the Navy who happen to be thrown, without any experience, into a situation of some difficulty and embarrassment, for which their previous education had not prepared them, and to which they may probably never have devoted any attention.

When the drum beat to quarters, and the ship was being cleared for action, the mess-tables of the ship's company were necessarily carried below. These were placed on the midshipmen's chests in the cockpit, and covered with beds and pillows, which formed a smooth and excellent platform. The officers' and ship's cots were piled up in one corner of the cockpit, quite ready for suspension and use, when the worst cases of wounds had been dressed. The remainder of the open space in the cockpit was filled with sofas, arm-chairs, and beds on the floors of the bread-room and cabins, leaving passages between them, to admit of easy access to the wounded. A table, solidly secured to the deck by cleats, was placed behind the cockpit ladder, where it could not readily

(a) Commentaries, p. 6. Third Edition.

be disturbed, and was specially set apart for dressiugs, bandages, splints, instruments, ligatures, tape, thread, ueedles, pins, tourniquets, folds of linen, lint, tow, sponges, adhesive plaster, wine, brandy, laudanum, etc., all of which were so arranged that no confusion could occur to interrupt the ready and regular aid of all classes of attendants. If the action had taken place at sea, and the ship was not likely to be brought to an anchor, the cable tier might also have been furnished with platforms, which would clearly have bcen unsafe, as in our case, if the ship were at anchor, as any evolution or change of her position might require the wounded to be removed, in the heat of the action, out of the way of the cables.

It was also deemed of iuportauce to observe, that no wounded men should be carried to the wings or store-rooms, where they are frequently placed, but that these places should be kept free from any incumbrance, so as to admit the ready access of the carpenters to the ship's side, or stores, without interfering in the slightest degree with the Surgeon's occupation in the cockpit. This precaution will not be found to be unuecessary, the neglect of it having been severely felt in the Africa, in the battle of Trafalgar, which ship was thrown into the greatest confusion by the entrance of a cannon-ball between wind and water, when hard pressed, and nearly overpowercd by the enemy; and the Surgeon was compelled to remove the wounded from the wing, in the middle of the action, to a place of greater security.

Lamps or lanterns were suspended at convenient distances around the cockpit cabins; candles in flat sconces, ready to be lighted with phosphoric matches, and protected by sand, were placed on different tables, onc of which was fitted with a reflecting shade, such as aurists employ, to throw the full light of a caudle (Palmer's, which does not require snuffing) upon bleeding arteries, while they are being secured; and, lastly, a tank, pitchers, and tubs full of water, were suitably placed, with a person specially appointed to distribute that best and most refreshing of cordials. Thus prepared, then, and the battle begun, we took our stations, with tourniquets in our pockets, at the foot of the cockpit ladder, which situation not only enabled us to renderimmediate assistauce to those who might be bleeding profusely; but we could, without interruption and at once, convey the wouuded man to a place from which it would not be necessary again to remove him, by the same men who carried him below. Trifling as this may at first sight appear, it is really a matter of the first importance; for the moment the seamen have carried a wounded comrade below, and have placed him on the deck at the foot of the cockpit ladder, they consider that he is then fairly within the Surgeon's dominions, and in safcty, and they would there leave him, and return to their quarters, unless they were directed to the place allotted for him.

It is the business of every one, on such occasions as I am now consideriug, to secure the greatest possible efficiency of his own department, without trenching on that of others; and the Surgeon will find the advantage of this seemingly unimportant arrangement beiug strictly pursued, which will fulfil the first want of the wounded—easy removal to a place of comparative safety, where his wounds will receive at ouce the attention they require. The wounded man can now be stripped of his clothes; his wounds cleaned and examined; arteries secured, if any should be bleeding profusely; fractures adjusted and supported in an easy positiou, by folds of sheeting, pillows, and by such padding and bandages as may be found necessary, in the lower extremities, to keep the foot aright. The parts were covered lightly with lint or cloths dipped in cold water. This immediate attention to the wounds, and the welcome and balmy assurance that can be given to a sufferer, that his wounds are not of a serious character or attended with danger, and that he will soon be all right again, tranquillises his mind; and it is almost incredible the speedy relief from smarting that they occasioned, and, in many instances, the soothing influence they exerted over the general disturbance and agitation. The injuries, generally speaking, were so clearly defined, that we could determiue at a glance whether they were likely to become the subject of operation or of more deliberate examination; and such cases were placed on the outside and most conveuient platforms. It was found very convenient to have no particular table or place where the necessary operations were performed; but they were undertaken wherever the person requiring them was found lying, which saved the time aud suffering that transporting the wounded from one corner of the cockpit to another would have occasioned; nor was any inconvenience experienced from this arrangement; and we found that we could amputate or perform any other operation with as much satisfaction to ourselves, and with no more pain or delay to the patient, in the arm-chair or mess-table on which he was lying, as we could have doue, under similar circumstances, ou the best operating-table that could be devised.

Much has been said about the confusion and disorder that prevail during a naval battle, and about the difficulties to be contended with in operations; but I can only declare that I never experienced any of them; and I can honestly say that, if I were to go into action again, I could not suggest anything else that would add to the comfort of the wounded, or the convenience of the Surgeon in his operations, excepting always an additional quantity of fresh air, the free supply of which, according to the present construction of the orlop dock, is incompatible with the safety of the ship; but I would fain hope that so important and easy a remedy will be adopted in the formation of our ships of war, as would prevent this unnecssary suffering.

It will be observed that I strenuously recommend the Surgeon to undertake those operations, the necessity of which has been clearly indicated, immediately that the person requiring them is brought to the cockpit, and without waiting, as is usual, to the close of the battle. He will thus find that he can keep pace with the wounded, which generally accumulate at the commencement of the battle, but diminish in numbers as the contest draws to a close. When the action is close, the first and second broadsides usually bring a large number of wounded to the cockpit; and, as many of them will require immediate aid, the surgeon may as well avoid, at first, any operation that is likely to be of long duration, or admits of delay. Among the crowd of those who were waiting for assistance, we were at no loss to select those who required and could bear immediate operation. Tourniquets of a simple contrivance, made of webbing, and tightened by a round piece of wooden handle that is fastened to the web, are usually distributed among the officers and leading men of the tops, to inspire confidence; but I have never seen them used without producing mischief. They are generally awkwardly applied over or below the wound, leaving the bleeding to go on, and it is not easy to give such intelligible instructions, as will be readily remembered, and easily applied, during the excitement and confusion that necessarily attend the booming of artillery, the vociferations of command, and the cries of the wounded. It is true that a life might occasionally be preserved if the tourniquet were timely and skilfully adjusted; but much injury would accrue, from long continued pressure and interruption to the circulation of the limb, from its incautious use in those cases in which it was not required, and from which no rules that could be devised would guard them. The fiugers thrust into the wound are the best means of provisionally arresting the hæmorrhage; and a wounded man may, by gentle pressure with his fingers, frequently save his own life by stopping the bleeding duriug the transport from one place to another.

These arrangements having been completed, the wounded dressed, and the battle over, our mission, so far from being accomplished, required new activity. As no more enemies were to be feared, or fresh combats to be sustained, we were required to substitute perfect order and comfort, for the rough treatment which the previous comparatively hurried manœuvres necessitated. The worst cases claimed our first care. These were removed from the confined space in the cockpit, where the air gets contaminated by the crowd of people, into the upper and more airy decks, as soon as the guns were secured and the decks were cleared away for their reception. These patients, having been placed in cots, were softly and safely carried up on deck, where they were arranged, by suspension on either side, between the guns, and surrounded by canvas screens, reaching nearly to the deck, which admitted of free veutilation above, below, and around tbe cots, without allowing the currents of air to be directed against the persons of the wounded. To this precaution of speedy removal from the tainted air of the cockpit, I ascribe the complete exemption of the wounded in the Asia from any fatal accident after the battle; for it will be found in the histories of our naval and military wars, that more lives have been lost by crowding men in low and ill-ventilated apartments, than by leaving them exposed to the inclemencies of the weather, in the opeu air. It is not possible to have a more easy mode of transport than by cots, the two extremities of which are attached to a boat's mast, an oar, or any similar piece of wood. The cot, thus suspended, is carried on the shoulders of two men, one at either end of the pole. By means of these cots, wounded men, more especially those with compouud fractures, can be lowered down or taken up from the cockpit, to any part of the ship, with all the care and attention that the importance of keeping them undisturbed, demauds. In passing the cots through the hatchways, it will be necessary to slope the foot a little, lest

the inclination should endanger the body slipping down, the shoulders being secured with a sheet to the head of the cot.

These dispositions having been accomplished, we were now able to inspect with deliberate care the whole of the wounded, to adjust such fractures and dressings as had been deranged, and determine what further operations were necessary to place them in the most favourable position for ultimate recovery.

This survey also enabled us to make an exact and circumstantial record of the infinite variety of wounds that always occur during a naval battle, from which we furnished the return contained in the accompanying journal, of the name of each individual, and the nature of the wounds he had sustained; thus securing the rewards that are never withheld from those who have suffered mutilation; or who have established claims on their country's bounty, by wounds or suffering of any kind, in its defence.

The immediate constitutional effects of precisely the same kind of gun-shot injury on different individuals vary so much in severity and duration, and are so totally different, that no correct description can be given of them. Some men, on the infliction of even a slight gun-shot wound, immediately become deadly pale; they tremble like the fluttering of a wounded bird, feel faint, and are covered with cold perspirations. An unaccountable fear comes over them, without any distinct sense of danger or degree of pain, which the bravest cannot resist or conceal, and which never occurs from a similar wound from any other cause. They will occasionally continue for hours under this nervous agitation, which nothing will abate, and which renders them unfit for any operation, if such should be deemed necessary. It is difficult to tell whether this commotion depends on disorder of the body or tumult of the mind, arising from that state of moral or physical excitement in which the wounded man is in when the injury is inflicted. If these signs of alarm and depression should not be relieved by a glass of wine or water, an opiate, and the assurance of the sufferer's safety, they should be regarded as indications of serious mischief to some internal organ or hæmorrhage. Others, again, will experience no such shock or alarm on the shattering or entire removal of a large portion of the body or limb, nor betray the slightest bodily or mental disturbance, of which the following cases may be taken as examples:—An American Philhellene was struck by a cannon-ball, in the batteries of Napoli di Romania, which carried off the right hand that had been resting upon the haunch, a portion of the right half of the pelvis, and part of the thigh. The abdominal viscera were laid bare, but not torn, and there was trifling hæmorrhage from the wounds. He immediately desired that he should be taken to the Asia, where he arrived two hours afterwards, in full possession of his faculties, and apparently in no pain. He conversed calmly about the Greek wars, in which he had taken an active part, asked me if a man could live who had lost the half of his body, and died suddenly in an hour after his arrival. The boatswain of the Asia had a compound fracture of the middle of the thigh, from a canister ball passing through it. He tied his handkerchief tightly round the thigh below the wound, and was carried to the cockpit. On his way down, he waved his hat in the air, and joined loudly and cordially in a general cheer at the explosion of one of our opponents. He had then lost some blood, his face and body were bedewed with perspiration, he had a desire to void his fæces, which no cordial could overcome; he fell into syncope, and died before we could see his wounds. A seaman (M.) of the same ship had a compound shattered fracture of the thigh, from a canister ball passing through it. He was brought to the cockpit about the same time as the boatswain; but, though suffering severely from the pain of the wound, he had not the least constitutional disturbance. Two midshipmen, D. and L., had each a thigh torn off at the condyles by the same cannon-ball. They immediately commenced a race to try who should reach the surgeon first; and, though quite unassisted, they both limped by different routes into his presence about the same time. These two young men were about the same age—20, and of similar delicate constitutions; and had their wits so much about them, after the infliction of their wounds, that one of them thought the shortest cut to the Surgeon would be down the fore hatchway, where there was no ladder. In lowering himself down by his own hands, he fell upon the shattered stump with some violence. He soon, however, picked himself up, and pursued his race along the lower deck without those interruptions to which he knew his companion would be exposed on the gun-deck during action. The thigh of the former was torn quite off; that of the latter was hanging by a shred of skin just sufficient to enable him to drag it after him. D. soon began to sink, and died in two hours; the latter lived and did well; and he assured me, that the injury was not painful at first, but that his thigh seemed benumbed or stupified, or, as he expressed it, felt asleep.

The recoveries after seemingly hopeless wounds are so frequent and so extraordinary, that it should never be taken for granted that death will inevitably follow in any case, however desperate. Our belief, founded on all ordinary and rational calculations, that anything we can do will be of no avail, is so discouraging, and so apt to paralyse our exertions, that we should always endeavour to bend our conviction the other way, and set about trying to rouse the sufferer from the collapse into which he may have fallen, to soothe his agitation, or adopt such other expedients as the desperate nature of his wounds may first call for. I may show the advantage of attending to this position by relating an instance that occurred to myself. A marine (C.) had his right arm carried away by a cannon-ball; the whole flesh of the outer and fore part of the shoulder, up to the neck and down to the elbow, torn to pieces; a compound fracture of the left frontal bone, over the temporal fossa; deep and dreadful lacerations all over the face and neck, and a quantity of brains lying on his left cheek and shoulder. Both my first and more deliberate thoughts were, that anything I could attempt in this case would only add to the sufferings of his last moments, and I accordingly contented myself with the application of a bandage and tourniquet over the deepest gash in the shoulder, to restrain the bleeding both there and at the extremity of the shattered arm; and, on administering a cordial, I left him for some other wounded man, to whom I thought I might be of more service; and I frankly confess, that I thought no more of him till after I had finished with all the others, when one of my assistants came to inform me that C. was still alive. I found him a good deal rallied, and as there was a portion of sound skin round and below the elbow, I proceeded to amputate the forearm about three inches from that joint. When I came to saw the bones, I discovered that the ulna was broken higher up, and I accordingly dissected back the soft parts till I reached the fracture, and sawed off the irregular upper end of the bone. The flesh wounds were cleaned, their edges brought together, and retained by sticking plaster and careful bandaging. Several splinters were extracted from the face and neck, and a few pieces of bone from the fracture of the skull. The greater part of the stump united by the first intention; some of the flesh wounds sloughed; the rest granulated, and healed kindly; there were several exfoliations from the frontal bone, and a few more splinters were taken from the cheek. He was bled largely for intense headache and great excitement; he took frequent saline purgatives, and a strict and unequivocal abstinence was observed till all danger was passed. Some days after the battle, on making inquiry as to the manner in which he was wounded, I found that a man had been killed near him by a shot in the head, a portion of whose brains, I had now no doubt, lodged on C.'s shoulder and cheek, although I believed at the time that they were his own.

[To be continued.]

CLINICAL REPORTS ON PRACTICAL MIDWIFERY.

No. III.

A CASE OF LABOUR TERMINATED BY THE LONG FORCEPS.

By FRANCIS H. RAMSBOTHAM, M.D., F.R.C.P.

Obstetric Physician to the London Hospital, etc. etc.

I publish the following case because it was conducted in a manner diametrically opposite to some of the established rules of obstetric practice; and although it must be considered one of a very exceptional nature, it is nevertheless similar to many that I have myself seen, where instrumental assistance, that by some might be thought prematurely used, was had recourse to with signal benefit. In these instances, indeed, not only has the infant's life probably been preserved by the interference, but the mother has certainly been spared much additional bodily suffering, as well as been saved from the exhaustion consequent on a long continuance of powerful efforts.

On Tuesday, the 7th instant, at two p.m., I was requested to see Mrs. E——, a lady of short stature, but with no external deformity, whom I was engaged to attend in her third confinement. Her two previous children had been born dead, after lingering and painful labours, but without the aid of instruments, each at a considerable distance from her present residence, under

the superintendence of different practitioners. Both she and her husband were very desirous that she might bring forth a living child on this occasion.

I learned, that early on Monday morning she had been awoke by pain, which recurred periodically with a slight sanguineous discharge for four or five hours, and after that intermitted until about the same time on Tuesday morning; the uterus then resumed its action, and the pains had continued ever since. They were returning every five minutes, but had not been severe enough to induce her to leave the drawing-room. I requested her to retire, and, on examining, found the os uteri almost entirely dilated, but still to be felt all round, very thin, and very soft; the vertex was presenting, and the bag of membranes was still whole; the vagina was also lax and distensible. I could touch the promontory of the sacrum most easily, and, as far as I could judge, the space at the brim in the conjugate diameter was between three inches and three inches and a-quarter. I could also detect each spinous process of the ischium projecting too far inwards, and thus encroaching on the dimensions of both the cavity and outlet. The general capacity of the cavity was small, and the pubic arch forked and narrow. The membranes broke at four, when the pains became immediately more powerful, and expulsive in character; the os uteri, instead of receding, was pinched between the pelvic bones and the head; the uterus continued to act very strongly, and the upper part of the head was slowly propelled through the brim, causing great pressure on the soft parts. In about an hour the os uteri began to swell, and at seven o'clock, from being almost as thin at its edge as a piece of paper, it had become, anteriorly, nearly as thick as the little finger; the external parts also showed symptoms of commencing œdema. A great part of the head was now within the pelvic cavity; the entire base, however, was still above the brim, and neither ear could be reached; the face was looking towards the left groin; the cranial bones were overlapping each other considerably, and the pressure within the pelvis was almost universal. The os uteri was low, distinguishable all round, and, though swollen as I have described it, still its dilatability did not seem much impaired. The lady was very anxious to be delivered; and, taking all the circumstances of the case into consideration, I thought instrumental assistance had become necessary, and might be employed, not only without danger, but with great advantage. I therefore introduced the blades of the long forceps within each ilium, applying one over the right brow, and the other behind the left ear. I had no difficulty in adjusting them. With two backward and forward movements I brought the head through the brim; the turn was speedily effected; and it passed through the outlet in about two minutes. The body followed quickly. For more than a minute, the child (a female) showed no signs of life, except in the action of the heart; and the lady, in an agony of grief, called out that it was dead. Friction on the chest, aided by two or three smart taps, roused it, and it soon cried lustily. After the child was born, the uterus was so tender that a very moderate degree of pressure applied over it by the hand occasioned rather severe suffering. It contracted well, however; and the placenta was thrown off in about ten minutes, without hæmorrhage. The lady is nursing her infant; and, except a little hesitation in the passage of the urine, with a slight cutting sensation as it flowed, which lasted five or six days, she has progressed as satisfactorily as if the labour had been perfectly natural.

I was induced to interfere thus early in this case, as well for the child's preservation as for the mother's sake; and I have good reason to believe that the assistance rendered was eminently serviceable to both. Considering the condition in which the child appeared when born, there can be little doubt, that, in a comparatively short time, it would have perished from the pressure to which it was subjected.

In regard to the mother, there was sufficient evidence that the soft structures were inordinately compressed, from the swollen state of the os uteri itself; and a serious apprehension might be justly entertained that the cervix would lacerate, or that contusion would lead to future bad consequences. This is exactly the kind of case, indeed, in which a laceration of the cervix is eminently to be dreaded,—namely, where there is a slightly distorted pelvis at the brim; where a great part of the head has entered the cavity; where the uterine action is powerful, and the pressure great; and where the woman has gone through two or three previous labours with more than usual pain and difficulty.

Against the means used, it might be adduced, that the liquor amnii had been evacuated only three hours; that the uterus was acting vigorously; that the head, though making much pressure, was not, properly speaking, impacted; that there was, therefore, reason to hope, as the patient had borne two children naturally before, that this would also be expelled in time; and especially, that, as the os uteri could be traced by the finger all round at the time of the operation being begun, it was a case unfitted for the forceps, and that, consequently, their application was inadmissible. Such objections would on most occasions be perfectly rational, and based on solid and substantial judgment. But I have already characterised this as an exceptional case. I have given it publicity, as it appears to me that one chief value of clinical reports is to bring under the notice of the junior members of the Profession instances in which it is required to deviate from the ordinary treatment, and even to act in opposition to well grounded and justly-esteemed laws. Every experienced Practitioner, indeed, will acknowledge that cases are not unfrequently met with, in obstetric as well as in the range of more general medicine, which cannot be managed according to didactic principles, or to the rules laid down in books.

7, Portman-square, March 21, 1854.

REVIEW OF SEVEN HUNDRED CASES IN MIDWIFERY.

By JOHN S. BEALE, M.R.C.S.E., and L.M.

The cases reported here are all those which presented deviations from the natural course in 700 labours.

Name.	Number of Hours in Labour.	—	Result.
Williamson ...	70	Craniotomy.	Did well.
Hutchinson ..	64		
Egerton	60		
Wilkins	75		
Beamish	88		
Gomm	83		
Jackson	120		

Wilson ..	Forceps applied	For want of elasticity of parts through advanced age (37).	Child alive.
Abbott ...		Same cause (35).	,,
Sullivan ...		Convulsions, with sterterous breathing.	Dead.
Metzko ...		Pelvic deformity and paralysis of lower extremities.	Alive.
Horton ...		Protracted labour, with great debility.	Alive.

Lawson...	Arm and shoulder presentation.	Turning.	Child born alive.
Archer ...	,, ,,	,,	Child born dead (violent peritonitis subsequent.)

Whitby...	Prolapsus of cord.	Child born dead.

Harvey ...	Nates presentation.	Child born dead.	Ergot used.
Lyons ...	,, ,,	,, ,, alive.	,,
Murden ...	,, ,,	,, ,, alive.	,,
Bolt	Footling.	,, ,, dead.	— —
Groves ...	,,	,, ,, dead.	— —
Kilbrido ...	Nates presentation.	,, ,, alive.	Ergot used.
Verley ...	,, ,,	,, ,, dead.	,,
Parker ...	,, ,,	,, ,, alive.	— —
Legge ...	,, ,,	,, ,, alive.	Ergot used.
Reeves ...	Footling.	,, ,, dead.	— —

Connor...	Partial placenta prævia on anterior lip of uterus.	Child born alive.
Sickle ...	,, ,, ,,	,, ,,
Rapier ...	Placenta prævia: both died through neglect.	— —
Gale ...	Partial placenta prævia on anterior lip of uterus.	Child alive.

By the preceding Table it is seen that the number of cases requiring craniotomy exceed those in which forceps were used by two. This is accounted for thus: that, with the exception of the three last, the females had not arrived at their full growth. All of them were under eighteen years, and had been exposed to various debilitating causes, namely, exposure to the weather, hunger, and insufficient clothing; exhaustion came on so suddenly and energetically, that it was not deemed prudent to put them to the additional suffering consequent upon artificial delivery by the forceps. The last three cases were longer in labour, bore the operation well, and made a quick recovery; the generative parts were too œdematous, and did not admit of sufficient space for a trial of the forceps. There was approximation of the rami of pubis and ischium in the two last, which rendered delivery longer and more difficult. Venesection had been tried in two out of the three without any good result; in all the cases the mothers did well, and no unpleasant results occurred.

I have nothing to note concerning the cases in which forceps were applied beyond that it was necessary to use considerable force and compression in the two first cases, and, for that purpose, the patients were placed on their backs; they had both been bled, urine evacuated, and rectum unloaded.

In the two cases of arm and shoulder presentation, (the arm, in the first case, occupied the vagina, but was guided on one side, the feet found, and delivery effected,) the child was not more than eight months, and it was very doubtful whether it could maintain its existence; in the other case, the cord suffered compression, (it was in the country, and I had no forceps with me,) peritonitis of a violent character occurred, and nearly proved fatal to the patient.

In Whitby's case, (prolapsus of the cord,) a midwife was in attendance; the cord had been prolapsed, I was informed, for three hours; the head was already pressing on the perinæum, and the cord felt very tense, and had no pulsation; the labour was concluded in fourteen minutes from the time of my entering the room. This patient informed me that her mother had two children die from the same cause.

In the cases of nates presentation, care was taken to try and insure a succession of pains at the time when the head was about to enter and pass the pelvic cavity. I certainly think that ergot has greatly aided me; circular friction over the fundus of the uterus has also seemed to assist the contractions. Two of the patients had seven months' children, which accounts for the presention, (footing,) as, at that period, they may present in almost any part. The patient, Reeves' child, had a very large head, and had also spina bifida. In seven of the cases the child presented with its back towards the abdomen of the mother. I noticed, in two of the cases, strong priapism until the chest had passed the vulva.

The three cases of partial presentation of the placenta were treated by the exhibition of the ergot of rye, and rupturing the membranes; in two cases a piece of sponge steeped in vinegar was introduced in order to aid the formation of a coagulum, and give time for the head to descend. A midwife from a lying-in-charity had been in attendance (on and off) for two days upon the woman Rapier, during which time I was told she had been constantly flooding; her features, when I saw her, were perfectly blanched; pulse not perceptible, and the blood trickling and gushing from her; a plug was used immediately, cold brandy-and-water given freely, when, in the course of three-quarters of an hour, an attempt was made to turn the child; in this I succeeded, and in about one hour the child was born (dead); although a friend of mine maintained firm pressure over the abdomen, dashed cold water, and gave stimulants, with ergot, still we could not get contraction of the uterus, and the patient had no rallying strength; she was so completely exhausted by the previous excessive hæmorrhage, that she died in about thirty-five minutes after the birth of the child. This woman's life was sacrificed by the midwife in attendance.

Two of the cases had retained or encysted placenta, which required the hand to be introduced for their removal. One placenta was so adherent, that I found it impossible to bring it all away; the remainder, nearly one-third, came away twenty-eight hours after; another, from the same cause, had one-fourth of its substance left in utero, and was retained there for sixteen hours and a-half; and in the case of a fœtus between six and seven months, no placenta was expelled; the patients recovered, although slowly. The cord was attached to the edge of one placenta; there was one funis with a perfectly formed knot on it: one child had the funis wound thrice round its neck; and, in the case of another, the cord was twice round the neck, once round each arm and shoulder, and crossed over the back and chest; the cord measured 58 inches; the shortest cord was 5 inches in length; two of 6½ inches; and one 7 inches long.

I certainly think, that in the cases in which the funis was unusually short, or wound round the neck more than once, the head was retained for a longer period of time on the perinæum, and labour appeared to be retarded. Five of the patients had twins; three cases presented with the head; two with head and feet respectively; one patient had an anencephalous monster. The youngest female was 15 years old, the eldest 45. One young female had slight convulsions after delivery, owing to the exhibition of stimulants by an officious nurse, and subsequent altercation thereon; six suffered from *post-partum* hæmorrhage, which was controlled by the usual remedies, and grasping the uterus firmly with the hand, through the abdominal parietes.

I have also noticed eight cases of rheumatism of the uterus, the symptoms of which are so ably detailed by Dr. Rigby.(a) The pain attendant on the least movement of the uterus is described as being of a most acute character, frequently calling forth exclamations from the sufferers, but has been relieved by a dose of calomel and henbane, followed by a mixture containing colchicum and morphine, every three or four hours.

87, Harrow-road.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

UNIVERSITY COLLEGE HOSPITAL,

ATTEMPTED SUICIDE BY TWO GRAINS OF STRYCHNIA.—SLIGHT SYMPTOMS.—RECOVERY.

[Reported by Mr. T. HILLIER.]

A. B., aged 18, came to University College Hospital at ten a.m., March 3, accompanied by a friend, who stated that she had taken poison.

I was immediately called to see her, and found her sitting up in a chair quite rational. The surface of the skin was rather cool; pulse small and slow. On approaching her, I observed a twitching of the arms, and on asking her whether she felt anything the matter, she said, "No, only a little hysterical."

On further inquiry, I learned that about an hour and a-half previously she had taken a small white powder, which she had obtained to poison a cat, and had given 6d. for it. She had wrapped it up in a sweetmeat, and swallowed it at once, so that she did not taste it.

I examined her mouth and lips, and found no indication of any corrosive action. She had no epigastric tenderness, only slight nausea, which she ascribed to some common salt she had taken to act as an emetic, about half an hour previously.

I immediately employed the stomach-pump, and washed out the stomach; the water used returned very slightly coloured and with a very faintly acid reaction. She told me immediately after this that she felt more comfortable.

By this time I had been able to learn that the powder which she had bought was two grains of strychnia.

I then found, that half an hour after taking the medicine, she had felt very severe drawing up of the legs and body. She then took an emetic of salt, which did not act for nearly 20 minutes, so that the strychnia was in her stomach about fifty minutes. After the use of the stomach-pump, she had but one or two slight twitchings of the arms.

I gave her at a quarter past 11 40 minims of tinct. conii; an hour later she said she felt pretty well, and that the draught had done her much good.

I saw her the next day, when she stated that she felt pretty well, with the exception of stiffness of her limbs, which had been, however, much worse in the night than it was at that time.

I was enabled to get a specimen of the strychnia from which the two grains had been taken. I found it in powder; soluble in hot alcohol, and crystallizing out on cooling. With nitric acid, it struck only a slight red colour (showing that it did not contain much brucine), and with bichromate of potash and sulphuric acid, it gave the characteristic violet colour. It was quite destroyed by a red heat, so that we may conclude that it was a very fair sample of commercial strychnia.

We have, then, a girl taking two grains of strychnia on an empty stomach, retaining it for three-quarters of an hour, and

(a) Vide "System of Midwifery," p. 208.

then vomiting, who suffers some tetanic spasms, but soon recovers. Owing to the sparing solubility of strychnia, it is probable that only a small part of the whole was absorbed, and that a good part of it was vomited. No chemical antidote was used, because we did not know in time what was the poison taken. Conium was employed as a physiological antidote, and seems to have been of use in relieving the spasms.

ST. BARTHOLOMEW'S HOSPITAL.

SIMULATION OF HIP-JOINT DISEASE.

[Case under the care of Mr. PAGET.]

A little girl, aged 3 years, was recently under Mr. Paget's treatment at this Hospital, whose case was instructive, on account of the close simulation of a very serious disease. She had been observed to limp in her gait for ten days, and complained of pain about her left hip. On examination, the left buttock appeared flattened, and the whole hip thrown slightly outwards. When told to bend the thigh, she carefully held the left femur stiff, as if a-piece with the pelvis, and moved pelvis and all on the sound leg; yet it was found that, on jarring the foot, no pain was produced, nor was there any tenderness over the back of the joint, or on striking the great trochanter. If done gently, the thigh might also be bent without eliciting any complaint. These latter circumstances seemed to militate as strongly against the idea of joint disease as those previously mentioned did for it. In the groin were found, on further examination, a cluster of enlarged and very tender glands, the slightest pressure on which made the child cry. As it was plain that these must be irritated in every movement of the hip, Mr. Paget thought it probable, that the very deceptive symptoms just mentioned might be solely due to the instinctive efforts of the patient to keep them at rest, since, by such effort, the thigh would be carried away from the pelvis, and the appearance of flattened buttock caused. This diagnosis was confirmed by the result, since the child quite recovered in about ten days. The treatment had consisted in confinement to bed, and the application of a few lecches and of poultices over the engorged glands.

GUY'S HOSPITAL.

JAUNDICE IN A YOUNG CHILD—TREATMENT WITHOUT MERCURY.

[Under the care of Dr. GULL.]

Putting out of view, as being in the majority of instances but doubtfully morbid, the affection known as *icterus neonatorum*, jaundice, may certainly be said to a disease of infrequent occurrence in childhood. One of the best marked examples of it which has come under our notice has recently been discharged from one of Dr. Gull's Wards, and from some of the circumstance connected with its history and treatment, seems to merit a short mention here. Louisa Allston, aged two years, of dark complexion, spare, and of bilious temperament, was admitted on January 31, suffering from intense jaundice. Her skin, in every part, was of a bright yellow colour, and the conjunctivæ were also much stained; the urine was of deep brown colour, and tinged everything it came in contact with; it had excoriated the vulva and thighs considerably; the motions resembled concrete white paint; the liver could be felt extending low into the abdomen, as if enlarged; there was but little constitutional disturbance, and the appetite was scarcely impaired. Her mother stated that the child had been ill for two weeks; the first symptoms of disease having been the paleness of colour, and excessive smell of the evacuations. A Medical man had been consulted, who ordered some "grey powders" (hydr. cum cretâ?) night and morning, from which, however, no benefit resulted. It appeared, on inquiry as to the little patient's previous diet, that she had been brought up by hand, and from the early age of three months had been accustomed to eat meat and drink beer every day, being very fond of both those articles. She had always been delicate and ailing.

Dr. Gull directed the attention of his clinical class to this case, as one, the treatment of which, involved much interest. He did not think there was any necessity for the administration of mercury, since the constitutional symptoms were in no wise urgent. The account given of the child's dietary furnished a sufficient explanation as to its cause, and much benefit might, therefore, be expected from an alteration in this respect. Ordered to have milk diet; to take three times daily, a draught containing the acetate of ammonia, and eight minims of ipecachuan wine.

On the 7th of February the motions had acquired a little colour, and the skin, though still very yellow, was less deeply tinged than at first. An egg was added to the diet, and a draught containing the nitro-muriatic acid was substituted for the former one.

On Feb. 26 the child was discharged well; the yellowness had disappeared from the skin, and the stools were of natural colour. She had gradually improved in cheerfulness as the disease subsided.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

DISEASE OF THE LACHRYMAL GLAND AND ITS DUCTS.

[Under the care of Mr. HAYNES WALTON.]

The united testimony of ophthalmic writers is to the effect, that the lachrymal gland is rarely the seat of disease. Mr. Tyrrell, in his treatise on the diseases of the eye, says, that he believes that this gland, like the other conglomerate glands, is not liable to much morbid action, for he had seen very few well marked cases of disease of it. He then alludes to "three or four" instances of acute inflammation without enlargement of the gland, and two of chronic inflammation with enlargement. In glancing our eye over the statistical reports of ophthalmic institutions, during a period of several years, no mention is made of this affection. However, we are rather inclined to suppose that a deviation from health is often overlooked, and that the general impression of an immunity from disease tends, in no slight degree, to the non-recognition of a morbid state; or, even if detected, to induce, in many instances, the observer to doubt the accuracy of his diagnosis.

SUBACUTE INFLAMMATION OF BOTH LACHRYMAL GLANDS.

James Thompson, aged 40, applied, in July, 1853, with these symptoms. The outer portion of each eyebrow, corresponding to the situation of the lower part of each lachrymal gland, was projecting, puffy, and a little inflamed. The finger, applied to these parts, detected a tumour, conveying such characters as it might be supposed enlargement of the gland would cause, namely, irregularity and looseness. The finger, passed into the orbit in the situation of the upper part of the gland, was resisted by a hard and immovable swelling. The examination caused pain, but, excepting then, there was an absence of uneasiness. Both glands were in all respects similarly conditioned, there being, in fact, symmetrical disease. There was not, so far as the patient knew, any derangement of the secreting powers of the glands.

Tumefaction, the symptom by which the disease was recognised by the man himself, was observed just six weeks prior to his application at the Hospital, where he sought advice, not on account of any disordered feeling, but as to the propriety of the removal of the "tumours," which had been recommended by a Surgeon. Certainly, according to what is written, one would expect to find that there had been derangement in the functions of the organ, at least that there would have been an unnatural secretion of tears. The opposite state, or suppression, is spoken of as the immediate effect of acute inflammation, but it must be difficult to recognise this, as the moisture of the conjunctiva is wholly independent of lachrymal secretion. Mr. Walton ordered

Hydrarg. c. cretâ, gr. iiss.; ext. hyoscyami, gr. iiss.; ft. pil. bis die.

Four days after, when eight pills had been taken, the patient's mouth was slightly sore, and one pill was ordered on alternate days.

The patient did not return till three weeks after this. He had taken eight more pills. The mouth ceased to be affected after the change in the prescription, and was not again implicated. The puffiness of the outer portion of the eyebrow spoken of had disappeared; the lower portion of the lachrymal gland could not be felt, and the upper portion had materially improved, yet there was a swelling about the size of a pea; that is, the part which the finger could touch felt of such a size, for evidently the entire mass was larger. Pt. pil. on alternate days.

A fortnight later there was not any trace of disease.

Mr. Walton mentioned to us a case which he had had in private, almost parallel to the above, and differing only in being more chronic.

ACUTE INFLAMMATION OF THE LACHRYMAL GLAND OF ONE SIDE.

A well-grown and healthy lad, aged 12, was brought to the Hospital, in August, 1853, with considerable swelling of the upper eyelid, which was also acutely inflamed, and slight swelling and redness of the lower lid. There was pain in the situation of the upper and outer part of the orbit, almost constant, but not severe. A hard swelling was detected in the position of the lachrymal gland. Eversion of the eyelid, so far as the swelling permitted, discovered depression of the sinus of the conjunctiva (or that portion of it which is reflected from the eyelid to the eyeball), which was thickened, and of a yellowish tint, yet not very vascular, by a tumour, over which it was easily moveable. There was slight fever, with a foul tongue. Without any apparent cause, the disease had been developed three days before he applied to Mr. Walton, pain being the first symptom. As in the other example, no notice was taken of any suspended or exalted function of the gland. Fluctuation was carefully sought for, but not detected.

The purgative pill of the hospital, consisting of calomel and jalap, was prescribed and ordered to be repeated every four hours till the bowels were freely evacuated. Cold lotion to be used locally.

At the patient's next visit, three days subsequently, the severity of the attack had passed away, and the cuticle of the upper eyelid was separating in scales. All the constitutional symptoms, together with the pain, had ceased. The cold lotion to be continued.

A week later the eyelids were quite natural, and there was not the least trace of tumour.

Bloodletting is so generally advised in inflammation of the lachrymal gland, that the dispensing with it in both of the above cases seems almost to require a remark. In the first case, there was not most certainly any call for depletion. In the second, the advocates for topical bleeding might say, there was quite enough to warrant its employment, if not imperatively to demand it. The application of leeches to the palpebra would, in all probability, in consequence of the structure of the part, have added to its swelling. As the palpebral affection was secondary, and an effect of the disease of a deeper part, (be it remembered that there was not any conjunctival chemosis,) it seemed preferable to try locally the effect of cold rather than to take away blood from the neighbourhood, the loss of which, to produce a local effect, must have been considerable.

ENLARGEMENT OF THE DUCTS OF THE LACHRYMAL GLAND.

This, also, is a rare affection. The following is the only case that Mr. Walton remembers to have seen :—

A man, aged 29, applied to the Hospital, September 5, 1853, with a swelling behind the conjunctiva, in the situation of the gland ducts. It was elastic, painless, readily exposed by raising the eyelid, and was very manifest externally, in the form of a tumour, nearly the size of a bean. How long the disease had existed the man could not tell. Mr. Walton everted the eyelid, and with a pair of tenaculum forceps seized a part of the tumour together with the portion of conjunctiva covering it, and cut it off. A watery fluid, slightly discoloured, escaped. The operation was effectual.

It may be well to remark, that unless such affections of the lachrymal ducts are opened from within, a fistulous aperture may ensue.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

CASE OF ANEURISM OF ARCH OF AORTA, IN WHICH LARYNGOTOMY WAS PERFORMED FOR RELIEF OF DYSPNŒA.

(Reported by JOHN L. JARDINE, Esq., House-Surgeon.)

Thomas Woolton, aged 35, a navigator, was admitted on July 14, 1852, under Dr. Wood, complaining of pain in the chest. Is a strongly-built, broad-chested man, accustomed to work hard and long; of moderately temperate habits. Says he had a very heavy fall, seven or eight years ago, while working in Portsmouth Dockyard, which he thinks injured him.

He now complains of severe pain in the chest, to the right of the upper part of sternum; has much dyspnœa on any exertion, and cannot lie down with comfort. There is slight cough. Says he spat a small quantity of blood the day before admission. Pulse slow, soft, and regular. On examination, the chest yields healthy resonance everywhere except over a space of about two inches square, just where he complains of the pain; here there is dulness, but there is nothing observable in the respiratory sounds. Heart's sounds healthy, but heard rather more distinctly than usual over the upper part of sternum. Sputa very small in quantity, and of frothy mucus. He had a blister applied to the chest, and took some aperient and alterative medicine.

On August 10 he was very much better; but, as some suspicion was entertained of there being aneurism of the aorta, he was allowed still to remain in the hospital.

He shortly afterwards had a return of the pain in the chest, and had an attack of diarrhœa.

On August 21, there was an increase of dyspnœa, which was partially relieved by medicine.

On August 25, at 5 p.m., he was attacked by a paroxysm of dyspnœa, which came on with scarcely any warning, and which continued for about half an hour. When seen, a short time after its commencement, his face was greatly suffused, lips somewhat livid, hands and feet cool, the vessels of neck and temples very turgid, and the distress from dyspnœa very great. The breathing was laboured, and the difficulty seemed to relate rather to expiration than inspiration; the heart's action was violent and quickened; there was a great deal of mucous rattle in both lungs; the respirations were short and incomplete. A dose of ammonia was given, but the symptoms increased in severity; copious perspiration occurred, the whole frame was agitated, and extremities cold; the eyes were upturned, and he was wholly unable to speak, and apparently unconscious; the pulse, however, had a tolerable amount of power. Twelve ounces of blood were taken from the arm, and cold water dashed in his face; after which he gradually improved, and, in a short time commenced singing loudly, as if intoxicated, and then became quiet and comfortable.

Two hours subsequently, a second paroxysm occurred of much the same character as the first, but of rather longer continuance; a draught of ether was given, and a mustard cataplasm applied to the chest; the symptoms soon after abated a little, but the dyspnœa remained severe for three quarters of an hour. From this time (8 p.m.) he remained quiet and easy until 6 a.m. on the 26th, when he suffered a similar attack, which, after lasting an hour, gradually went off. At 12 o'clock another paroxysm commenced, and continued, with scarcely any interval, for about three hours; at times death seemed almost inevitable, the pulse feeble and intermitting; the lividity of face and turgidity of vessels was extreme. This, however, again gradually passed off, after the frequent use of brandy, etc. Afterwards an emetic was given, but it was ineffectual.

On the 27th he again had a similar attack, which seemed alleviated by ether and ammonia. After these attacks he was left much weakened, with comparatively slight dyspnœa, but had some pneumonia with bronchitis, for which he took calomel and antimony, and was blistered. He had several attacks of dyspnœa from time to time, though not so severe as the first, until September 22, when he said he thought he had caught a cold, and felt tight in the chest. Respiration has been rather more difficult in the night, but not to any serious extent. Pulse smaller and weaker than usual. About half-past one p.m. he was again seized with urgent dyspnœa, the attack being similar to the previous ones. The dyspnœa gradually increased, in spite of cold effusion, ether, and ammonia; pulse very weak and small; respirations incomplete, short, and accompanied by mucous râles; there was much difficulty both in inspiration and expiration, but principally in expiration; inspiration was not accompanied with the peculiar stridulous breathing usual in cases of obstruction of the glottis; the face became turgid and livid; extremities cold, and he was apparently insensible to all external impressions. He seemed dying, when laryngotomy was performed by Mr. Mayo, at the crico-thyroid membrane. This did not seem to relieve him much immediately, but in about five minutes his face became more natural, and respiration more regular and prolonged, and he gradually regained his sensibility, and could swallow some brandy. After about an hour he almost insisted on the larynx-tube being withdrawn, thinking it impeded respiration. It was taken out; but he speedily became livid again, and it was necessary to re-introduce it, when he soon recovered. In the evening it slipped out during a fit of coughing, when the previous symptoms were repeated, and it was replaced

with difficulty, owing to some infiltration of blood into the subcutaneous areolar tissue and to emphysema. He passed a moderately quiet night, dozing occasionally. The tube required frequent cleansing from the tenacious mucus which clogged it.

At about two p.m. on the 23rd, great dyspnœa again came on, though the tube had just been taken out, and found to be perfectly clear. He soon became almost insensible. Air was heard to enter the lungs down to the lower lobes with each inspiration. Inspiration performed comparatively easily; but expiration was accomplished by two or three jerks of the chest. After remaining quite insensible for nearly an hour, he again gradually recovered. A great quantity of tenacious mucus was at times expectorated; sometimes, however, hardly before he was suffocated.

On the 26th, there were symptoms of slight pneumonia, for which he had small doses of antimony.

In the evening of the 27th, another attack of dyspnœa came on, though the tube was perfectly clear. During the paroxysm the respirations were 24 per minute. In five seconds the two inspirations occupied only one second, the two expirations occupying four seconds. Pulse 136.

October 2.—He has had daily attacks of dyspnœa, which have made him very weak. The expectoration looks like almost pure pus. Loud mucous rattle is heard over nearly the whole chest.

On the 18th he coughed up a small quantity of blood.

On the 26th the tube was removed at his own desire, and he breathed equally well without it; and it was not again reinserted. He gained strength, so that he was able to be dressed and to sit up for an hour on the 20th of November.

On the 22nd a careful examination of his chest was made. There was no perceptible difference in the size of the two sides of the chest. At the upper part of the left side a large vein crosses from the cephalic vein over the clavicle to the interval between the sternal origins of the sterno-mastoids; and to the same point passes a large varicose vein, coming from the external jugular, which is also distended and varicose. On percussion, on the left side, the front of the chest is almost universally dull, especially that part nearest the median line; the dulness extends a little over the right edge of the sternum. Passing to the side and back of the chest, the dulness lessens, but there is no good resonance over the whole of the left side. On the right side the front is tolerably resonant. The back is rather dull, but not quite so much so as on the left side. There is less respiratory motion of the left than of the right chest. On auscultation, a droning rhonchus, accompanied by loud, large crackling, is almost constant over the whole of both sides of the chest, masking all other sounds, and having its loudest point about the middle of the sternum. The apex of the heart pulsates in its natural situation. The heart's sounds, heard only by making him hold his breath, seem to be healthy, though faint and feeble: they are heard more distinctly than usual to the left of the upper part of the sternum. From this time he became gradually weaker; expectoration copious and purulent; and the usual symptoms of cavities in the lungs came on, from which he died, on the 30th of May, 1853, nothing worthy of remark occurring, except once in December, when, for the space of a week, the expectoration consisted principally of long white cords, resembling vermicelli, which were found to be solid branching strings, of lengths varying up to three or four inches. Under the microscope, they presented a fibrillated appearance, and were seen to be coated with, and to entangle, a large quantity of globular, nucleated cells, about the size of pus-cells. These strings were floating in limpid, slightly frothy, fluid. After a week, the expectoration assumed its former tenacious purulent character.

Post-mortem Examination. — There were numerous cavities throughout both lungs, leaving very little healthy structure. The heart was slightly hypertrophied. The ascending part of arch of aorta was roughened with atheromatous deposit; and had a small aneurism of the size of a filbert about three inches from the aortic valves. At the back of the transverse part of the arch, there existed another larger aneurism, arising immediately beneath the origins of the large vessels, and measuring three and a-half inches from side to side, two and a-half from above downwards, and two from the level of the orifice in the aorta backwards to its posterior wall. It bulged principally upwards and to the right side, and caused great pressure on the large arteries and veins in this region. It had pushed the trachea considerably to the right, and compressed it at its lower part to half its natural width. It also encroached on the left bronchus. Over its right convexity passed the right pneumogastric nerve in its passage backwards towards the root of the lung; and round the centre of the tumour was stretched the left recurrent laryngeal nerve which was much flattened and spread out. The internal orifice, which was well defined, measured two and a-half inches by one inch. Its interior was partly filled with fibrin in layers. There was no cicatrix whatever perceptible in the interior of the larynx where it had been opened. All other organs appeared healthy.

I would only just remark, that there seem to have been two causes of the frightful attacks of dyspnœa:—1st. The partial closure of the rima glottidis by the spasmodic action of the contractor muscles supplied by the stretched recurrent laryngeal nerve; and, 2nd, the obstruction to expiration from the accumulation of pellets of tenacious mucus below the constricted part of the trachea. That the first existed is shown by the greatly increased dyspnœa on the two occasions of removal of the laryngeal tube on the evening after the operation, and by the relief afforded on its re-introduction; and that the second was also present is seen by the occurrence of the dyspnœa while the tube was perfectly clear, the difficulty being, not in inspiration, but in expiration, and only relieved by the expectoration of the often hardened masses of mucus.

There can be little doubt that the development of tubercles in the lungs, from which he died, was greatly favoured by the very means that were employed in the hope of staying the progress of the aneurism.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	April	1.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XII.:—"Marsupialia." By Professor R. Owen, F.R.S. Four o'Clock.
——	——		Royal Institution. *Subject:* — "On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——	——		Medical Society of London. *Subject:*—"The Diseases Confounded under the Term Prolapsus Uteri: their Diagnosis and Treatment." By Dr. Snow Beck. Eight o'Clock.
Monday,	April	3.	—Royal Institution. *General Monthly Meeting.* Two o'Clock.
——	——		Epidemiological Society. *Anniversary.* Election of Office-bearers for the ensuing Year.—*Subjects:* —1. Paper "On the Importance of Providing the Labouring Classes with Nurses in the Time of Epidemic or other Sickness, and a Scheme by which it may be Accomplished." By Dr. Sieveking.—2. "On the Chemical Changes of the Constituent Parts of the Blood which take place in Patients Suffering from Zymotic Diseases." By Dr. Beneki, of Oldenburgh. Half-past Eight o'Clock.
——	——		Chemical Society. Eight o'Clock.
Tuesday,	April	4.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XIII.:—"Marsupialia." By Professor R. Owen, F.R.S. Four o'Clock.
——	——		Royal Institution. *Subject:*—"On Heat." By Professor J. Tyndall. Three o'Clock.
——	——		Pathological Society. Eight o'Clock.
——	——		Linnæan Society. Eight o'Clock.
Wednesday,	April	5.	—Geological Society. Half-past Eight o'Clock.
Thursday,	April	6.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XIV.:—"Cetacea." By Professor R. Owen, F.R.S. Four o'Clock.
——	——		Royal Institution. *Subject:*—"On Animal Physiology." By Professor Wharton Jones. Three o'Clock.
——	——		Zoological Society. Nine o'Clock.
——	——		Harveian Society. Eight o'Clock.
Friday,	April	7.	—Royal Institution. *Subject:* — "On Silica and some of its Applications to the Arts." By Rev. J. Barlow, M.A., Sec. R.I. Half-past Eight o'Clock.
——	——		Western Medical and Surgical Society. *Anniversary.*
——	——		Botanical Society. Eight o'Clock.
Saturday,	April	8.	—Royal College of Surgeons. *Hunterian Lectures.* Lecture XV.:—"Ungulata, or Hoofed Quadrupeds." By Professor R. Owen, F.R.S. Four o'Clock.
——	——		Royal Institution. *Subject:*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.
——	——		Medical Society of London. Eight o'Clock.
——	——		Royal Botanic Society. Four o'Clock.

Guy's Hospital.—The Annual Essay Prize of the Physical Society of Guy's Hospital has this year been adjudged to Messrs. C. F. Maunder and R. H. Bartrum, their contributions being found of equal merit.

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Medical Times & Gazette.

SATURDAY, APRIL 1.

THEORETICAL AND PRACTICAL REFORMERS.

The Reform Committee of the Provincial Medical and Surgical Association have expressed their astonishment, that Mr. Brady, who last year supported the Reform "Bill of the Association, at the Deputation to Lord Palmerston," should have since brought in the Registration Bill which he carried successfully over the second stage of its progress through the House of Commons last week. But we believe no practical man of business, who has observed the manner in which the question of Medical Reform has been received by Government and by Parliament, will share in any such astonishment. It is perfectly evident to every one, that a comprehensive measure of Medical Reform is needed; but it is equally evident that very few members of the Profession are definitively agreed as to the precise construction of any such measure. The evils resulting from the large number of Licensing Bodies, and from the varied nature of the qualifications they require, are apparent; but members have still an affection for their own Halls and Colleges, and would rather see them reformed than abolished. We all recognise the evils which have grown up under the old Charter of the College of Physicians, but we would rather see those evils removed by a new Charter than see an old Institution pass away. Indeed, many of the most busy agitators of the Reform Question—gentlemen whose peculiar position with respect to the College of Physicians has probably induced them to agitate—have confessed, that if the College obtain their new Charter, their mission will be accomplished, and they will contentedly "smoke the calumet of peace." Members of the three Colleges of Surgeons would gladly see amendments made in their different Institutions, but would be very unwilling to see them absorbed into a new one. University Graduates would see with pleasure a uniformity of qualification lead to uniform rights and privileges; but would be opposed to radical changes in the constitution of the Universities, still more to an abrogation of their powers. A large and important body of Practitioners desire to carry out the representative principle in its fullest extent in Medical affairs —to govern the Profession on the plan of election of the rulers by Universal Suffrage of the members. Other parties believe that such a system would lead to broils and discord, and that we should not be so likely to elect the best men as under the present system. A feeling almost universal has arisen in favour of reciprocity of practice throughout the three Kingdoms; but even this principle is met by firm opposition in quarters not uninfluential. We repeat, then, that though feeling the necessity for some reform, the precise nature of the changes required has not yet been agreed upon by such a majority of medical men as can have sufficient weight with Government and Parliament to induce them to pass a Bill which would effect any great or important change in the internal organisation of the Medical Profession.

Now, all this has naturally been noticed by Mr. Brady, and seeing that the Reform Bill of the Association contained Clauses which would excite the opposition of influential members of the Profession; that it did not recognise the representative principle in the election of the Governing Councils; that it interfered with the rights and privileges of existing corporate bodies; and that it was by no means universally approved of even by members of the Association — he very reasonably concluded that it would not be likely to be accepted by Parliament; and found, on inquiry among influential men, that his conclusion was correct. His natural course was, to frame a Bill which could not be opposed, but which would protect the Public and the Profession from the practice of unqualified men until the disputed question of Medical Reform could be satisfactorily settled. Such a course, so far from exciting astonishment, should have commanded the instant support of practical men; and it would have been a happy day for the Profession if theorists had consented to defer their debates, and had joined Mr. Brady in laying the foundation of future measures of Reform. Unfortunately, they have not acted thus, and their conduct is likely to bring the Profession into discredit with the public, by making us appear as a bickering, impracticable body. The *Daily News*, a paper which always appears to take juster and more correct views of Medical affairs than any other of the great organs of public opinion, stated this impression very plainly in a leading article last Saturday:—

"Our Medical men are strange compounds. No set of professional people in the world are more learned, more benevolent, or more practical in their own particular walk of life. No men are more laboriously active in the cause of charity. In wet and cold, in winter and summer, in country and in town, there is never a day or an hour in the year but some or other of the Medical fraternity are ministering to the poor gratis. They are, taken altogether, as well-intentioned, as kindly, and as ill-paid a race as any student of the *genus homo* can meet with. So far, at any rate, as that mass of human knowledge which is made up of ascertained scientific truths is concerned, they are also the best informed professional men in the country. The clergy may, and do, know more about dead languages and classical literature. The lawyers may, and do, know more about the means by which, in different ages, men have been ruled and cajoled, and infinitely more about the noble art of getting up in the world. But about those sciences in which the world makes headway—chemistry, geology, natural philosophy, and other multitudinous ramifications of inquiry into the laws of the universe in their relation to animated nature—the Medical men are by far the best informed professional class in the community. But, having said this, we have, we fear, said all; for in the control of their own affairs they display the most lamentable want of wisdom. In a laboratory, or a scientific exhibition, or a sick chamber, or in the cock-pit of a man-of-war after a sea-fight, or in a military hospital after a great battle, in testing a discovery in art, or promoting or encouraging improvements in science, they are unequalled; put them in contact with the world to work out their position as parts of a political whole, and they look like a parcel of simpletons. They cannot for the life of them see that their only chance of success in the reforms they declare themselves entitled to is to do as other people do. Not they. Looking out of their surgeries, and hospitals, and dispensaries, they think they alone know what is good for them; and as scarcely any two agree about what that good is, the spectacle, as seen from the outward public point of view, is vastly more amusing to the scoffer than gratifying to the sincere admirer of a noble profession. * * * A mere glance at these anomalies might be supposed enough to secure the support of every Medical man to any Medical Reform that was offered. But, no! Unless each Medical man can have all that he or his clique demand, they will have nothing at all; and

when a valuable step is made in Medical Reform, when a Bill has even succeeded in getting through a second reading in the House of Commons, up they start to oppose its further progress. It does not secure them the entire millennium of their impractical imaginations; so out with it! Meet, object, petition, denounce, bother the Home Secretary, petition the Parliament, disturb the even tenor of the way of a Medical M.P.,—anything, in short, but take thankfully the instalment of good that is offered them."

Two Bills are before the Profession — the one, a Registration Bill, which draws a distinct line between qualified and unqualified Practitioners, and enables the latter to be punished by fine or imprisonment, on conviction before the nearest magistrate. This Bill has already passed the second reading in the House of Commons. Yet, when the motion is made to consider its clauses in Committee, Mr. Craufurd, on the part of Sir Charles Hastings and the Provincial Association, has given notice of his intention to move that it be postponed to another Session. Yet the only objection that can be urged to it, is, that it is not what it does not profess to be—a Medical Reform Bill. Some other objections were certainly urged by Dr. Lankester in a Deputation to Lord Palmerston, but they are all founded upon what Mr. Brady has stated to have been simply errors of the printers; and we must add, that we think a very unfair and disingenuous advantage was taken of those errors, for there can be no doubt whatever that Members of the College of Surgeons of England, and the Graduates of every British University, have a perfect right to register under the Bill; and it is well known that Mr. Brady has expressed his willingness to make the modifications we suggested in a late article on "Registration or Reform," in order to make this right still more indefeasible. It is quite clear, from the terms of their Petition, that the Royal College of Physicians of Edinburgh have quite misinterpreted the Bill.

Now, the Reform Bill of the Association is not yet in a state sufficiently advanced to merit rejection or approval. At the Public Meeting at the Freemason's Tavern, on the 3rd inst., it was so much objected to that a General Special Meeting of the Association was called, to take it into consideration; and, at the latter meeting, Sir John Forbes's motion was carried unanimously, to the effect—"That the Reform Committee should be empowered to invite representatives from the Medical Corporations, and other members of the Profession at large, to co-operate with them in further considering the details of the Bill." After these details have been considered, and the amended Bill prepared, it will be quite time enough to examine it. The question now is, whether we are to reject the certain benefits we may obtain by Mr. Brady's Bill, in the hope of getting something more which we may or may not approve. We trust that our readers will show themselves practical reformers—will do all that lies in their power, by petitioning Parliament, and by influencing the members in their respective towns and counties in favour of Mr. Brady's Bill; and then, when Government has separated the qualified from the unqualified, we may proceed to consider what alterations are required in the constitution of the Bodies who determine the education of the qualified men. In the words of the *Daily News*:—

"The public do want just as much Medical Reform as Mr. Brady's Bill proposes, and no more; for that Bill simply and chiefly proposes to establish an official list of educated and legally-examined and qualified Medical men. No such list now exists; and, when "a doctor" is now selected, the patient has no real and ready means of knowing how far the chosen adviser has given legal guarantees of his qualification to treat disease. Mr. Brady's Bill would afford the desiderated test on this subject. * * * * When once the doctors were registered under its provisions, and the sheep were separated from the goats, they might go to work to amend their internal affairs in reference to improved or extended professional education, or anything else that may be wise for their condition, or conducive to their honour. But more than a Registration Bill, as a first step, they certainly should not strive for, since it is all they are entitled to. Let them join to gain that, since the Government appear to be in the humour to help them so far, and leave off splitting themselves into opposite Medical camps, to prove over again how divided their Medical House is in itself, and, therefore, how practically wrong. The question for their decision really is, whether they will accept at the hands of the Legislature a Medical Registration Act, or whether they will go on for twenty years more, bickering, blundering, and getting nothing at all."

The Coffinites are active in getting Petitions to Parliament numerously signed by the ignorant. Let not the educated classes be beaten for want of activity or unanimity.

MUTILATION AND DEATH.—MIDWIVES.

That the question of Medical Reform is, as we have frequently asserted, one that concerns the interests of the great Public far more than the class interests of the Profession, is well illustrated by the following fearful case of malapraxis, which recently occurred at Nottingham.

A woman, named Sarah Draper, professed herself to be qualified to practise the art of Midwifery. She did not rest her claims to confidence solely on her experience as a nurse; for she possessed a certificate signed by the Physicians, Surgeons, and Matron of the City of London Lying-in Institution, to evidence that she had received instruction at that Institution for three months.

Armed with this certificate, who among the poor could doubt that Sarah Draper was fully qualified for her duties; and, fortified by the possession of the document, she was herself fully satisfied with her own knowledge, and might be expected to protest as she did against any interference by a Medical man.

But to proceed with the detail of the tragedy. Thus certificated, Sarah Draper established herself at Nottingham, and was engaged to assist Mrs. Phœbe Foster at the time of her delivery. In previous confinements Mrs. Foster had been attended by a qualified Practitioner of Medicine. At the trial, this gentleman —Mr. Stanger—stated, that Mrs. Foster suffered from *prolapsus uteri*, and was "of very relaxed habit."

Labour commenced about two a.m. The child was born at five a.m. "About a quarter of an hour afterwards, the midwife attempted to remove the placenta, but could not succeed. She used great force for about an hour, because, she said, the afterbirth was very large. During all this time the agony of the patient was excessive; she screamed with pain; she cried to her mother to pray for her; and exclaimed that it was worse than all," etc.

The midwife declined the assistance of a Surgeon for more than an hour.

Mr. Stanger was at last sent for. "On turning down the bedclothes," he says, "I discovered, to my horror and amazement, the uterus itself lying altogether separate from the body. I then discovered that there was a piece of intestine, about fourteen inches in length, lying out of the vagina; another smaller piece, about six inches in length, was lying beside the longer piece; both of them being evidently portions of the large intestine."

Twenty minutes after Mr. Stanger saw Mrs. Foster she was dead.

On examination of the body, the vagina was found lacerated anteriorly completely through the meatus urinarius, and posteriorly the perinæum was torn to within a few lines of the margin of the anus; the sigmoid flexure of the colon was torn across; the uterus and bladder were wanting; the peritonæum had been torn from the psoæ muscles and from the promontory of the sacrum; the ureters were lying loose and unattached.

The placenta was still within the womb, "firmly but not morbidly attached to the uterine walls."

In addressing the Jury, who found the woman Draper guilty of "Manslaughter," but added a strong recommendation to mercy, the Judge expressed his approval of the verdict; and, when delivering the sentence—three months' imprisonment, with hard labour—remarked:—

"It was very proper that the prosecution should have been instituted, because nothing could be more mischievous than that ignorant and unskilful persons should be allowed with impunity to meddle with matters requiring professional skill and knowledge, and affecting the lives of their fellow-creatures; and he trusted that this case would be a lesson to the prisoner, and induce her to confine herself to the duties of a nurse."

Our application of the moral to be drawn from this trial differs somewhat from that of the learned Judge. He thinks it should be a lesson to the prisoner; we, that it should be a lesson to the Secretary of State for the Home Department.

The violence by which Mrs. Foster lost her life was the result of ignorance on the part of the woman Draper. The State could by legislative enactment prevent the practice of midwifery by unlicensed persons. It does not. We hold, then, that it is the statesmen who "allow"—to use the Judge's own words—"ignorant and unskilful persons" "to meddle with matters requiring professional skill and knowledge, and affecting the lives of their fellow-creatures," that deserve blame, rather than the ignorant who attempt to practise our Profession.

A Secretary of State for the Home Department not long since maintained that the public had as much pleasure in being cheated by unqualified Practitioners as the quacks had in cheating them. Perhaps those who hold such a doctrine will reflect on the particulars of the Nottingham tragedy. The State permits any one to practise all branches of our Profession; and the consequence is, that *now* an inquest is held on a boy poisoned by corrosive sublimate, administered by an ignorant person with the best intention; *now* on a man killed by the malapraxis of an unlicensed bone-setter intending to cure him; and *now* on a woman whose uterus, bladder, and intestines are dragged from her abdomen by one who meant nothing but kindness.

From the Table we published last year, compiled from the Census return, it appears that there are more than ten thousand unlicensed persons practising Medicine in Great Britain. Had Sidney Smith been a Medical Reformer, he would have prayed that a Minister of State might fall by malapraxis of one of the unlicensed, and would have probably added, Sir James Graham "would do."

One word, before we quit this subject, to the authorities of the City of London Lying-in Institution. They gave to the woman Draper a certificate to show that she had received instruction in Midwifery. It is evident that she was grossly ignorant of the subject in which she was instructed at that Institution. Now, to give to such a person a certificate was to place in her hands a document which could not fail to secure for her a certain amount of confidence among the poor, and, consequently, a document which rendered her potent for mischief.

We earnestly trust the Governors of the Charity will interfere to check this system of certificate-granting. If women must be taught there, let them receive *no* certificate till they have proved, to the satisfaction of the Physicians and Surgeons to the Charity, that they are fully competent to practise their art, or they will send many more Sarah Drapers forth to deal death around them.

DEATH IN OUR FOOD.

We beg to draw attention to an interesting letter we publish to-day from Dr. Taylor. It is remarkable that a gentleman who has become the first authority in the Kingdom on the subject of poisoning, should have himself had a narrow escape from swallowing a dose of arsenic in a round of toast. The case should be taken as a serious warning to bakers, fruiterers, and greengrocers, who place their comestibles on bright grass-green shelves. It is monstrous that our food should be rolled about on shelves painted with a substance of which 50 per cent. is arsenic; but such things will happen until we have a Medical Board of Health to superintend the sanitary condition of the country and the population.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY AND ITS COUNCIL.

It will be seen, by reference to another column, to the report of the Special Meeting of the Royal Medical and Chirurgical Society, and to the letter of a Fellow, that the Council have determined to continue to admit the two Journals to the Library of the Society which they were recommended to expel by a vote of the Annual Meeting, and by a requisition of 155 Fellows supporting that vote.

It must be observed, that the Council are supported in the course they have taken by a requisition signed by 104 Fellows, to the effect, that the "freest access to all sources of Medical information" is required to further the objects for which the Society was established; but it is shown in another part of this Journal that some of these gentlemen signed this document under a misapprehension of its purport; and it is certain that the decision of the Council is in opposition to the vote of the Annual Meeting, and to the recorded opinion of a large majority of Fellows of high reputation and position.

As we are most unwilling to say anything which can tend to protract a discussion which must prove unpleasant, and which might be very prejudicial to the interests of the Society, we shall only venture to express a hope that, whatever opinion may be entertained as to the course the Council have thought fit to adopt, allowance may be made for the difficult position in which they were placed, and that those who most strongly disapprove of their decision may give them credit for acting in the manner they thought most likely to prove advantageous to the Society. In the mean time, the 155 Fellows who have expressed their opinions of the *Lancet* can very well afford to be abused by its Editor as "dastardly conspirators." They will doubtless treat any attacks made upon them with the indifference and silence of perfect contempt. They have acted upon principle, in a straightforward, independent manner, and have shown that the *morale* of the rising generation of the Profession is pure and lofty.

EXCLUSION OF "THE TWO JOURNALS."

The following are copies of the two Requisitions to the President and Council of the Royal Medical and Chirurgical Society of London:—

Gentlemen,—We, the undersigned Fellows of the Society, being aware that a recommendation has been laid before you, to the effect that the number of Medical periodicals supplied to the Library should be diminished, take the earliest opportunity of expressing our disapproval of the grounds upon which that recommendation was made; and we further consider, that the scientific and professional objects for which the Society is established imperatively require the freest access to all sources of Medical information.

Acton, W., M.R.C.S.
Adams, J., F.R.C.S.
Alderson, J., M.D., F.R.S.
Ashton, T. J., M.R.C.S.
Ballard, T., M.R.C.S.
Barker, E., F.R.C.S.
Barnes, R., M.D.
Beaman, G., F.R.C.S.
Bennet, J. H., M.D., M.R.C.P.
Bird, J., M.D., A.M.
Blagden, R., F.R.C.S.
Brookes, W. P., M.D., M.R.C.S.
Brown, G., M.R.C.S.
Brown, R., F.R.C.S.
Bucknill, J. C., M.D., M.R.C.S.
Burgess, T. H., M.D.

Bushnan, J. S., M.D., F.R.C.P.
Cartwright, S., M.R.C.S., F.R.S.
Chambers, W. F., M.D., K.C.H., F.R.S.
Chapman, F., M.R.C.S.
Chapman, H. T., F.R.C.S.
Cooper, G. L., F.R.C.S.
Cory, W. G., M.D.
Coulson, W., F.R.C.S.
Critchett, G., F.R.C.S.
Cursham, G., M.D., F.R.C.P.
Daniell, J. B., M.D., F.R.C.P.
Davies, H., M.D.
Davies, R. C. N., M.R.C.S.
Davis, J. H., M.D., L.R.C.P.
Daubeny, H., M.D., M.R.C.S.
Denton, S. B., M.D.
Dodd, J., M.R.C.S.
Drummond, J., M.R.C.S.
Dunn, R., F.R.C.P.
Erichsen, E., F.R.C.S.
Fergusson, W., F.R.C.S., F.R.S., Lond. and Edin.
Fisher, J. W., M.D., F.R.C.S.
Franz, J. C., M.D., M.R.C.S.
Garrod, A. B., M.D.
Gaskoin, G., M.R.C.S.
Grove, J., M.R.C.S.
Gull, W. W., F.R.C.P.
Guthrie, C. G., F.R.C.S.
Hale, R. J., M.D.
Hancock, H., F.R.C.S.
Hassall, A. H., M.D.
Hawksley, T., M.D.
Humby, E., M.R.C.S.
Kendall, D. B, M.D.
Keyser, A., F.R.C.S.
Lashmar, C., M.D.
Lever, J. C. W., M.D.
Little, W. J., M.D., M.R.C.S.
Locock, C., M.D.
Lomax, H. T., M.R.C.S.
Mackenzie, F. W., M.D.
Maclachlan, D., M.D.
Maclean, S., F.R.C.S.
Maclure, D. M., M.D.
Martin, J. R., F.R.C.S., F.R.S.
Milroy, G., M.D., F.R.C.P.
Montefiore, N., M.R.C.S.
Newton, E., F.R.C.S.
Noverre, A., M.R.C.S.
O'Connor, W., M.D.
Oldham, H., M.D.
Packman, M.B., M.R.C.S.
Parker, N., M.D.
Pettigrew, W. V., F.R.C.S.
Phillips, E., M.D.
Pilcher, G., F.R.C.S.
Potter, J., M.D., F.L.S.
Quain, R., M.D., F.R.C.P.
Richards, J., M.B., M.R.C.S.
Ridge, J., M.D., M.R.C.P.
Roberts, J., L.R.C.P.
Roe, G. H., M.D., F.R.C.P.
Rogers, W. A., M.D.
Roper, G., M.R.C.S.
Routh, C. H. F., M.D.
Salter, T., F.R.C.S.
Saunders, E., M.R.C.S.
Smith, W. T., M.D.
Smith, W., M.R.C.S.
Solly, S., F.R.C.S., F.R.S.
Statham, S. F., M.B., F.R.C.S.
Tanner, T. H., M.D.
Thompson, H., F.R.C.S.
Thomson, F. H., F.R.C.S.
Thompson, T., M.D., F.R.C.S.
Thurnam, J., M.D.
Tilt, E. J., M.D.
Ure, A., F.R.C.S.
Van Oven, B., M.D., M.R.C.S.
Ward, N., F.R.C.S.
Warner, C. B., M.R.C.S.
Warry, E. T., F.R.C.S.
Webster, J., M.D., F.R.C.P.
White, J., M.R.C.S.
Williams, C. J. B., M.D., F.R.C.P., F.R.S.
Wilson, E., F.R.C.S., F.R.S.

The following gentlemen, who were not present at the annual meeting, and had not read the account of the proceedings, objected to the words "disapproval of the grounds upon which the recommendation was made," and preferred to sign the following modification of the memorial:—

"Gentlemen,—We, the undersigned Fellows of the Society, being aware that a recommendation has been laid before you, to the effect that the number of Medical periodicals supplied to the Library should be diminished, take the earliest opportunity of expressing our disapproval of such a recommendation; and we further consider, that the scientific and professional objects for which the Society is established imperatively require the freest access to all sources of Medical information.

"Cooper, W., F.R.C.S.
"Hilton, J., F.R.C.S.
"Lloyd, E. A., F.R.C.S.
"Wilson, J. A., M.D., F.R.C.P."

The following Resolution received no less than 155 signatures in three days. The Special Meeting did not terminate until late on Friday night, and the requisition was presented to the Council early on Tuesday evening:—

"TO THE PRESIDENT AND COUNCIL OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

"Whereas certain Resolutions passed at the Annual Meeting of the Royal Medical and Chirurgical Society were referred by the Council to a Special General Meeting, held on the 24th of March: And whereas, in order to avoid discussion, that Meeting unanimously referred the matter back to the Council,—

"We, the undersigned Fellows of the Society, considering that it has been the practice that a vote of an Annual Meeting of the Society should be forthwith carried into effect, beg respectfully to express to the Council our firm conviction, that the interests of the Society will be best promoted by adhering to the Resolutions of the Annual Meeting of the 1st March."

Adams, Wm.
Alexander, Chas.
Alexander, Henry
Ancell, Henry
Babington, C. M., M.D.
Ballard, Ed., M.D.
Barclay, A. Whyte, M.D.
Barker, T. H., M.D., Bedford.
Barrow, B., Ryde, Isle of W.
Birkett, E. L., M.D.
Birt, H.
Blackall, T., M.D.
Blenkinsop, H., Warwick.
Bowman, E. B., M.D.
Bowman, W.
Brodhurst, B.
Brown, C. Blakely, M.D.
Brooke, Charles
Brown, Henry, Windsor.
Canney, George, Bishops Auckland
Carlill, J. B., M.D.
Carter, H., M.D., Canterbury.
Carter, R. B., Leytonstone.
Chalk, W. O.
Childs, G. B.
Clarke, J., M.D.
Chorley, W. F., M.D.
Clarkson, J., Birmingham.
Cole, R., Holybourne, Hants.
Cooper, G., Brentford.
Cormack, J. R., M.D.
Cotton, R. P., M.D.
Cumming, J. C., M.D.
Darling, Geo., M.D.
Davis, T.
Davies, W., Bath.
De Morgan, C.
Denton, S. B., Hornsea, Yorks.
Dickson, Rt., M.D.
Druitt, Rt., M.D.
England, W., M.D., Wisbeach.
Ellison, James, Windsor.
Evans, G. F. D., M.D., Bedford.
Evans, G. F., M.D., Birmingham.
Field, A. G.
Fincham, G., M.D.
Fitzmaurice, G. L.
Forbes, Sir J., M.D.
French, J. G.
Frere, R. T. M.D.
Fuller, H. W., M.D.
Gaskoin, J. S.
George, R. F., Bath.
Goodfellow, S. J., M.D.
Gowland, P. Y.
Greenhalgh, Rt.
Gream, G. T., M.D.
Grove, J., M.D., Salisbury.
Hailey, H., Newport Pagnell.
Hammerton, T.
Hansard, R. J., Oxford.
Harcourt, G., M.D., Chertsey.
Hawkins, Cæsar H.
Hawkins, Charles
Heale, J. N., Winchester.
Hennen, J., M.D.
Henry, Mitchell
Hewett, Prescott
Highmore, N., Sherborne.
Holburton, T. H., Hampton.
Holden, L.
Holt, B.
Holthouse, C.
Howell, E., M.D., Swansea.
Hunt, H., M.D.
Hussey, E. L., Oxford.
Jackson, H., Sheffield.
James, W. W., Exeter.
Jeaffreson, S. J., Leamington.
Ingram, W., Midhurst.
Johnson, A. A. W.
Johnson, E. C., M.D.
Johnson, George, M.D.
Johnson, H. Charles
Jones, H. Bence, M.D.
Keate, Robert
Kendell, D.B., M.D., Waterfield
Kingdon, J. A.
Lane, Samuel A.
Lee, Robert, M.D.
Lee, Henry
Leese, G. M.
Lonsdale, E. F.
M'Ewen, W. M.D., Chester.
Markham, W. O., M.D.
Masfen, J., Stafford.
Masfen, G. B., Stafford.
Meade, R. H., Bradford.
Meryon, E., M.D.
Miller, P., M.D., Exeter.
Moore, Geo., M.D., Hastings.
Moore, C. H.
Murchison, S., Steepleaston.
Nairne, R., M.D.
Norman, H. B.
Norris, H., South Petherton.
Odling, F.
Ormerod, E. L., M.D., Brighton.
Partridge, Rd.
Page, W. E., M.D.
Paley, Rt., M.D., Ripon.
Peregrine, T., M.D.
Phillips, B., Brighton.
Pilleau, Henry
Pitman, H. A., M.D.
Pollock, G. D.
Pyle, J.
Richardson, W., M.D., Tunbridge Wells.
Roots, H. S., M.D.
Roden, W., M.D., Kidderminster.
Rose, C. B., Swaffham.
Rowdon, H. M.
Sanderson, H. J.
Salter, H. H., M.B.
Sankey, W. H. O., M.D.
Sayer, A., M.D.
Sharp, W., Rugby.
Schulhof, M., M.D.
Shearman, E. J., Rotherham.
Shaw, Alex.
Sieveking, E. H., M.D.
Smith, J. G., Harewood.
Soden, J., Bath.
Squibb, G. J.
Stewart, A. P., M.D.
Tamplin, R. W.
Tatum, T.
Taunton, J. C.
Taylor, Thos.
Taylor, R., M.D.
Thompson, Seth, M.D.
Toynbee, J.
Vickers, W. R.
Walton, H. H.
Wane, D., M.D.
Ward, T. Ogier, M.D.
Watson, T., Holbeach.
Webb, W. W., Gislingham.
Weber, F., M.D.
West, C., M.D.
Wickenden, J., Birmingham.
Wickham, W. J., Winchester.
Wilson, W. J., Manchester.
Wood, J.
Wood, G. L., Bath.

REVIEWS.

Reports on Epidemic Cholera, drawn up at the desire of the Cholera Committee of the Royal College of Physicians. By William Baly, M.D., and William W. Gull, M.D.

[Second Notice.]

Having already briefly reviewed the first part of this important Volume, written by Dr. Baly, we now come to that portion which has been assigned to Dr. Gull, and which treats of the Morbid Anatomy, the Pathology, and the Treatment of Cholera. In the performance of his part of the task, Dr. Gull lays no claim to originality, and states that it was undertaken only when the epidemic began to subside, and when, of course, it was impossible to obtain materials for personal investigation. We must give the same praise to Dr. Gull as we awarded to Dr. Baly for a laborious and conscientious condensation of the materials placed at his disposal, and for a judicious and scientific criticism on the numerous conflicting statements sent to him by different practitioners in all parts of the country; but if we hinted our disappointment at the negative results obtained on the important questions of the Cause, the Mode of Increase, and the Diffusion of Cholera, we have reason to express the same sentiment with regard to the still more important points brought forward in the second part of the Report. For if it be interesting to inquire into the laws by which this fearful disease is spread from land to land, and into the causes which promote its diffusion or limit its progress, it is of still more immediate interest for the practitioner to know what treatment he ought to adopt when he is called upon to administer relief to those who are suffering from its attack. But here the results are equally negative with those obtained upon the laws of the disease; and all the remedies which, whether singly or in combination, have been vaunted by various authors, are successively examined and almost uniformly condemned.

Dr. Gull's portion of the work includes—1st. The Morbid Anatomy; 2ndly. The Pathology; and 3rdly. The Treatment of Cholera.

The section on the Morbid Anatomy is again subdivided into two parts, the first relating to the morbid appearances after death in collapse, and the second to those which are found after death in reaction.

In his report on the morbid appearances, Dr. Gull has availed himself not only of the results obtained by British Practitioners, but also of the facts observed and communicated by Reinhardt and Leubuscher (whose labours are already known and appreciated by the Medical world); by Briquet and Mignot, of La Charité in Paris; and by Dr. Leudet, who was an interne under Louis at the Hôtel Dieu.

The morbid condition of organs is carefully noted by Dr. Gull, who successively examines the condition of the stomach, the intestines and their glands, the spleen, the liver, the kidneys, the lungs, the heart, and the encephalon, and also notices the alterations in the chemical constitution of the different fluids. It would be impossible for us, in our brief space, to follow Dr. Gull throughout these inquiries, and it is the less necessary because the substance of them has already appeared in various published works. The principal changes observed are in the alimentary tract, and chiefly consist in thickening and congestion of the mucous membrane, and the various glands of the intestines; in death during collapse, the condition of the kidney is not remarkable, but in death after reaction, these organs are frequently enlarged, and exhibit changes similar to those which occur after scarlet fever. According to Briquet and Mignot, in a large proportion of cases which had proved fatal in the stage of re-action, with cerebral complications, the kidneys were enlarged, and their tissues congested; and, before death, the urine had been scanty and albuminous. These results are tabulated in a very copious manner, by the details of fifty-eight cases, in which the state of all the principal organs is carefully noted.

In considering the pathology of cholera, Dr. Gull forms the opinion "that the gastro-intestinal mucous membrane, with its ganglionic nervous centres, is the focus of the morbid action."—P. 117.

"The principal phenomena which arrest attention are the œdematous state of the mucous membrane, and the more or less extensive patches of capillary and venous hyperæmia and ecchymosis. These, together with the character and amount of the fluid effused, demonstrate an important lesion of the circulation through the affected parts. How this is produced, can at present be no further elucidated than by the hypothesis of a specific poison acting upon the ganglionic nervous centres, or upon the mucous membrane itself. The former appears to us the more probable supposition, from being more in accordance with some other phenomena of the disease, as the profuse sweating, and the sudden and severe collapse, which, as will be seen hereafter, is not in a necessary and constant relation to the discharges from the mucous membrane. Either would, however, suffice to explain the altered condition of the circulation, since it is well known that, if one of the agencies in operation in the capillary circulation be abnormal, there will be a corresponding change in the ease and rapidity with which the blood is sent through the tissue. In this respect nearly the same result is produced, whether the blood be unfitted to stimulate and nourish, or the nutritive operations in the part itself be perverted or defective, or the vessels be deficient in nervous supply. We no longer look for mere mechanical causes of vascular retardation; and whatever light may hereafter be thrown upon this stage of cholera, it will no doubt come from a more intimate knowledge of the pathology of the capillary circulation."—P. 118.

Dr. Gull then examines the question whether cholera be a zymotic or contagious disease; and, although he gives no very positive answer, it would appear that his opinion is against its claim to such a designation. He considers that the changes in the blood in cholera are due to a loss of its fluid parts, owing to the laws of exosmosis, not to plasmatic changes in its constitution, such as would be expected in a zymotic disease. In opposition to the theory of contagion, he confirms the remarks of Schmidt, who states, that those who were occupied in examining the discharges of cholera patients experienced no ill effects; and it is stated, moreover, by the same author, that, in his own knowledge, a drunken man swallowed by mistake half a beer-glass of the vomited matters, but slept off his debauch, and remained well.

Among the premonitory symptoms of the disease, diarrhœa of course occupies a prominent position; and it is well known that this affection of the bowels has been strongly represented by many writers as the necessary precursor of the more fatal disease. Although all admit that looseness of the bowels demands, during a cholera epidemic, the closest attention of the physician, and are unwilling to discourage the vigilance of public authorities in detecting and checking it, yet many have entertained doubts, whether it could be distinctly proved that the common diarrhœa and the spasmodic cholera were really only different stages of the same disease, and whether cholera was necessarily preceded by diarrhœa. Dr. Gull entertains doubts of the same kind, for he states that there are no characteristics which enable us to distinguish with any certainty whether the diarrhœa be a part of the disease, and due to the action of the poison, or merely a common diarrhœa, on which the specific effects may at any moment be engrafted. Numerous cases, however, are quoted, proving the general occurrence of premonitory diarrhœa; but, "notwithstanding the above evidence," says Dr. Gull, "as to the frequency of diarrhœa, it is affirmed by many, and is in accordance with our own experience, that numerous cases occurred where this stage was very short, and the onset of the symptoms remarkably sudden."—P. 126.

In the stage of reaction, the chief dangers to be apprehended are from consecutive fever and from lesions of the kidneys. All observers have concurred in admitting the frequency of the appearance of albumen in the urine after the cold stage of cholera; and in the albuminous urine, microscopical examination has discovered the desquamated epithelium of the uriniferous tubules, and in different instances all the varieties of fibrinous casts met with in Bright's disease, and frequently blood corpuscles. In fact, it may be stated that the symptoms of uræmia and of the typhoid stage of cholera are identical.

With regard to the predisposing causes of cholera, "whatever may be the nature of the cholera poison," says Dr. Gull, "it requires no definite predisposing conditions in the system to enable it to produce its effects. It was fatal at all ages, nearly equally to both sexes, and neither the weakness of infancy, the vigour of manhood, nor the decrepitude of age, was a safeguard against its inroads."—P. 145.

It is shown, however, that the different epochs of human life suffer in an unequal proportion, for the epidemic was most fatal to infants and persons above 55, and the mortality was lowest from 5 to 15, and from the latter age upwards, it regularly rose to its highest point.

In considering the treatment of cholera, Dr. Gull adverts in the first place to the efficacy of house-to-house visitation, which, he is inclined to think, is somewhat over-rated; for he tells us that the system was not brought into operation in London until the disease was at its height, and when it had numbered many thousand victims; and he suggests that the beneficial results might be probably owing to the decline of the disease, not to

the success of treatment. We do not, however, find that Dr. Gull disapproves the system, which, whether it has prevented cholera or not, is attended with manifest advantages.

The Report then goes on to examine *seriatim* the value of various remedies which have been employed in Cholera. Calomel, opium, stimulants, chloroform, ice, salines, emetics, bleeding, cold affusion, the wet sheet, oxygen, galvanism, are all successively pronounced inefficacious in combating this formidable malady, and the only remedial measure which receives a faint commendation in the Report, is the injection of saline fluid into the veins, which, though unsuccessful in the epidemic of 1832-33, might, with certain necessary modifications, have another trial. Dr. Gull thinks that this plan requires a careful discrimination of the cases to which it is applicable, and also an exact attention to the physical characters and composition of the fluid to be injected. "Saline injections appear to be especially indicated where the loss of fluid has been very great, and where, consequently, the physical condition of the blood in itself opposes an important obstacle to recovery. A more careful diagnosis on this head is yet required, for it must be admitted that the intensity of the symptoms is often in no inconsiderable degree greater than can be accounted for by the amount of the effusion. Under such circumstances, we cannot anticipate good results from their employment. Again, the period of the stage of collapse, to which the operation is adapted, requires a nicer discrimination. Hithero it has not generally been had recourse to until the patient has been in extreme collapse for several hours. It may be suggested whether, by further observation of such cases, an earlier period might not be determined upon."—P. 211.

Dr. Gull also thinks that the subject of medicated injections into the veins deserves a more extended inquiry than has hitherto been instituted; for the partial measure of success which has already attended this plan affords promise of good results in future, if collateral circumstances were carefully taken into consideration.

We have now noticed some of the principal features of this elaborate Report presented to the Profession by the Cholera Committee of the Royal College of Physicians, and we conclude our review with a feeling of necessary and unavoidable disappointment; not because we find any fault with the manner in which the task has been executed, but because we feel that the perusal of this volume will tend very materially to increase the scepticism which already exists in relation to the causes, the pathology, and the treatment of the mysterious disease which has caused already so much havoc among the nations of the earth. Let us express a hope, that its perusal, by showing how much we have to learn, may stimulate us to renewed diligence in the threatened approaching struggle.

Remarks on the Examination of Recruits, intended for the Use of Young Medical Officers on entering the Army. By H. H. Massy, A.B., M.B., 4th Light Dragoons. London. 1854. 8vo. Pp. 131.

Whether regarded in a military or economical point of view, it must be obvious, that the efficiency of the soldier is a desideratum of the greatest importance. Every possible care should, therefore, be taken to prevent the admission into the army of men who, from physical defects or constitutional weakness, are likely to break down upon exposure to fatigue, or to become non-effective when called upon to perform any unusual or long-continued exertion. The duty of examining recruits is, consequently, one of the most important the Military Surgeon has to perform, and requires, for its efficient discharge, that he possess a thorough knowledge of the duties of a soldier, a correct appreciation of the external characters of sound constitution and efficient limbs; a quick eye to detect, and clear judgment to appreciate, the disqualifying degree of an infirmity; and an unwearying vigilance while engaged in this duty. Some of these qualifications can only be acquired by long service and much experience; and it is with a view to make up, as far as possible, for the want of these in the young Medical Officer, that the work before us has been written: "it is not intended for the use of those who have practical experience, but as a help to the young Medical Officer when first placed in the position of an examiner."

We regret that we cannot speak of the work in those terms of praise which would have best pleased us, because we think the author has decidedly failed in the object he had in view. Professing to confine himself to the practical duty, he has entered upon several subjects which, though well-suited to a treatise on recruiting, are out of place in a practical commentary on the official instructions. In the remarks on the various causes of rejection, he is also occasionally quite wrong. Thus, at page 34, he states—"Marks of single cupping need not always cause rejection." Now, the Army Medical Board has repeatedly ruled that marks of cupping are an *unqualified* cause of rejection. How far this decision is wise, it is neither our duty nor Dr. Massy's to discuss; but it is so ordered. We are well aware that men are often passed with such marks at the head-quarters of regiments; but were this done in a district, and the recruit objected to on joining, the examining Surgeon would, in all probability, be called upon to refund the expenses incurred. Again, in considering that frequent cause of rejection, "want of due capacity of the chest," our author does not give the results of the measurements which have been published, and which might assist the young officer in deciding what is "due capacity;" nor does he inculcate the necessity for ascertaining and recording in the Register of Recruits the size of each man's chest. We are rather surprised, also, to find only a cursory remark on the use of the spirometer. This instrument has been employed for many years in the London recruiting district, and we had hoped to find some details of the results there obtained. Although our author strongly inculcates the use of the stethoscope, we do not find any mention made of the value of the prolonged expiratory murmur, as indicative of the early stage of tubercle. At the end of the work is a Table, giving the causes of rejection of the men examined in the recruiting districts of Great Britain and Ireland for nine years; but there is no calculation of the proportions rejected for each cause, nor is there throughout the work any allusion to this Table in elucidation of their relative frequency.

We have risen from a careful perusal of the volume with the conviction, that the author has not had much practical experience in the duty he discusses, and that on many points connected with the subjects he has not formed very decided opinions. At least, if he has, they are stated so vaguely, or advanced with so much hesitation, that they are very likely to mislead those for whose guidance they are intended. Indeed, his own remark on the subject of cutaneous affections may with too much truth be applied to several of the other topics discussed:—"I confess I approach this question with the greatest diffidence, and, having fully weighed the various features presenting themselves, can hardly come to a conclusion how to advise the examiners of recruits, situated in different positions, to act; and, having concluded, am not satisfied that I judge rightly."—P. 50.

"Experience," says Marshall, in his work on the Enlisting of Soldiers, "in this, as in all other branches of knowledge, is the best, indeed the only school, where a Medical officer can qualify himself for the accurate and skilful performance of the duty." It is to be regretted that the author of the little work under review had not duly weighed this sound opinion before appearing in the character of an instructor on a practical subject of which he has had as yet but limited experience.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

TWO OBSERVATIONS UPON VESICO-VAGINAL FISTULA OPERATED UPON BY DR. JOBERT.

Case 1.—*Vesico-vaginal Fistula at the Bas-fond of the Bladder. Autoplasty by Glissement*, (slipping one cut surface upon another.) *Loss of Blood Six Days after the Operation.—Cure.*—Madame T., of Dijon, came to Paris, Jan. 11, 1854, to consult M. Jobert for vesico-vaginal fistula of four years' duration. She was 23 years of age, of delicate frame, but in good health; had first menstruated at 15, and had been regular ever since. Married at 19, she became *enceinte* in the course of two months. Nothing particular occurred during utero-gestation; she reached the normal term. Parturition was long and difficult; labour-pains commenced Dec. 26, 1850; the liquor amnii escaped at the outset. The uterine contractions became very sharp, and continued, without interruption, till the evening of the 27th; delivery then took place spontaneously. The child, whose head was very large, died almost immediately after birth. The recovery of the mother was tardy; inflammatory symptoms, requiring the application of leeches to the abdomen, ensued, and the patient was unable to quit her bed for six months.

Madame T. felt the urine flow into the vagina shortly after delivery, and, being unable to hold it, she consulted a Physician, who contented himself with examining the external organs, and directing some measures wholly insufficient to combat this ter-

rible infirmity. At the end of nine months the menstrual discharge re-appeared, but in less quantity than before; nevertheless, this lady again became *enceinte*, and, after passing through the usual term, gave birth, without difficulty, and with comparatively little pain, to an infant, apparently healthy, who lived nine days. After this confinement, Madame T. experienced a slightly favourable change in her condition; she was enabled to retain a little urine when seated or at rest. The menstrual discharge returned after two months.

In May, 1853, Madame T., in great affliction at the persistence of her malady, consulted Dr. Lepine, who endeavoured to close the fistula by cauterisations with the nitrate of silver. After fifteen essays there was no change in the parts, and she was on the point of resigning herself to a condition which she deemed incurable, when she was recommended by Dr. Canquoin, to consult Dr. Jobert, at Paris. This gentleman found, upon examination, that the external organs and the upper part of the thighs were much excoriated. Upon introducing the speculum he saw about the middle of the vesico-vaginal septum a depression, at the bottom of which was the fistulous opening; the borders were firm and resisting, and the direction oblique, so that to introduce a sound into the bladder, it was necessary to depress the handle of the instrument, and to push it from below upwards, and from behind forwards. The os uteri, about half an inch behind the opening, was flattened upon its anterior lip, where it had sustained a loss of substance. The urethra was uninjured.

Jan. 16.—M. Jobert operated after the following manner, in the presence of MM. Professors Cloquet and Bouillaud; Doctors Conneau, Ley, Pietra-Santa, and several students. The patient having been laid upon the back, the perinæum brought to the edge of a bed, the thighs flexed and separated, the labia were opened by retractors, held by an assistant on either side. A third assistant depressed the recto-vaginal wall by a univalve speculum, and the portion of the vagina between the fistula and the external orifice was pressed upwards by another instrument, that the fistulous opening might be more easily accessible to the knife. M. Jobert then proceeded to incise the callous edges of the fistula. Having seized the border with toothed forceps, he carried a bistoury completely round the opening. Next he gave to the raw surface a greater extent, by removing with scissors the mucous membrane for some lines around the circumference. This being completed, the operator was able readily to pass a large sound directly into the bladder from the vagina. The edges were then drawn together by two transverse sutures, which were immediately tied. Having satisfied himself that no urine would pass through the closed opening, M. Jobert proceeded, by a semicircular incision, to separate the mucous membrane of the vagina from the remains of the anterior labium of the os uteri. He first cut through resisting parts, but soon reached the proper insertion of the vagina, which, thus freed, gave a slipping movement forward so as to repair the loss of substance which it had sustained anteriorly.

That there might be no dragging upon the united parts, two longitudinal incisions were made along the sides of the sutures. The threads were cut off at a short distance from the knots; several injections of cold water were thrown into the vagina; a plug of agaric was then introduced, and the patient was put to bed, a gum elastic catheter having been previously passed into the bladder. The plug was frequently changed; but on the 19th and 20th there was a slight discharge of blood. On the 21st it recurred, but disappeared again suddenly. M. Jobert satisfied himself that all the parts were in place on that day.

On the 22nd at 2 a.m., the instrument was violently expelled from the bladder, and a clot of blood escaped from the meatus urinarius, after which the parts became quiet, and the catheter was re-introduced. Towards evening, the instrument was again driven out, and under painful contractions several voluminous clots were expelled, both from the vagina and from the urethra; the fæces could not be retained, so violent were the contractions. The patient was pale and alarmed. Yet, on the day following (23rd), the catheter was introduced into the bladder, and drew off clear urine.

On the 26th, M. Jobert satisfied himself that the parts were united. The catheter was now ordered whenever the desire to pass urine was felt; and, under all circumstances, every two hours. On the 28th, M. Jobert allowed the patient to pass water in the natural way. On February 8, an examination was made, by which were seen the firm cicatrices of the different wounds. The general health of the patient was excellent; she walked about in comfort, able to hold her water; but as the bladder had not lost its acquired irritability, she was obliged to expel its contents rather more frequently than usual, namely, every five hours during the day, and every seven hours during the night. The fistulous opening was completely closed.

Case 2.—*Vesico-vaginal Fistula.—Considerable Loss of Substance.—Autoplasty by Glissement (slipping one cut surface over another).—Diphtheritis of the Vagina, Vulva, and External Organs.—Cauterisation with Nitrate of Silver.—Cure nearly Complete.*——Mme. M., living at Denain, near Valenciennes, came to Paris, October, 1853, to consult M. Jobert. This lady, aged 47, of delicate frame, regular since 16, had been married since the age of twenty-seven; the four first accouchements were natural, and presented no fact worth recording; the fifth, occurring at the age of thirty-two, was laborious, and lasted thirty hours. The head of the child became early impacted in the vagina; ergot of rye was administered, but without good result. At the end of the eighteenth hour the forceps were employed, but unsuccessfully. Then MM. Dutemple and Carpentier were summoned, and the instruments were again used; an infant with a large head, who died in a few minutes, was forcibly extracted. During the whole period of labour the catheter had not been introduced, in spite of the desire the patient felt to pass water. After the withdrawal of the child, she felt no further want. The day following the parts were much swollen, and Dr. Carpentier found upon examination a large eschar upon the vesico-vaginal wall. A catheter was introduced into the bladder. Three days afterwards, the patient whilst coughing felt the eschar give way, and the urine pass into the vagina. She recovered so as to resume her domestic avocations; but the vesico-vaginal fistula, with its usual annoying symptoms, remained. Fifteen years rolled by, the patient believing that her distressing infirmity was incurable, when Dr. Gody recommended her to consult M. Jobert. She accordingly went to Paris, and put herself under his care. Upon examination in the same way as in the preceding case, M. Jobert found in the vesico-vaginal wall an enormous aperture, through which protruded the mucous membrane of the bladder in the form of hernia, extending from the neck of the bladder to a third of an inch of the os uteri. It permitted the introduction of three fingers into the bladder, which was very much contracted.

The patient having been put into the proper position, as in *Case* 1, a sound was introduced by the urethra into the bladder, to raise the mucous membrane from the fistulous opening. The margin and circumference of the opening was then deprived of its mucous membrane, and the raw surfaces were united by six sutures. M. Jobert then detached the vagina from the neck of the uterus, and made longitudinal incisions, as before described. The after-treatment was precisely the same.

On the 7th, some small quantity of urine escaped by the vagina; the patient, however, suffered from febrile symptoms connected with a diphtheritic state of the organ of generation. After proper treatment, these inflammatory symptoms subsided; and on the 22nd, M. Jobert satisfied himself the fistula was almost entirely healed. Only one spot was covered with large granulations, and to these caustic was frequently applied.

On January 18, it was found that the fistulous opening was closed by a healthy, firm circatrix, except at one spot, which was indicated by small red elevations (bourgeon). The patient can hold her water, and the excoriated condition of the thighs, etc., has disappeared.—*Gaz. des Hôpitaux*, 23 *Jeudi et* 25 *Samedi*; Feb., 1854.

GENERAL CORRESPONDENCE.

HOW FAMILIES ARE POISONED.—SCHEELE'S GREEN IN BAKERS' SHOPS.

[To the Editor of the Medical Times and Gazette.]

Sir,—The fact which I am about to mention shows in what an insidious manner arsenic may be introduced into articles of food supplied to a family. Cases now and then occur to a Medical Practitioner in which certain symptoms, strongly indicative of irritant poisoning, appear simultaneously in several members of a family. No source of poisoning can be discovered, no motive may exist for its administration; the persons affected recover, and the matter is forgotten. In another and more serious class of cases, several members of a family die suddenly, one after another. Poison is suspected to have been the cause of death, and traces of it may be actually found in the body; but it will be impossible to discover how or when it entered the body. In a case which I was required to investigate in January last, the father, mother, and three children were carried off within the

short period of about ten days; as it was supposed, by disease. The body of the mother was exhumed a month after interment, and arsenic was found in the liver. This created a strong suspicion that all had died from poison; but the most minute inquiry has failed to show how or in what way the arsenic could have entered the body of the mother. Nevertheless, it was quite clear that she must have taken it during life, as it had been absorbed, and was found deposited in the liver.

On the 17th of the present month, when about to cut the loaf placed on my table for breakfast, I observed some green patches and streaks over the partially burnt under-crust. The appearance was something like that caused by green mould; but, on examining the slices of toast in the toast-rack, I found similar green spots in the depressed portions of the crust of the toast. I then examined the green spots with a lens, and subsequently a portion was scraped off, and examined under a microscope of low power. The coloured particles then resolved themselves into a mineral powder, having all the appearances of Scheele's green, or arsenite of copper. I scraped from the bottom of one loaf from one and a-half to two grains of this powder; and, on applying Reinsch's process, I separated a quantity of metallic arsenic sufficient to coat two square inches of copper. The metallic arsenic was converted to crystallised white arsenic, and examined under a high magnifying power, when the arsenious acid was plainly perceptible. The green substance adhering to the crust of the bread and toast was therefore proved to be Scheele's green, a pigment which contains about 50 per cent. of white arsenic.

On inquiring of the servants, I found that five loaves had, the day before, been taken from the baker, a respectable tradesman, with whom I have dealt for twelve years. On examining these loaves, three of them were stained in the under-crust with closely adherent patches of the green arsenite of copper. It appeared clear from the circumstances, that there had been no intentional admixture of poison, or this would have been found inside and not on the outside of the bread. It was quite certain that the loaves must have been delivered with the poison adhering to them, because there is no green paint in the house.

Thinking that some accident might occur in other families, I immediately went to the baker, and showed him the Scheele's green and metallic arsenic extracted from it. On entering his shop, I at once saw the cause of the poisoning of the bread. He had had his shop newly-decorated, and there were eight long shelves (holding some hundreds of loaves) painted of a bright grass-green colour, top, front, and sides. They had been evidently very substantially coated with the green paint. The warm loaves, placed on the recently painted shelves, had imbibed a quantity of the poisonous pigment, which had dried in the under crust. He took down five or six loaves in succession, and all were found stained with the arsenite of copper. The baker assured me that he had not the least idea there was arsenic in the green paint; but the painter, who was summoned, took the matter more coolly and professionally, remarking that it was impossible to get a good green without arsenic, that he had used it for many years, and had never heard of any one being killed by it. Although he knew that the shelves were for the purpose of storing loaves of bread, he was evidently waiting for some fatal cases in his own experience before he could make up his mind to lay aside the practice of using this paint.

The baker, at my strong request, had the whole of the loaves rasped, and, without loss of time, the tops of the shelves were planed off, so that the loaves should rest upon nothing but plain and unpainted deal. There was enough on the crust of one of the loaves to have killed an infant; and I can suppose a case in which a nursemaid, about to quit a service for misconduct, might be seriously implicated by such an occurrence as this, unless the cause were at once traced.

In foreign countries, there are strong restrictions placed on the sale and use of this noxious pigment. In England, however, green sweetmeats are actually coloured with it; and lemon, acid, and other drops, are sometimes sold, wrapped in paper coarsely tinged or dyed green with this dangerous compound of arsenic.—I am, &c. ALFRED S. TAYLOR, M.D., F.R.S.

Lecturer on Medical Jurisprudence and Chemistry in Guy's Hospital.

15, St. James's-terrace, Regent's-park, March 29, 1854.

THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY AND "THE TWO JOURNALS."

[To the Editor of the Medical Times and Gazette.]

SIR,—Will you spare me a small space in your Journal for a few lines in reference to the very perilous position in which the Royal Medical and Chirurgical Society is now placed, in the hope that I may induce the Fellows and the Council to weigh well the present crisis. Having served on the Council more than once, is evidence of my being a Fellow of some standing, and an earnest that I take a considerable interest in the well-doing of the Society. I must commence by offering my thanks to Sir Benjamin Brodie, for constructing a bridge on which we were able, on Friday last, to pass over the difficulties placed in our way by the Council. It is to that meeting, and its consequences, and the conduct of the Council with regard to the Resolution of the Annual Meeting, that I solely intend to refer. I have no intention to advert to the policy or impolicy of bringing the subject of the character of Journals taken in by the Society before the Fellows (it may be, as the President says, beneath the notice of the Society, or not), because, in the first place, I took no part in bringing the matter before the Society; and, in the second place, I consider the gentleman who moved the amendment at the Annual Meeting quite capable of taking upon himself all the responsibilities of his own actions. But such a Resolution having been adopted at a General Meeting, by a considerable majority, it became of the utmost importance to the Society at large how the Council dealt with it. They tell us, that at their first meeting they received a protest, signed by 104 Fellows, against the number of periodicals being diminished; 104, I have no doubt, of most influential gentlemen, and who had a perfect right thus to express their feelings and opinions on the subject; agreeing as they do in the principles on which the Journals in question are carried on, it is quite reasonable that they should think it a great disadvantage to the Society that these periodicals should be excluded from the reading-room. This protest, so numerously signed—signed by more Fellows than had voted on either side of the question at the Annual Meeting—they were bound to respect, and before they decided how they should act with regard to the Resolution, it behoved them to ascertain, as far as they were able, whether there was a majority of Fellows in favour of the exclusion of the Journals; but if they found that such a majority did not exist, then to have declined acting on the Resolution of the Annual Meeting. I feel convinced, from what I have gathered from a large number of Fellows, that if the Council had acted thus, not a dozen Fellows would have objected to their decision. But what did the Council? Why, without taking the trouble in any way to ascertain if such was or was not the case, they, perfectly ignoring the Resolution of the Annual Meeting, making no application to any of those who were known to have voted in the majority, so as to learn whether there were more than forty-six who thought as they did, they at once decided on calling a General Meeting. They say in a circular—"A requisition has this evening been placed before Council, signed by 104 Fellows of the Society: in reply to which, the Council is of opinion, that it has no other course open to it, than to call a Special General Meeting of the Society, for the purpose of giving every Fellow an opportunity of recording his opinion on the question. I have no hesitation in asserting that there were other courses that they might have adopted—and, indeed, other courses they ought to have adopted—and that the course they did adopt was, of all others, as the sequel has shown, the one they should have avoided viz., they might have—as Sir Benjamin Brodie suggested—acted on their own responsibility, either to have carried out the resolution, or have declined to have done so; or, if they felt themselves unequal to the emergency, resigned their places in the Council, or at least have taken some means so as to have arrived at the opinions of the majority of the Fellows on the subject, without running the risk of embroiling the Society in what was certain to be the result,—a stormy and painful meeting. But, Sir, having called this meeting, it being their opinion "that there was no other course open to it," how was the Society met by the Council? Why, as I will venture to assert, no Council ever ventured to meet a Society before. Having called the Society together, the President opens the meeting, deprecating any discussion "or recording of opinions at all," and imploring some Fellow should move that the Society should not consider the question they were called upon to decide, but refer it back to the Council, who already had stated, "that it was their opinion that it had no other course open to it than to call a Special Meeting, for the purpose of giving every Fellow an opportunity of recording his opinion on the subject. However painful it may be, I cannot refrain from stating, that it appeared to me, as to many others, that on this occasion the President departed from that strictly impartial course that it always behoves a Chairman to maintain if he wishes to gain the confidence of the meeting, or exert any influence over it. He commenced by trusting that the Society would be unanimous. Now, I do not think that unanimity was likely to be obtained

by stigmatising a Resolution, supported by 46 Fellows out of 300, "as beneath notice." It was more likely to excite anything but unanimous feelings, (with regard to any suggestion of the President's,) in the breasts of those 46 gentlemen. Fortunately, the respect in which the Fellows held Sir Benjamin Brodie, induced them to keep a certain amount of unanimity. Nor could I divine, when the Council called the meeting for the special purpose "of giving every Fellow an opportunity of recording his opinions," why two such distinguished members of the Society as Dr. O'Connor and Dr. Tyler Smith were not allowed to record their opinions; they both appeared most anxious to address the meeting.

This subject has now been referred back to the Council. I trust they may finally settle the question; and should they receive a protest signed by more than 104 Fellows, in opposition to the opinions expressed in the one they have already received, that they will "see some other course open to them, than calling a Special Meeting at which every Fellow is invited to record his opinion," but when they attend to such summons not be allowed to give any opinion on the subject at all.

A Fellow of the Royal Medical and Chirurgical Society.

P.S. Should the Council be induced ever to call another Special Meeting of the Society, it would be as well if they fixed some day rather than Friday, and not thereby disfranchise the whole of the Court of Examiners of the College of Surgeons.

[To the Editor of the Medical Times and Gazette.]

Sir,—As my object in attempting to address the meeting at the Medical and Chirurgical Society on Friday evening last, when I was stopped upon a point of form by the President, may be misunderstood, I beg to trouble you with a few observations.

When Mr. De Morgan was allowed to speak upon other matters than those connected with the Motion of Sir Benjamin Brodie, it appeared to me only fair that the points advanced by Mr. De Morgan, which threw imputations on the Memorial opposed to his own Amendment, and upon those who signed it, should at once have been replied to. This was my object in rising. After the speeches of Sir Benjamin Brodie and Dr. Webster, I had no wish to enter upon the general discussion.

Mr. De Morgan described the Memorial incorrectly; he stated his impression that it was "evasive," and that many of those who signed it did not know what they were doing; and he also declared that Mr. Arnott's name was improperly used to induce others to attach their signatures.

I desired, as the wording of the Memorial was called in question, that that document might have been read to the meeting. It would then have been evident that no such words as those quoted by Mr. De Morgan were contained in the Memorial.

With reference to the remark, that those who signed did not know what they were signing, I would observe, that Mr. De Morgan, in his own defence, wished the meeting to believe that, as he had talked openly to many of the Fellows of his intended Amendment for two or three weeks before the Annual Meeting, the matter must have been known to all the Fellows. After the meeting, on the 1st of March, the whole subject relating to the Annual Meeting was abundantly noticed and discussed in the Medical Journals, and it was not until Friday, the 10th of March, that the first signature was attached to the Memorial. Surely, between the 1st and the 10th of March, the Profession were sufficiently aware of what was going on. The Memorial itself distinctly set forth, on the part of those who signed it, their "disapproval" of the "recommendation" to the Council to diminish the number of the Journals supplied to the library. Mr. De Morgan certainly contends for unusual obtuseness on the part of some of the Fellows.

With reference to Mr. De Morgan's observations on the supposed use of Mr. Arnott's name, I would beg, with the highest respect for Mr. Arnott's character and position, to say, that the gentlemen who signed the Memorial did so on their own responsibility, and without the idea of following Mr. Arnott or any other Fellow of the Society.

I am, &c.

7, Upper Grosvenor-street, March 28, 1854. W. Tyler Smith.

The following declaration of Dr. Kendell, which was sent in to the Council, may very properly be appended to Dr. Tyler Smith's letter:—

"I beg to state, that I signed the Memorial, which has subsequently been made use of as a Memorial in favour of the *Lancet*, altogether under a misapprehension. When the Memorial was sent to me, I was not in the least aware of what had occurred at the General Meeting of the Society on the 1st of March. Under these circumstances, I desire to attach my signature to the accompanying requisition.

"D. B. Kendell, M.B."

Since the requisition was sent in, Mr. George Busk and Mr. Thomas Salter, of Poole, have given their adhesion to it; the latter with the following explanatory statement, which probably describes the position of others who have signed the first requisition —

"Poole, March 27, 1854.

"My dear Sir,—A short time since, I received a communication asking for my concurrence in the abstract proposition, that the number of periodicals taken by the Medical and Chirurgical Society should not be diminished. Not knowing or perceiving the object aimed at at that time, I incautiously gave my sanction to the proposal, which I now much regret, approving as I most sincerely do of the Resolutions passed by the Society on the 1st of March. Under these circumstances, my signing the Memorial you have forwarded will, I fear, appear on my part very inconsistent; however, I shall sign it, leaving it to your judgment to determine whether, with this explanation, it may be availed of, in accordance with your desire.

"I am, &c. Thos. Salter."

COTYLEDON UMBILICUS IN EPILEPSY.

[To the Editor of the Medical Times and Gazette.]

Sir,—The Journals, for several months past, have contained, weekly, an advertisement pourtraying the value of the discovery of the medicinal virtues of cotyledon; and, quite recently, a discussion, more amusing than edifying, has arisen between two rival compounders of the medicine; the Profession may well, therefore, desire to know if it really deserves the encomiums of its advertisers; and, if those who have tried it would send you the result of their experience, we should be able speedily to determine whether the drug really possesses anti-epileptic properties or not. As far as my own experience goes, I should pronounce it utterly worthless. I have given Hooper's preparation, carefully and perseveringly, in more than thirty cases, public and private, in patients of all ages, and in not a single instance could I trace the smallest benefit to its operation. Many cases certainly were of an unmanageable character, and derived no benefit from any other medicine; but I have notes of three or four in which a most marked improvement has followed the use of the oxide of zinc in increasing doses, after several weeks had been, as I consider, wasted in the employment of cotyledon.

I am, &c. W. H. Ranking, M.D.

Norwich, March 21.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

EXCLUSION OF "THE TWO JOURNALS."

A Special Meeting was held at the Society's Rooms, on Friday, the 2nd inst., Dr. Copland, President, in the chair.

The Chairman called on the Secretary to read the "Requisition" on which the meeting had been called.

The Secretary having read the "circular" summoning the meeting,

The Chairman said: Gentlemen, most of you are aware of the circumstances from which the present meeting has arisen. You know well, that at the last Anniversary Meeting, a Fellow of the Society moved, as an Amendment to a Motion, that certain publications should not lie on the table of the Society. This Amendment was brought forward without expectation, and without the knowledge of the Council. I had no knowledge of it until the previous evening. Having only then heard the name of my friend who was to bring forward the Amendment, on the day of the Anniversary, I endeavoured, as far as my arrangements permitted me, to see him, in order to dissuade him from such an undertaking. I considered that it was a matter of very little importance—(cheers, and cries of "Order")—and that it was very much beneath the dignity of the Society to revert to such a subject. ("Hear, hear," and "No, no.") I considered that the Society had nothing to do with Medical politics, that its object at its commencement and its intention throughout had been merely the advancement of Medical knowledge—(hear, hear)—that it had hitherto abstained from all Medical political

agitation, and that it was therefore imprudent on the part of the Society, and very much beneath its objects, to advert to Medical polities under any circumstances whatsoever. I was prevented from seeing my friend, in order to dissuade him from this; I had not the opportunity of doing so, although I made the effort. You are aware the Amendment moved by Mr. De Morgan was carried by a large majority; and that majority, before the Counеil could have an opportunity of taking it into consideration, was met by a requisition of, I think, 104 Fellows of the Society, requesting that the Resolution might be reseinded. The Council, consequently, found themselves placed in a dilemma, and they did not elearly see how they could neglect a Motion that had passed an Anniversary Meeting, and attend to a requisition sent up in this manner. In this difficulty, they considered that it would be better to revert to a special meeting, and thus bring the subjeet before a general meeting. A vote of the Counеil having thus determined, this Speeial General Meeting has been called. It is to be hoped, that the subject may be, to a eertain extent at least, got rid of even now—("No, no,")—and that all discussion upon the subject should be avoided. ("No, no.") Discussion, you are aware, leads to dissension, and dissension frequently generates unpleasant feelings; and it is our object to conciliate one another—to conciliate one another even in matters where there is sufficient eause for difference; and more especially should this be the ease where the eause of difference is of very little moment, and perfectly beneath the dignity and objects of this Soeiety. ("Hear, hear," and "No, no.") Now, gentlemen, it is to be hoped, that although we are all met to determine this question, some means may be had reeourse to, to prevent any discussion arising upon the subject. ("Hear, hear," and "No, no.") I am quite aware, that there are many Fellows of the Soeiety who have no objeetion to discussion; but other and older men, like myself, who have seen more of Societies, and more of the eonsequences of discussion and dissension, deprecate any discussion upon the subject. (Hear.) Many men are desirous for the excitement of discussion; but I conceive, that you are all so fully aware of the importance of kindly feelings towards one another in this Society—(hear)—that you will avoid any sueh discussion that may produee an excitement of an unpleasant nature. I hope, therefore, that some Fellow of the Society—some able and very much respeeted Fellow, and I see several sueh persons present—will get up and make some Motion to that effeet, which will tend, if possible, to prevent any discussion, especially discussion of an unpleasant nature, and either to prevent any further consideration of the subjeet, or to refer it again to the Council. ("Hear, hear," and "No, no.") I am sorry that this matter should be considered in sueh a light as to generate unpleasant feelings among members of this Society, which has been established for other objects. ("Vote," and "No, no.") Gentlemen, I think it utterly unbecoming to behave in any way that may be prejudieial to the interests of the Soeiety, and the high standing which it has attained. With these observations, and with a desire—a sincere desire, gentlemen—to eoneiliate all of you, that you may all stand well with one another, that no feeling of animosity may arise in the course of these proeeedings by the discussion of a subject so trivial and so entirely beneath the Soeiety as this is—(hear, hear)—I, therefore, hope, that this reeommendation whieh I now make will meet with your warmest approbation.

Sir Benjamin Brodie: I have taken the opportunity of being present at the meeting this evening, though at some personal ineonvenienee to myself; first, because I think the matter that is now proposed plaees the Soeiety in a very important situation, and because, as an old member of the Soeiety, I am very anxious for its welfare and honour. I am not going to inflict on the Soeiety a long speeeh, Sir; for what I have to say may be, I hope, eomprised in a very few words. I have proposed to end by making a Motion; but before I proceed to speeify what that Motion is, I will take the liberty of ealling the attention of the Soeiety to a few eircumstanees respeeting the Soeiety itself. It was instituted, I think, about fifty years ago, for the advancement of medical and surgieal knowledge, and also the advancement of the collateral seiences. These, or something like these, very words are contained in the Charter. That is our business; that is our object. (Hear, hear.) Well, Sir, I need not tell you how the Society has flourished. It has associated with it all the most important names in the Profession in this country, and the names of many important persons in other countries, who thought it an honour to be enrolled in the list of our members. Then, Sir, I will ask those gentlemen who have been in the habit of attending the discussions of the Soeiety, whether they have ever gone away from those discussions without deriving some knowledge whieh they had not before, or obtaining some new views of subjeets with which they were previously unacquainted. Observe, also, what this Soeiety has done in the way of publication. I believe our volumes amount to as many as six and thirty,—a greater extent of publication than has been made by any other Society in the world; and, looking at the value of those volumes, I must say, that there is no one of them that does not contain papers of great importance; and there are no transactions belonging to our Profession that are at all to be compared to our Transactions, with the single exception of the "Memoirs of the French Academy of Surgery." (Hear, hear.) Sir, this Society has placed itself in an honourable situation; it is looked up to by the Medical men in all the civilised world; and it is an honour to belong to it. But let us consider how it is that the Society has attained this pre-eminence. It is because it has adhered entirely to its original objeets; because there have never been any subjects discussed here except those relating to the sciences or the practice of medieine and surgery. (Hear, hear.) Then, Sir, there has never been, to the best of my recollection, an instance of a dissension in the Society previous to this. The Society has met always upon amicable and friendly terms. And, among ourselves, gentlemen, a Society of this kind has this exeellent effect, that it brings people together who would otherwise seldom meet, and gets rid of many jealousies and unfriendly feelings, which invariably exist among those who seldom have the opportunity of meeting. Now, Sir, I do not mean to give an opinion at all as to the Motion that I understand was made on the oeeasion of the Anniversary. (Hear, hear.) I do not wish to give an opinion either one way or the other, or to say who is right or who is wrong, or whether both parties are wrong, or both are right; but this I do say, that it is better that sueh a subjeet as this should not be brought before the Society at large. It is better, for the sake of the Society itself, in whose welfare we must all be interested, and for the sake of its members individually—not for my sake, Sir, nor for your sake, but especially for the younger members of the Soeiety—(hear)—who have life before them, and to whom it is of great consequence that the Profession (and the honourable Profession I eall it) to which we all belong, should be honoured and respected. I must say, that it is to them more important than to you and me, or any of the older members, that this Society should not be mixed up with any disagreeable disputes and discussions. (Hear, hear.) I do not, as I have said, pretend to give an opinion as to who was right or who was wrong on the occasion of the Motion made at the Anniversary, I have no doubt that whoever made the Motion did so with right intentions. ("Hear, hear," and "No, no.") I throw no blame upon him or any one else; but I do say, this is a matter for the Counеil, and not for the Soeiety. (Hear, hear.) It is a question as to the library; and, if we interfere with the Council on one matter, we may interfere with the Council on other matters eonnected with the library. We appoint the Council onee a-year to do all this kind of business for us, so that the Soeiety may not be troubled with any business that does not literally fall within its provinee as a Soeiety for the promotion of Medicine and Surgery. I think it is very well for the Counеil to take into consideration what are the feelings of the Soeiety generally; but I do deprecate—and I do implore the Soeiety, and the younger members especially, for their own sakes, not to set an example in this respect—the introdueing into the Soeiety of those subjects for discussion whieh may produee dissension among us—(hear, hear)—and disagreeable, and painful, and jealous feelings, where there ought to be nothing but harmony and unity of sentiment. (Hear, hear.) Perhaps, Sir, I may be told, that the Council feel the responsibility too great of deeiding this matter; I may be told so, but I cannot think the Council would say so themselves. Why, Sir, in undertaking office in this or any other Society, we must undertake responsibilities. Life is made up of responsibilities. (Hear, hear.) Medieal men are taking greater responsibilities than this upon themselves every day of their lives, and no man is fit for the Medieal Profession, who is afraid of taking responsibility when it is committed to him. (Hear, hear.) I am quite sure the Council, when it is put to them, will not hesitate to take on themselves the responsibility of considering this matter, and acting upon it in a way they think right. With these observations, and hoping that nothing will take place which is likely to lead to jealous and unpleasant feelings among us, I beg to make this motion:—

"That the question mentioned in the notice sent to the members may be referred back to the Council for consideration."

Dr. Webster: I have very great pleasure in rising to second the proposition which has fallen from our very respeeted Fellow, Sir Benjamin Brodie. I entirely agree with him in the opinion, that the question which has been lately discussed never should

have been brought before this Society; and, with the view of preventing further discussion, and the production of disagreeable feelings, which I exceedingly deprecate, I beg leave to second Sir Benjamin's proposition. I may also state, that one of the reasons which I had for signing the requisition, along with the others of the 104 who signed it, was to show the Council that there was a difference of opinion, and to let them decide the question. It is a question which the Society should have nothing whatever to do with. The gentlemen with whom I agree in opinion did not originate this discussion; but, Sir, I am unwilling to add any remarks that might, as I said before, produce disagreeable feelings. I am very happy to second the motion which Sir Benjamin has made, being quite convinced that the Council will do that which is correct.

Mr. De Morgan: Mr. President, as the mover of the Amendment at the Anniversary, I have risen in order to have the pleasure of supporting the Motion of Sir Benjamin Brodie; and I do very sincerely support that Motion, because I think it is a pity that questions which have already been considered in this Society, and referred to the Council, should be referred back to a general meeting, there to undergo discussion that might arise on an occasion of this sort. In doing so, however, I must make one or two observations; because I think that some degree of censure has been implied, if not expressed, as to bringing forward the Amendment which I had the honour of proposing to this Society on the occasion of the Anniversary Meeting. (Hear, hear.) You, Sir, have yourself said, that you were anxious that such a proposal should not be made; I know that was the case, Sir; I know that was the feeling of many gentlemen for whom I entertain the highest respect, as my seniors in the Profession, and whom I have been taught to look up to; and I certainly do bow with some degree of submission to the opinions of such gentlemen; but, Sir, an observation that fell from yourself made me feel, that in doing what I did I was acting rightly towards this Society, and towards the honour and dignity of our Profession. ("Hear, hear," and "No, no.") You remarked that this Society was formed merely for the advancement of Medical Science; and it was because I considered that there were certain matters having reference to this Society that were not for the honour and credit of the Society, that I brought forward the Amendment, and had I not thought so I should not have brought it forward. (No, no.) Sir Benjamin Brodie has very properly mentioned the condition in which this Society so long existed, and in which I hope it will long exist. Sometimes, however, even trivial matters, from not being taken up as perhaps they ought to have been, will give rise to a difference of opinion among those with whom cordiality of feeling is extremely desirable. This has been so on the present occasion. In all Societies, at some period or other, I believe it must be the case. It is unfortunate that it should be so; it is unfortunate that there should be any difference of opinion at all; but I never will believe, Sir, that whatever may be the difference of opinion on this point, it will in the slightest degree tend to weaken the interest which one member may feel in another, or that professional feeling of honour and credit which ought to influence every member of this Profession. On that point I am perfectly certain. Now, Sir, I think this matter ought not to have been referred back to the General Meeting. You say that the Fellows were not informed of the Amendment. I said at the time of moving it, that there was no principle involving the necessity of giving notice to the Fellows of a Motion to be proposed at an Annual Meeting, and it would have been an irregular proceeding if I had done so. But although you, Sir, were not aware of my intention long before, many of the members of the Council were, because I mentioned it to several of the officials of the Society myself. Both the Secretaries, both the Librarians, both the Treasurers, and many of the members of the Council besides, were aware of the circumstance; and it is a very strange thing, that, among the numbers of those who, I find, disagreed with me on the matter, it should not have been sufficiently discussed, because we know that anything brought forward here is generally well talked of beforehand. Now, I mentioned that certainly three weeks before the meeting took place; and I believe there was no sufficient reason for supposing that there was not as much knowledge upon the subject in the Society at large, as there is upon any subject that is brought before the General Meeting. The General Meeting was the only opportunity I had of bringing it forward; and I believe it was done in a perfectly fair and candid manner. ("No, no;" "hear, hear.") The Council, it seems, since the vote of the General Meeting, have received a requisition from certain members, and, on that requisition, they thought it necessary to refer the matter back to a meeting. Now, Sir, I think, it is a great pity that they have done so; and my own feeling is, that the Council had better act upon the vote of the General Meeting, taking into consideration, if they choose, any accidental circumstances, —those, for example, connected with the requisition having been sent up. If the matter had turned upon requisitions, there would have been little difficulty in getting another requisition signed as numerously, and as respectably, as the one before the Council. But I cannot help calling the attention of this Society to the words of a requisition that I saw sent up to the Council. They were something to this effect: that some members of the Society had recommended to the Society a diminution in the number of the periodicals that were to be taken in by the Society. Why, Sir, that seems to me—I should be very sorry to use a harsh term—but it seems to me an evasive way of putting the matter. ("Question.") That requisition did not, therefore, put before the Council exactly the right state of things. I do not think that requisition stated it correctly, and I do not think that all the gentlemen who signed the requisition knew exactly what they were signing. ("Hear, hear" —"very complimentary.") Now, Sir, there is another thing that I allude to with great pain. I allude to it because I do not choose to allow anything like a false statement to go abroad. The name of a most respected member of our Profession, high in position, has been largely made use of, to influence Fellows to put their names to this requisition. (Hear, hear.) It has been stated constantly, that the name of my respected friend and former preceptor, Mr. Arnott, was either attached or would be attached to it. ("Question," "Name!") It was stated to myself, Sir, and I believe it to have been stated to a large number. I can only say, that using in that manner the name of a gentleman who never gave authority to use it, and never allowed that he did coincide in that Memorial, was not a proper way to get that Memorial signed. (Hear, hear.) I asked Mr. Arnott whether he had done so, and he said decidedly that he had not. I have felt it right to allude to the Memorial, because I think the Council should be in possession of all the facts concerning it, and with these few observations I sit down. I hope most sincerely that there may be no further discussion upon the general question. ("Oh, oh," and a laugh.) Some of the gentlemen on the opposite side laugh; I can only say, Sir, that if the Society wish to go into discussion, I shall be perfectly ready to do so.

The Chairman: It has been moved and seconded, and Mr. De Morgan has had an opportunity of explaining the matter before you; and I consider that it will be to the advantage of the Society, and also of advantage as respects the harmony of this meeting, if we immediately proceed to take the vote upon the Motion. I therefore request, that those gentlemen who are of opinion that the Motion of Sir Benjamin Brodie, which has been seconded by Dr. Webster, and supported by Mr. De Morgan, should pass, will signify the same in the usual way, by holding up the hand.

A Fellow asked that the Motion might be read, as a great many Fellows had come into the room since it was made.

The Secretary, accordingly, read as follows:—

"That the question sent to members be referred to Council, to act on the question as they think fit."

A considerable number of hands were held up in favour of the Motion.

Dr. Tyler Smith, amidst much confusion, attempted to address the meeting.

The Chairman: I have put the motion to the Society, and a show of hands has been held up in favour of it; and I consider that you are now too late in offering any opinion upon the subject. (Confusion, and cries of "Chair.")

Dr. Tyler Smith at length made his way to the chair, and said:—I wished to ask that the requisition might be read, because the statements of Mr. De Morgan were not correct.

The Chairman: It is now read; and you that are in favour of the Motion, that this matter shall be referred back to the Council, signify the same in the usual way.

The hands were again held up.

The Chairman: Gentlemen, I am very happy to say, that this very pacific Motion that Sir Benjamin Brodie has had the kindness to move, has been carried—(A Voice: "Carried unanimously")—carried unanimously, and that our functions are now concluded, and that we all separate amicably and happily. (Hisses and considerable confusion, amidst which the Chairman left the chair.

MEDICAL SOCIETY OF LONDON.

ANNIVERSARY MEETING.

The Annual Meeting was held at the Albion Tavern, Aldersgate-street, on Wednesday, March 8, when Henry Smith, Esq., delivered the Oration.

He commenced a well-received discourse on the progress of surgical science during the past few years by a feeling reference to the loss which the Society and the Profession had sustained in the death of Mr. Barlow, the duly-appointed Orator for the present year, and claimed the indulgence of the meeting in consideration of having been called upon to fill the gap created by so melancholy an event. He also made a passing remark on the object and aim of a member of the Profession, and reminded the meeting, that in all cases in which a member falls into unmerited obloquy, the whole Profession should unite in seeking a redress of his grievances. He considered that amidst the universal progress of the present age, the Medical Profession had not lagged behind, but, on the contrary, had made most wonderful advances towards perfection. As an illustration, he referred to the improved notions of the pathology, treatment, and results of inflammation, which had tended to draw away our attention from the local evidences to a consideration of the state of the blood and of the general system, and had greatly lessened the disposition to exhaust the system by general bleeding and salivation. Greater simplicity had been attained in the local treatment; as by the water dressings proposed by Mr. Liston; and from the avoidance of over-crowding in our hospitals, the results of operations have been more successful. Still, however, pyæmia, as ably investigated by Mr. Henry Lee, occurs, and probably from a poisoned state of the blood. The suspending splint, as introduced by Mr. Luke and improved by Mr. Salter, had been highly efficacious. Sir B. Brodie had led the way in the improved treatment of diseases of the joints; and Mr. Gay had the merit of following in his footsteps, and, by showing that caries of the bone is often superficial, and may be remedied by free incisions into the joints, had rendered the greatest service to surgical science. He then referred to these and other conservative efforts of the present day to prevent mutilation, and instanced the frequency with which resection of joints is now performed with such happy results. He made honourable mention of Mr. Jones, of Jersey, who had operated six times on the knee, and five times with success. He then proceeded to consider the improvements effected in the cure of deformities, and stated that, although Mr. Bishop's views are not in accordance with those of Dr. Little, Mr. Tamplin, and other orthopædic surgeons, they are still entitled to the greatest attention. As instances of plastic surgery, he mentioned the improved operation for cleft palate, as invented by Mr. Fergusson; and that for ruptured perinæum and prolapsed bladder, as performed by Mr. I. B. Brown. The treatment of aneurism by compression would, in his opinion, ultimately supersede the necessity for the knife and ligature in that affection of the arteries of the limbs. He then paid high compliments to present and past Surgeons for the improved treatment of hernia, and especially to Mr. Luke, for his proposition of not opening the sac, and to Mr. Gay, for his advice to lessen the danger from prolonged and violent application of the taxis. He also contrasted the present mode of after-treatment by rest and opium with that which was formerly adopted, and highly commended it. After a hasty reference to the treatment of the urinary organs, in which the names of Guthrie, Hancock, Wade, and T. Wakley were mentioned, he proceeded to consider the merits which an operator, as such, might claim when contrasted with the pathologist, and arrived at the conclusion, that, while the latter required a more philosophic mind, the former needed far more than mere manipulative dexterity. He illustrated this part of his subject by a reference to operations on joints, and then touched upon the improved surgery of the eye and ear, and eulogised the exertions of Guthrie, Lawrence, Dalrymple, Cooper, Bowman, Haynes Walton, and of Toynbee, Harvey, Pilcher, and Yearsley. He considered that the introduction of chloroform was a boon of the highest value both to Surgeons and patients, and expressed the acknowledgments of the Profession both to Dr. Snow and Dr. Simpson for their discoveries and improvements. In the extensive review of the department of Medical and Surgical science, he especially aimed to show how much the Fellows of the Medical Society of London had effected, and to prove that, in every department, they had occupied a foremost position. In conclusion, he had no fear for the progress of the Profession, so long as it could claim a succession of the Pagets and of the Druitts of the present day.

The President, in a few appropriate remarks, then presented the gold and silver medals to Mr. B. W. Richardson and Dr. Routh respectively, after which the Fellows sat down to

THE ANNIVERSARY DINNER.

About seventy gentlemen sat down to dinner, among whom we observed as visiters the Presidents of the Royal Colleges of Physicians and Surgeons, and of the Royal Medico-Chirurgical Society.

The usual toasts were proposed and received with much good feeling.

Dr. Copland referred to the fact, that the Royal Medico-Chirurgical Society was the offspring of the Medical Society of London, and intimated that, although the founders of the former had seceded from the latter on account of the position and other inconveniences of the premises in Bolt-court, and on other grounds, yet they retain the most friendly feeling towards the parent Society, and sincerely rejoice in its present financial and general prosperity.

Dr. Winslow, in proposing the toast, "The Medical Society of London," said: Gentlemen,—It is now my pleasure to propose for your adoption what, in technical phraseology, is designated, on occasions like these, "the toast of the evening." We have assembled to-night to commemorate our eighty-fifth anniversary! Is there not, I would ask, sublimity associated with the idea that eighty-five years—eventful years—have rolled away since the illustrious Lettsom, Fothergill, Sims, and Jenner met in this Metropolis to establish the Medical Society of London? May honour, eternal honour rest upon the memory of these benefactors of the human race! During these eighty-five years—confining the attention to a history of our own Profession—what important revolutions have occurred, what great discoveries in Medical science been made, and how many noble spirits passed from among us, gone to their last account! The Medical Society of London was, I believe, the first institution of the kind established in this kingdom for the cultivation and advancement of Medical science. I think we may, without exposing ourselves to the charge of arrogance, claim the honour of being the parent of the other useful and celebrated Medical Societies that distinguish and ornament this great city,—the emporium of all that is exalted in art and elevated in science. It may be true, that we enjoy no special Crown influence or protection, neither can we boast of possessing a Royal Charter of incorporation; but I will venture to assert that, in point of usefulness,—practical usefulness, the Medical Society of London is second to none in this country. (Cheers.) It may be a fact, that we do not often see at our weekly meetings the grey-headed veterans of our Profession; but we embody in our ranks—our fighting ranks—a great proportion of what, to use a political term much in vogue, may be called the young and rising Physic of the day—the Cullens, Bailies, Hunters, Denmans, Goods, Coopers, Gooches, Brodies, Lathams, Watsons, and Fergussons of a no very distant epoch. Without instituting any offensive or invidious comparisons, may I not affirm that, as a Debating Society, as a body of gentlemen meeting weekly to discuss important practical points connected with our Profession, we take a leading and commanding position. (Cheers.) I consider it quite unnecessary to dwell at any length on the great advantages that so obviously result from organizations similar to our own. It is impossible to exaggerate or to over-estimate the good effect of Societies like these, not only on the progress of Medical science itself, but on the character and position of the members of our Profession. Great benefit must of necessity arise from our weekly meetings held for the discussion of different matters connected with our science. The friendly union that there takes place—the clashing of different opinions that often ensues—the good fellowship that prevails, all tend greatly to the advancement of truth, and the promotion of the great objects we have most at heart. Having been associated with the Medical Society of London, and the Institution with which it was amalgamated some few years since, for a period of nearly twenty-six years, I am in a position to form a proper estimate of the value of this Society upon the character of the Profession, and the influence which it exercises upon the progress of Medical science. I confess, gentlemen, that highly as I estimated the importance of this Society upon the Profession with which we are associated before occupying the position of your President, my opinion of its usefulness has been greatly enhanced since I have had the honour of presiding officially at your weekly meetings. In reference to an observation that has been made by one of our Fellows, I would venture to remark, that I have long entertained the opinion, that, as a body of scientific men, we do not sufficiently assert our right to take a prominent position among

the learned men of the day. If we glance at our literary history, we cannot close our eyes to the fact, that the members of the Medical Profession have, in all ages, identified themselves with the progress of the elegant and classic literature of this country. Apart altogether from the great claims that the Profession has upon the gratitude of the nation for the heroic exertions made by its members to alleviate human suffering and cure disease, it is entitled to the respect and admiration of all thinking and intelligent men, for the noble efforts that it has made to advance the interest of abstract science and polite literature. Let me for a moment refer to a few of those great spirits who have devoted themselves to the cultivation of imaginative, metaphysical, and philosophic literature. Among the distinguished poets that have shed an undying lustre upon our native land, we find the names of many members of our Profession. Haller, while being a great physiologist, was also a worshipper of the Muses. He was renowned in his day as a poet. His poem on the "Alps" placed his name high among the votaries of the German Muse. It was Haller who first gave sublimity, richness, and harmo y to the poetical language of Germany. Sir Samuel Garth was in his day eminent as a wit and a poet. He stood high in the estimation of all the learned men of his epoch. He was the particular friend of Addison, who entertained a feeling of strong friendship and admiration for this celebrated Physician. He was also one of Pope's earliest friends; and wrote, among other things, the well-known poem called "The Dispensary." Goldsmith, the author of the "Deserted Village" and the "Traveller," was a physician. Among the medical poets, I need only refer generally to the names of Akenside, the author of the "Pleasures of the Imagination;" to Armstrong, author of the "Art of Health;" to Erasmus Darwin, author of the celebrated poems the "Botanic Garden," and the "Loves of the Plants;" to Dr. Mason Good, the translator of "Lucretius," etc.; and to Dr. Walcott, the celebrated satirical poet: but have I not said sufficient to convince you that we have had some great and eminent poets in our body? Let me now refer you to the names of several physicians who have shed a lustre upon British literature, as successful cultivators of natural philosophy, metaphysics, and pure science. We have had the great metaphysical writers among us,—I refer to the immortal author of the celebrated essay on the "Human Understanding," John Locke, and to Dr. T. Browne, the well-known author of the "Lectures on the Philosophy of the Human Mind." Whatever may be urged by modern critics against some of the particular views of Locke, that metaphysician's essay on the "Human Mind" will for ever remain an enduring monument to his genius, and a lasting memorial of his wonderful capacity and his extraordinary powers of metaphysical and philosophical analysis. If we look among the list of great English natural philosophers, we at once perceive the names of many belonging to the Profession of Medicine who have taken a foremost position among this class. The names of the celebrated Dr. Black, the discoverer of latent heat, Dr. Thomas Young, whose "Treatise on Optics" gave an important impetus to this branch of philosophic research, and whose essay on "Egypt," in the *Encyclopædia Britannica* has been pronounced to be the most extraordinary effort of scholarship that modern times can boast. To Dr. Wollaston, the discoverer of palladium, rhodium, the inventor of the camera lucida, as well as of the goniometer, for measuring the angles of crystals by reflection, and to the great Sir H. Davy. Among British novelists, what name stands higher than the author of "Humphrey Clinker" and "Roderick Random?" Smollett, it is well known, was a member of our Profession. Without expatiating further upon this topic, I think I have advanced a sufficient number of facts to establish my position, that the Medical Profession has great claims upon the national respect, admiration, and gratitude, apart altogether from the commendation they are entitled to for the successful cultivation of the more practical parts of Medicine and Surgery. What, gentlemen, are the rewards that we as a body receive for the many self-sacrifices and heroic exertions we daily make to benefit our fellow-men? Absolutely nothing. There are but few prizes within our reach. It is possible, after a long and brilliant career, we may, if we are fortunate enough to command Ministerial influence, obtain a baronetcy. Some are satisfied with a more equivocal distinction, viz., that of knighthood; but when I have referred to these two marks of honour, I have, I think, exhausted all the distinctions within the grasp of the members of our Profession as a reward for years of honourable, useful, and disinterested exertion in the pursuit of a noble branch of science. Let me glance across the Channel, and ask whether these matters are not managed better in France? In that country the right of the Medical man to State honours has long been admitted by the French Government. It is well known, that the great Surgeons, Dupuytren and Larry, were made Barons; and that Andral, Biette, Lallemand, and Chomel, had the Order of the Legion of Honour conferred upon them. Gentlemen, these may appear to us to be insignificant, paltry, and trifling marks of Royal favour; but they are, nevertheless, important recognitions, on the part of the State, of the great and undoubted claims of Medical men to the protection and favour of the Government, and to honorary marks of distinction. I could pursue this interesting subject further, but I fear I have already trespassed too long upon your patience. Before I resume my seat, I would offer you my congratulations on the prosperous condition of our Society. Our finances were never known to be in a more flourishing condition. Since I have had the honour of presiding as your President, an important attempt has been made to establish, in connexion with our Society, a "Physiological Section." I consider it a great distinction to have enjoyed the privilege of sitting in the chair at the first meeting of what may be termed the Physiological Society of London. I would direct the particular attention of the Fellows of the Medical Society to this valuable Section, and would strongly urge upon them the importance of regularly attending its meetings, and of doing their utmost to advance the great science it is specially organised to promote. Gentlemen, I now propose, that we should drink with all the honours prosperity to the Medical Society of London. (Loud cheers.)

Great unanimity and friendliness of feeling pervaded the meeting, which may be regarded as one of the most successful anniversaries of the Society.

March 25, 1854.

The President in the Chair.

OVARIOTOMY.

Mr. I. B. Brown related a case of ovariotomy, which we shall publish next week as an Original Communication.

Mr. B. W. Richardson presented to the Society a remarkable specimen of

ANEURISM OF THE ASCENDING AORTA AND ARTERIA INNOMINATA.

He remarked on the length of time that the patient had existed with so much mischief at the main exit of the arterial currents. The large size of the thorax accounted for this. The mode of death was another example of the class of cases which he (Mr. Richardson) had so often described, in which a fibrinous concretion recently formed acts as the immediate cause of death. In this instance, the aneurismal tumour had gone on increasing, until it obstructed in some degree the current of blood passing through the superior vena cava. Upon this, the circulation through the heart had been weakened, the fibrin had been deposited, owing to the languid motion, at the most favourable point, and the circulation had thus been brought to a complete stand.

Dr. Willshire and Dr. Sturt also exhibited morbid specimens; the former of disease of the Fallopian tube; the latter of enlarged thymus gland in laryngismus stridulus, and of exterior ulcerations of the small intestine, and of the ileo-cœcal valve, which had not induced any symptoms during life.

Dr. Cogswell exhibited Meinig's galvanic battery in action.

Dr. Henry read a paper on

THE RELATIVE MERITS OF EMPIRICISM AND RATIONALISM IN THE PRESENT STATE OF MEDICAL SCIENCE.

He commenced by observing, that there are in the mind of man two well-marked principles:—1. The speculative, or that which leads him to inquire into causes; and 2. The observing faculty, or that by which he is led merely to put down what he sees. Those who manifest the speculative faculty in a high degree are termed "Rationalists;" while the term "Empiric" is applied to the mere observer. These faculties stand out most prominently in medicine. The terms "Rationalism" and "Empiricism," as applied in the present paper, were then defined,—the latter signifying mere observation of facts, without a precise object; and the former being the making of observations with a view to reason, and of experiments as a test of the truth of a previous conception. The introductory chapter of Celsus, where that author describes the sects in medicine, was then briefly analysed; and the remarks of Celsus were stated to be applicable, even at the present time. Representatives of the two systems could be

furnished from among the most illustrious names in Medicine. Harvey was an example of the Rationalist, and Sydenham of the Empiric or Observer. Rationalism is most developed in surgery and midwifery, and Empiricism in medicine, and several examples were given in illustration. The intimate connexion and mutual bearing of these two systems was next alluded to, and illustrated, and was stated to be absolutely necessary for the progress of Medical science. The author concluded with a brief summary of the principal points in the paper, and urged on the Fellows of the Society the importance of the study of Medical history, in order to gain a correct understanding of the precise value of Empiricism and Rationalism.

After some remarks from Dr. Camps,

Dr. Th. Thompson believed Sydenham to have been a rationalist as well as empiricist of the higest order. He defined the terms empiricism and rationalism as sciences based, the former on casual observation, and the latter upon a knowledge of the causes of disease.

Mr. Richardson called attention to the fact, that the sciences of geology, astronomy, and histology, were purely empirical, so long as they consisted merely of detached observations; but that they have long been rational also. He agreed with the author, that rationalism, rather than empiricism, is the characteristic of surgery.

Dr. Snow stated, that as direct observation, guided by reason, cannot be pure empiricism, and as the human mind is naturally prone to make deductions from observations, he doubted much if a pure empiric had ever existed. He also showed, that the accidental observations which would constitute empiricism had generally been made by non-professional persons, and that when such observations, as in reference to bark, burnt sponge, vaccination, and æsthetics, for instance, had fallen under professional notice, rational deductions and applications had speedily followed. He criticised somewhat severely the opinions of Sydenham as a rationalist, in reference to the epidemic influence of the atmosphere, and characterised this influence as a myth.

Dr. Willshire, Dr. Sturt, Mr. Clarke, Dr. Radcliffe, and Mr. Hancock, continued the discussion, after which the author replied, and the Society adjourned.

PHYSIOLOGICAL MEETING.

March 13, 1854.

B. W. Richardson, Esq., in the Chair.

FATAL EFFECTS OF IMPERFECT UNION OF THE UMBILICAL VEIN AFTER CHILDBIRTH—JAUNDICE AS THE RESULT OF IMPERFECT CLOSURE OF THE DUCTUS VENOSUS.

Mr. Henry Lee read the particulars of two cases, one under Mr. Willing, of Hampstead; the other under Dr. Herapath, of Bristol, which we publish among our Original Communications. He said, the two cases I have ventured to bring under the notice of this Society afford some points of physiological interest. In themselves the cases are of rare occurrence, and offer examples of a very serious disease, of which no description is frequently given by systematic writers. But, my principal object in bringing them before the present meeting is, that they illustrate, as I conceive, a form of jaundice, in newborn children, the cause of which has not before been noticed, and they moreover show the very different effects which may take place from imperfect union of the umbilical vein, these different effects depending upon the condition in which the contents of the vein may happen to be at the time of birth. Dr. Herapath accounts for the absence of any secondary deposits in the lungs in this case by the course of the vitiated blood having been directed into an unusual channel, in consequence of the non-closure of the foramen ovale. Physiologists are, I believe, generally agreed, that in the fœtal circulation the current of blood from the lower cava is directed by the Eustachian valve through the foramen ovale to the left side of the heart, and thence to the system generally, while the blood from the superior cava passes into the right ventricle, and thence to the lungs. Now, as in the case last described, it was the current of blood from the lower cava which alone could directly receive the diseased products from the umbilical vein, the unexpected complication produced by the non-closure of the foramen ovale, appears fully to account for the materies morbi having been conveyed through the systemic circulation, and not to the lungs. This want of progressive development in the heart does not, however, account for the absence of secondary deposits in the liver. As the blood from the umbilical vein joins the blood from the vena porta, it might *à priori* have been inferred, that the liver would have been the organ upon which the severity of the disease would have fallen. This apparent anomaly is unexplained in Dr. Herapath's case; but it receives a most satisfactory solution from the *post-mortem* examination of Mr. Willing's case. In this instance, as shown by the accompanying preparation, the ductus venosus remained open; and the consequence was, that the blood from the vena porta, mixed with any diseased products from the umbilical vein, instead of circulating through the liver, found its way directly through the open ductus venosus into the inferior cava. The two cases which I have read are so similar in their essential features, that, although the ductus venosus was not examined in the last, yet, under the circumstances, we can hardly doubt that a similar pathological condition existed in the two instances, and that the patent ductus venosus allowed the vitiated blood to pass, without circulating through the liver in one case, as it undoubtedly did in the other. The non-closure of the ductus venosus appears from the above cases to be a cause of jaundice in new-born infants which has not hitherto been recognised. The greater part of the blood from which the bile is secreted, instead of passing through the liver, is transmitted directly to the heart. As this open channel affords a much more ready passage for the blood of the portal vein, than the complicated circulation through the liver, it is probable that nearly the whole of the blood from the portal vein passed to the general circulation in this way. There would then be available for the purpose of the secretion of the bile, only the small quantity which would find its way through the portal circulation in the liver, and the blood sent to the liver by the hepatic artery. The quantity of blood from which it would be possible that the bile could be secreted, would be thus very much less than natural, and the necessary consequence of this would be, that the bile would accumulate in the system, as in fact it was found to do in the two cases which have been read. There remains one point of great physiological interest to be considered with regard to these two cases, viz.:—the very different *post-mortem* appearances observed within the vessels. In the first, although different forms of styptic had been applied, yet no coagulum had formed in the umbilical vessels, no puriform fluid was found in the umbilical vein, and no secondary deposits in internal organs. In the second, the umbilical vein was found distended with a curdy puriform fluid, which extended into some of the subdivisions of the vena porta in the liver. Coagula were found in the auricle and ventricle of the heart; the pulmonary artery was obstructed by tolerably firm coagula, and secondary deposits were found in various. Such different results in these two fatal cases of imperfect union of the umbilical vein are in perfect accordance with the principles which I have now for some years endeavoured to establish, namely, that the puriform fluid found in the interior of veins has its origin in the liquefaction or softening of the coagula which they have contained; and that where no such coagula are formed, as in the first case which I have related, then, no puriform fluid will be found, and none of the appearances usually known under the name of phlebitis will be present.

In answer to a question proposed by Mr. Richardson, the author stated that no syphilitic taint attached to the cases.

Dr. Crisp referred to the cases which Mr. Ray, of Dulwich, had recently related at the South London Medical Society, and to the statistics of similar cases which had been prepared by that gentleman. Mr. Ray had affirmed, that the cause of death in those cases was the vitiated state of the blood.

Mr. Willing stated, that the mother of the first case referred to by Mr. Lee had again been confined, and that the child had lived but a few hours. Dr. West had not met with a similar case in his extensive practice among children, but had related the particulars of two cases which had occurred in the North of England.

ON THE DEPOSIT OF FAT IN CERTAIN DISEASED CONDITIONS OF THE BODIES OF THE LOWER ANIMALS.

Dr. Crisp directed the attention of the members of the Society to the above fact, which, as far as he knew, had hitherto escaped observation. A short time since, a Chilian eagle, which had been seventeen years in the Regent's Park Zoological Gardens, died suddenly from rupture of a blood-vessel in the lung. The bird was in beautiful plumage, in good condition, and weighed 6½ lbs. Dr. Crisp found the lungs so tuberculated that scarcely

a sound portion could be seen; notwithstanding this extensive pulmonary lesion, the bird was excessively fat; the flakes of fat in the pelvis and abdomen being large and solid. Dr. Crisp had met with many instances of a similar kind, more especially in birds; but they were not confined to this class of animals, for he had seen many examples of fat pigs with tuberculated lungs, and he had learned from some feeders of cattle that an ox with a damaged lung would often make fat sooner than a sound animal. Perfect rest, however, was neeessary; and it should be borne in mind, that if the thoracic lungs of a bird were diseased, other parts of the body would take on a compensatory action. Dr. Crisp thought, that the explanation of the phenomenon, in these cases, was, that the carbon not being eliminated by the lungs was converted into fat by its union with hydrogen and oxygen. In making a comparison between pulmonary tubercle in man and the lower animals, it is important to remember that the latter are not affected with the exhausting purulent discharges which generally occur in the human species.

Dr. Routh could understand the theory of the beneficial action of cod-liver oil in cases of phthisis, but was of opinion that Liebig's theory, as to the generation of fat in that disease, was not established. The respiratory efforts are increased to forty per minute in phthisis; and the amount of carbon and hydrogen eliminated is so great that a deposit of fat seemed to be impossible. The like remarks would also apply to birds, since their respirations are exceedingly frequent.

Dr. Gibb was also indisposed to support Liebig's theory, although he had found much sugar in the liver of birds.

Dr. Glover had observed the production of sugar from the conversion of albumen.

Dr. Cogswell read a paper on

THE MEDICINAL CONSTITUENTS OF THE LEMON.

The author's attention had been drawn to the subject by the publications of Dr. Owen Rees and others, on the treatment of rheumatism by lemon-juice. The remedy was no doubt often successful, but still there were many failures, and these did not seem to be sufficiently accounted for, as had been attempted, by reference to the different forms of the disease. But there was much uncertainty as to what constitutes lemon-juice. Has it always the same composition, or are there not various accidental circumstances attending its preparation calculated to render one specimen different from another. Sometimes the fruit is ordered to be squeezed at home; at other times the prescription is sent to a druggist, or the juice is allowed to be purchased where it is cheapest. When obtained from the fresh fruit, by depression without removing the rind, it is a turbid, pale yellow fluid, exhaling a grateful odour of the essential oil, and of a specific gravity in different specimens between 1043 and 1047. By distilling a fresh specimen which had not been filtered, the author had obtained half a drachm of essential oil from 12 ounces; but from another, after filtering, only five minims. Some purchased at a fruit-preserver's, which had stood for several months in a cask, and undergone a kind of fermentation, was bright yellow and clear, of density 1037, and yielded scarcely a trace of oil. It had received an impregnation of common salt from the former contents of the cask. A sample of lime-juice procured from the stores of a merchant-vessel, smelt of rum, had a density of 1010, and contained a multitude of torulæ. The effect of the different processes for preserving the juice mentioned by Christison, was to separate one or more of the ingredients which might be of consequence to its remedial efficacy. Heat would expel the essential oil, filtration remove the solid débris of the pulp, and the addition of alcohol with filtration withdraw the mucilaginous matter. It appeared that the druggists in London do not make a practice of keeping the juice ready on demand, but that they generally prepare it extemporaneously when ordered. The dose was equally a matter of uncertainty; for although it seemed to be the prevalent idea, that the average produce of a lemon was about half an ounce, the author had not found any ordinary specimen yield less than seven drachms, while the average was rather more than an ounce. Hence he concluded, that it was necessary to fix a standard for the composition and dose of the juice before its remedial efficacy could be fairly tested. In the rind, besides the essential oil, the author observed granules of starch. A decoction of the white spongy portion, afforded pectine, hesperidine, and a trace of tannin. Hesperidine was discovered by M. Lebreton, who employed orangettes; but his process was complicated and unproductive. The author had found it was deposited in crystals by evaporating a decoction of the white portion of the rind, while in the same portion of the shaddock, it was separated by simple maceration in cold water, and could be collected in a filter. A specimen as thus obtained was exhibited to the Society. It had a decidedly bitter taste, but turned, not red as commonly stated, but yellow with sulphuric acid. Another principle, called *aurantiin*, was supposed to be the source of the bitterness of the lemon tribe; but its existence had not been demonstrated, and the author was disposed to regard the hesperidine as the true bitter principle. The essential oil belonged to a class corresponding to the formula $C_5 H_4$, and including the other oils of the fruits of the lemon tribe, the oils of turpentine, juniper, savine, elemi, copaiba, cubebs, and pepper. Some of these were approved remedies in rheumatism. From trials made with the oil of lemon in this disease, in flatulent dyspepsia and leucorrhœa, the author entertained a high opinion of its therapeutical value, and thought that the chemical fact stated suggested the possibility of bringing together the various scattered evidences on the medicinal effects of the oils of the same class, and referring them to a general law. The fresh juice, when evaporated in a water bath, yielded about 8·5 grains per cent. of solid extract, and the ash obtained by incineration amounted to 0·27 per cent. The latter contained sulphuric and phosphoric acids, potash, lime, magnesia, and iron. A controversy existed as to whether the citric acid or the potash in lemon-juice was the true medicinal constituent. In reviewing the evidence, the author conceived that it was an error to suppose that either of them would answer so well separately. The efficiency of the juice probably depended, not on one or other of the ingredients, but on the whole combined. In using the essential oil, he gave it in doses of about fifteen minims, with two drachms of vinegar in decoction of barley, always being careful to keep the bowels freely open by purgatives. If the efficacy of lemon-juice in acute rheumatism depended on anything more than the refrigerant action of the citric acid, he thought the true anti-arthritic agent was the essential oil when present, and repeated his views as to the necessity of establishing a standard for the composition of the juice. A Table was exhibited showing the correspondence in composition of the non-oxygenated essential oils mentioned in the paper.

Dr. Routh differed from the author as to the chemical elements in the lemon, to which the medicinal virtues might be attributed; the author attributing them to the essential oil, while Dr. Routh and Dr. Garrod believed them to be due to the potash. Acting on this principle, he was accustomed to give half to two drachm doses of potass, and thus add to the effect which would be obtained from lemon-juice. Dr. Garrod had not observed disease of the heart to follow rheumatism when treated in this way; and, moreover, he cured his cases within one week. The theory of the action of the potass, is simply that of neutralising the lithic acid, but its action is far more effectual if lithic or tartaric acids be united to the base. Oil of juniper, acting as a diuretic, had also in his practice effected the cure of rheumatism and gout within a week.

Dr. Glover referred to two classes of diuretics. The one by which the quantity of water is alone increased, as by the action of the oil of juniper; and the other, by which the solid constituents of the urine are increased in quantity, as by the action of acetate of potass. He was not disposed to admit that great simplicity in the exhibition of remedies is necessarily the best mode of procedure, and instanced the meconite of morphia as a better medicine than morphine or opium simply.

Mr. Headland criticised the author's statements somewhat severely, and was of opinion that the paper had proved nothing, and that the analyses were rather empirical than scientific. He doubted if the medicinal virtues of the lemon-juice could be attributed either to the essential oil or to the potass, for the small quantity of oil would be dissipated by boiling; and sailors who eat salt-beef, containing much potass, are subject to scurvy, and are cured by the administration of lemon-juice. Moreover, Dr. Bryson had remarked, that while the administration of nitrate of potass alone had benefited but one case in five ships'-crews, all the others were cured by lemon-juice. Fresh vegetables in general are sufficient to cure scurvy without Dr. Garrod's remedy of nitrate of potass; and it is very questionable if the disease can be cured apart from the use of vegetables. Upon the whole he could attribute the good effects accruing from the use of lemon-juice to the combined citric acid and salts of potass.

Dr. Gibb having been in the habit of administering iodide of potassium without much benefit, was indisposed to attach much value to the salts of potass.

Dr. Crisp inquired if the author had discovered any effect produced upon the healthy system by the use of lemons, and what inference he would thence draw in reference to its action in disease.

Mr. Richardson thought it singular that the lemon-juice should have acquired so great a reputation in the treatment of diseases so dissimilar as scurvy and rheumatism; but he had never found a Practitioner who administered that remedy alone, and was not sure that other agents might not have some influence over the recovery of the patient.

Dr. Cogswell having replied, the Society adjourned.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

Dr. Aldis, Vice-President, in the Chair.

Dr. Traquair read a paper on

DYSENTERY, AS MET WITH IN HONG-KONG.

He observed, that the chronic and subacute forms of the disease were generally found towards the end of the year, when the fevers of the country had abated, and among men who had suffered from the various types of remittent and intermittent fever. The symptoms both of the acute and chronic types were similar to those described as characteristic of dysentery elsewhere, the dejections being scanty, mucous, and muco-purulent, and, finally, consisting of a reddish fluid, with white shreds floating in it, resembling water in which raw meat had been macerated. During one period, the patients who had been removed to the Minden Hospital-ship suffered from dropsy,—a complication never observed among those men who had been treated solely on shore. With respect to the *post-mortem* appearances, he stated, that in only one case did he observe decided marks of gangrene of the mucous membrane of the large intestine; and, in that case, the symptoms ran their course very rapidly. The general appearances were, a dark colour, swelling and softening of the mucous coat of the colon. In the more chronic cases, the colon seemed hard and thickened, and did not collapse when the abdomen was opened, and the lining membrane slate-coloured, hypertrophied, and in places rotten, the surface being studded with small depressions, giving the membrane the appearance of a piece of charred sponge. These appearances were strictly confined to the large intestine, for while the membrane covering the cœcal surface of the ileo-cœcal valve was affected, the disease was never observed on its other surface. He did not refer the above appearances to gangrene, because he never observed any perforation, because there never was present any of the fetor of gangrene, and because they were compatible with a considerable degree of health. He attributed dysentery to the injurious effects of sudden alternations of temperature upon the soldiers, many of whom were weakened by previous attacks of the remittent fevers of the place. The faulty construction and situation of the barracks conduced to render this cause more active, as the men, to avoid the heat of a small room, constantly slept out in the verandahs, exposed to the chilling influence of a cold wind which blew from the mountains at night. With regard to the complication of hepatic disease with dysentery, he never met with any hepatic abscess in any of these cases, and, with the exception of occasional congestion of that organ, he never noticed any other appearance. The treatment was conducted upon general principles, leeches, venesection, calomel, and opium being the chief agents employed in the acuter cases. In the more chronic cases, blue pill and ipecacuanha were generally given in conjunction with blistering and full doses of opium. In advanced stages of the disease, turpentine, opium, and camphor, and the mineral astringents, in many cases, afforded much relief. In conclusion, he advised change of air on land, in preference to a sea voyage, as productive of much good in many cases, and in the administration of calomel, recommended the exhibition of large doses of the remedy in the early stage.

Dr. Cahill remarked upon the prevalence of small-pox at the present time, even among the vaccinated; and observed, that as the disease had yearly been becoming more prevalent, he feared it might become epidemic again, in spite of vaccination and inoculation. He urged the necessity of upholding the system during the suppuration of the vesicles, and remarked upon the danger of treating the secondary fever with the same antiphlogistic remedies as we might the primary, and recommended a solution of nitrate of silver (twenty or thirty grains to the ounce) to the face, in confluent cases, to arrest the cutaneous inflammation, and to prevent the occurrence of scars. He remarked also upon the absence of boils and abscesses in those cases where nourishment and stimulants had been freely given at an early stage.

Dr. Aldis exhibited the brain of a child, aged 7, who had died from acute idiopathic arachnitis. There was a very extensive effusion of coagulable lymph, and much congestion of the brain. The duration of the disease was about our days.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.

Mr. Wise, in Committee on Medical Practitioners Bill, to move the following Clause:—

"And be it enacted, that after the passing of this Act, all Physicians, Surgeons, and Apothecaries duly admitted to practise and practising, shall be exempt from serving the office of Mayor, Alderman, or Councillor in any borough, if the Physician, Surgeon, or Apothecary elected to serve such office shall claim exemption within five days after notice of his election."

Tuesday, March 28.

Petitions were presented against the Medical Botany (*sic Times*) Bill, by Mr. Cobden, from Cleckheaton, Yorkshire; by Mr. Strutt, from the Chairman of a meeting at Nottingham, against the Medical Practitioners Registration Bill, as interfering with the practice of the professors of the botanic system of medicine; by Mr. L. Heyworth, from the Medical botanists and inhabitants of Derby; by Mr. Horsfall, from Liverpool; by Mr. Craufurd, from the Provincial Medical and Surgical Association, and from the Central Council of the same Association; also from the Medical Practitioners resident at Worcester, and from the Physicians and Surgeons to the Worcester Infirmary; and by Mr. Milligan, from the Medical botanists and others, of Bradford, with 1200 signatures.

Petitions were presented in favour of the Medical Practitioners Registration Bill, by Mr. Swift, from Alexander Henry, M.D., of Stamford-hill; and by Mr. Brady, from Robert Harper, M.R.C.S., and Charles Munday, M.R.C.S.

A Petition was also presented by Mr. Brady, from G. Vicary and twenty-seven other Medical men, complaining of the accommodation supplied to Naval Medical men on board of Her Majesty's ships of war.

Medical Registration Bill.—Mr. Craufurd gave notice, that on the Motion for going into Committee on the Medical Practitioners' Bill, he would move as an Amendment, that this House will on this day six months resolve itself into the said Committee.

MEDICAL PRACTITIONERS.

Mr. Brady moved for a return showing the number of practitioners in medicine, according to the Census of 1851, for each county of England and Wales, according to the Registration Division, and for each county of Scotland, and of the islands in the British Seas; stating the heads under which they appear, whether as Physicians or Surgeons, or Apothecaries; also the number returned of druggists, aurists, oculists, dentists, etc.; and also the respective ages, in quinquennial periods, under each head.—Agreed to.

Wednesday, March 29.

Petitions were presented against the Medical Practitioners' Bill, by Lord Goderich (8), from various persons residing in the West Riding of Yorkshire, and one from Doncaster; and, by Mr. Brotherton, from inhabitants of Manchester and Salford.

Petitions in favour of the Bill were presented, by Mr. Moody, from Medical Practitioners at Langport; and by Mr. Tollemache, from Matthew Jermetto.

MEDICAL NEWS.

University of Cambridge.—Errata.—Two errors occurred in the list of the Classical Tripos which appeared in our last. In the first class the name of Day is placed before instead of after those of Campbell and Sale; and in the second class the name of Richards is made to precede instead of following those of Evans and Monro.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 24th inst.:—

Cowie, Alexander John, Hon. E. I. C. S.
Garden, Alexander, Hon. E. I. C. S.
Edwards, Henry, Royal Navy.
Eteson, Alfred, Hon. E. I. C. S.
Hare, Owen O., Belfast.
Marsh, Edwin Hooker, Northampton.
Pennington, Frederick, Needham Market.
Powell, Josiah Taylor, London.
Siordet, James Lewis, London.

At the same meeting of the Court, Mr. William Hector

Cameron passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date Dec. 23, 1844.

The following gentlemen were admitted members of the College at the meeting of the Court on the 27th inst. :—

Bateson, Robert Sander, Lancaster.
Chipperfield, William Nathan, Reading, Berks.
Dixon, Livesey, Preston.
Edmonds, Spencer, St. Helens, Lancashire.
Flower, William Henry, Stratford-upon-Avon.
Haward, Wallace, Little Blakenham, Ipswich.
Hooper, Alfred, Notting Hill.
Ireland, John Stuart, Drumsna, Leitrim.
Jalland, Robert, Ollerton, Nottinghamshire.
Rudall, James Thomas, Crediton, Devon.
Savory, Jos. Egerton, Wendover, Buckinghamshire.
Soame, Chas. Buckworth Herne, Elston, near Bedford.
Taplin, Benjamin Dutton, Lincoln.
Thudichum, John Lewis William, London.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 23 :—

Banbury, Richard, Laureston, Cornwall.
Marriott, Robert Buchanan, Ipswich, Suffolk.
Millard, Ray Samuel, Whitchurch Asylum Ross.
Permewans, John, Hayle, Cornwall.
Pollard, James, Berry Pomeroy, Totnes, Devon.
Powell, William, Dudley.
Sayer, Frederick William, Newport, Isle of Wight.
Waterhouse, John Hodgson, Sheffield, Yorkshire.
Wrixon, John.

APPOINTMENTS.

Naval. — Assistant-Surgeons A. R. R. Preston (1846), recently serving in the London, 90, to the Hannibal, 91, screw steamship, at Woolwich ; Lowry J. Monteith, from the Comet, surveying steamvessel, to the Alban, paddlewheel steam-sloop, at Woolwich ; William G. J. Ayre (1851), from the Penelope, 16, paddlewheel steam-frigate, to the Royal William, 120, guard-ship of ordinary at Devonport.

Acting Assistant-Surgeons Benjamin Crabbe (1854), to the Miranda, 14, screw steam-sloop, for service with the Baltic Fleet; Henry Edwards (1854), to the Prince Regent, 90, for service in the Baltic ; Randall M'Donnell (1854), to the Janus, steam-sloop, at Woolwich.

Military.—1st Regiment of Foot : Staff-Surgeon of the Second Class Charles Bush Hearn to be Surgeon, vice Knox, appointed to the Staff; John Baker Green, gent., to be Assistant-Surgeon. 7th Foot : Assistant-Surgeon Alexander M'Arthur, M.D.. from the Staff, to be Assistant-Surgeon. 19th Foot : Assistant-Surgeon John Peile, from the 1st Dragoon Guards, to be Assistant-Surgeon. 21st Foot : John Henry West, M.D., to be Assistant-Surgeon. 23rd Foot : Assistant-Surgeon Ebenezer Alfred Jenkin, from the Staff, to be Assistant-Surgeon. 38th Foot : James Henry Lewis, gent., to be Assistant-Surgeon. 42nd Foot : Assistant-Surgeon Wm. Alexander Mackinnon, from the Staff, to be Assistant-Surgeon. 63rd Foot : Assistant-Surgeon Samuel Gibson, M.B., from the Staff, to be Assistant-Surgeon. 79th Foot : Thomas Miller, M.D., to be Assistant-Surgeon. 88th Foot : Thomas Robert Williams, M.B., to be Assistant-Surgeon. 95th Foot : Assistant Surgeon John Clarke, from the Staff, to be Assistant-Surgeon. 97th Foot : Assistant-Surgeon Joshua Henry Porter, from the Staff, to be Assistant-Surgeon. 1st Foot : Assistant-Surgeon Alfred Crocker, from the 55th Foot, to be Surgeon, vice Robertson, promoted on the Staff. 7th Foot : John Phillipson Langham, gent., to be Assistant-Surgeon, vice Sunter, promoted on the Staff. 17th Foot : Assistant-Surgeon Walter Simpson, M.D., from the 66th Foot, to be Surgeon, vice Cruickshank, promoted on the Staff. 19th Foot : William Marshall Webb, gent., to be Assistant-Surgeon, vice Longmore, promoted. 25rd Foot : Assistant-Surgeon William Godfrey Watt, to be Surgeon, vice Smith, promoted on the Staff ; William Cattell, gent., to be Assistant-Surgeon, vice Watt. 42nd Foot : William Alexander Davidson, M.D., to be Assistant-Surgeon, vice Muir, promoted in the 33rd Foot. 55th Foot : John James Norris, gent., to be Assistant-Surgeon, vice Crocker, promoted in the 1st Foot. 63rd Foot : Staff-Surgeon of the Second Class, Robert Lewins, M.D., to be Surgeon, vice Macdonel, promoted on the Staff; William Wilson Mills, gent., to be Assistant-Surgeon, vice Lewins, promoted on the Staff. 71st Foot ; Assistant-Surgeon Wm. Barrett, M.D., from the Staff, to be Surgeon, vice Carr, promoted on the Staff. 77th Foot : Assistant-Surgeon Christopher Macartney, M.B., to be Surgeon, vice Prendergast, promoted on the Staff ; Ormsby Bowen Miller, gentleman, to be Assistant-Surgeon, vice Macartney. 91st Foot : Assistant-Surgeon Miah William Murphy, from the 80th Foot, to be Surgeon, vice Jameson, promoted on the Staff. 97th Foot : Edward Malcolm Sinclair, M.D., to be Assistant-Surgeon, vice Cay, appointed to the Coldstream Guards. Rifle Brigade : Assistant-Surgeon David Reid M'Kinnon, from the 78th Foot, to be Surgeon, vice Anderson, promoted on the Staff.

To be Staff-Surgeons of the First Class : Staff-Surgeon of the First Class Peter Robertson, M.D., from half-pay, vice Burrell, promoted. Surgeon Alexander Sheriffe Macdonell, from the 63rd Foot, vice Dumbreck, promoted. Surgeon William Cruickshank, M.D., from the 17th Foot, vice Atkinson, promoted. Surgeon George Gordon Robertson, M.D., from the 1st Foot, vice Forrest, promoted. Surgeon Joseph Samuel Prendergast, M.D., from the 77th Foot, vice Linton, promoted. Surgeon Thomas Ross Jameson, from the 91st Foot. Surgeon Robert Smith, from the 23rd Foot. Staff-Surgeon of the Second Class Richard James O'Flaherty. Staff-Surgeon of the Second Class John Thomas Telfer. Surgeon George Carr, from the 71st Foot. Surgeon Arthur Anderson, M.D., from the Rifle Brigade. Staff-Surgeon of the Second Class John Charles Graham Tice, M.D.

To be Staff-Surgeons of the Second Class : Assistant-Surgeon Alexander Forteath, M.D., from the 2nd Dragoon Guards, vice Telfer, promoted. Assistant-Surgeon George Cunningham Meikleham, from the 51st Foot, vice O'Flaherty, promoted. Assistant-Surgeon Robert Marshall Allen, from the 3rd Drogoon Guards, vice Lewin, appointed to the 63rd Foot. Assistant-Surgeon George William Powell, from the 34th Foot, vice Tice, promoted. Assistant-Surgeon Thomas Moore Sunter, M.B., from the 7th Foot. Assistant-Surgeon Vere Webb, from the 10th Foot. Assistant-Surgeon Charles Frederick Stephenson, from the 81st Foot. Assistant-Surgeon Samuel Smith, from the Ceylon Rifle Regiment. Assistant-Surgeon David Anderson, M.D., from the 9th Foot. Assistant-Surgeon Peter Mackey, M.D., from the 12th Foot. Assistant-Surgeon Hampden Hugh Massy, M.D., from the 4th Light Dragoons. Assistant-Surgeon Mark Stanley Todd, from the 86th Foot.

To be Assistant-Surgeon to the Forces : Assistant-Surgeon Thomas O'Kearney Gordon, from the 76th Foot, vice Barrett, promoted in the 71st Foot.

To be Assistant-Surgeons : George Evans, gent., vice Porter, appointed to the 97th Foot. John By Cole Reade, gent., vice Ovens, appointed to the 9th Foot. Andrew Knox Drysdale, gent., vice Jenkin, appointed to the 23rd Foot.

Hospital Staff : Surgeon Alexander Knox, M.D., from the 1st Foot, to be Staff-Surgeon of the Second Class, vice Hearn, appointed to the 1st Foot. Assistant-Surgeon Edward Wm. Bawtree, M.D., from half-pay of the 67th Foot, to be Assistant-Surgeon to the Forces, vice M'Arthur, appointed to the 7th Foot. Assistant-Staff-Surgeon Fenwick Martin Tweddell, from half-pay, to be Assistant-Surgeon to the Forces, vice Clarke, appointed to the 95th Foot. Assistant-Surgeon Edward James Franklyn, from the 46th Foot, to be Assistant-Surgeon to the Forces, vice Mackinnon, appointed to the 42nd.

Deputy Inspector-General of Hospitals John Hall, M.D., to be Inspector-General of Hospitals.

To be Deputy Inspector-Generals of Hospitals : Staff-Surgeon of the First Class, William Henry Burrell, M.D. ; Staff-Surgeon of the First Class, David Dumbreck, M.D. ; Staff-Surgeon of the First Class, Thomas Atkinson, M.D. ; Staff-Surgeon of the First Class, John Forrest, M.D. ; Staff-Surgeon of the First Class, William Linton, M.D., vice Hall, promoted.

VACANCIES.

Hants County Lunatic Asylum.—A Medical gentleman is wanted as Superintendent.

Metropolitan Free Hospital.—The office of Physician is vacant.

St. Luke's Hospital.—The office of Physician is vacant, by the resignation of Dr. Philp. Election April 21.

St. Marylebone (North District).—A Visiting Surgeon is required for this district. Election, April 5.

Birkenhead Hospital and Dispensary.—A House-Surgeon and Apothecary (combined) is required.

Ripon Dispensary.—A Resident House-Surgeon is wanted. Election, April 15.

Towcester Union.—A Medical Officer is wanted for the Silverstone District. Election, April 11.

Royal Isle of Wight Infirmary.—A Resident Medical Officer is required. Election, April 19.

DEATHS.

Clayton.—March 23, after a short illness, James Clayton, Esq., Surgeon, of 3, Percy-street, Bedford-square; M.R.C.S.E., 1813.

Roux.—French Surgery had last week a very painful loss, in the person of the illustrious Professor Roux, who died on Thursday, the 23rd of March, after lingering for about a fortnight, from an attack of apoplexy.

MEMORIALS.

Dr. Harrison.—At the usual fortnightly meeting of the Directors of the North-Eastern Division of the London and North-Western Railway, a handsome service of plate, consisting of an épergne and four covered side dishes, (value about three hundred guineas,) was presented to Dr. John Gregson Harrison, of Piccadilly, for the valuable services rendered by him during his connexion with the Company, as their Honorary Medical Officer for that district. The épergne (which is formed of an emblematic group of figures) represents Atropos about to sever the thread of life, with Hygeia interposing to prevent it. The columns, copied from the pillars of the beautiful gate in Raphael's cartoon of St. Peter and St. John healing the lame man, bear the following inscription:—"Presented, with other plate, to John Gregson Harrison, M.D., by the Directors of the London and North-Western Railway Company, as a mark of their appreciation of his professional skill, as Honorary Surgeon to the North-Eastern and Northern Divisions of the Company for many years."

Dr. Dalton.—The total subscription for the erecting a Memorial to the memory of Dr. Dalton, author of the atomic theory, has at length reached 5312*l.*, of which 1175*l.* is to be expended upon a bronze statue, by Theed, to be placed in front of the Royal Infirmary, Manchester (near those of Peel and Wellington), and 4125*l.* in founding scholarships and prizes in the new Owen's College, Manchester. Of the last sum, 2500*l.* are to be invested in perpetual corporation bonds at four per cent., realising 50*l.* per annum for each of two scholarships in chemistry; 1250*l.* is to be invested for two mathematical scholarships, realising 25*l.* per annum for each; and 375*l.* similarly invested is to give an annual prize of 15*l.* in natural history.

(Official Notice from the Director-General of the Naval Medical Department.)

Arrangements Recommended to be made by the Surgeons of Her Majesty's Fleet previously to going into Action.—*Note.*—Although the following or somewhat similar arrangements will require to be made previously to going into action, the Surgeons of Her Majesty's Fleet are recommended, as soon after joining their respective ships as convenient—1st, to acquaint their assistants of the special duties which they will be required to perform during the battle; 2nd, to apply to the captain for the requisite number of non-professional assistants, that they may be appointed to the various offices which they are individually best calculated to fulfil; and 3rd, to prevent confusion and mistakes on the day of trial, to determine on the best and most convenient places in the cockpit for placing lights, water, spirits, additional instruments, and every other necessary which may be required. 1st. As soon as the order is given to clear for action, the Surgeon is to ascertain from the captain the number of non-professional assistants he may expect, and it is assumed that one for about every 100 of the crew will be sufficient; but in vessels with a complement of less than 200 men a larger proportion will be required. 2nd. When the drum beats to quarters, the Surgeon and the Assistant-Surgeons, with the necessary attendants, are to repair to the cockpit, or to the place appointed for the reception of the wounded. 3rd. The cockpit and cabins having been cleared of all unnecessary lumber, a number of the ship's company's mess-tables may be placed on the midshipmen's chests, on which beds and pillows should be laid for the reception of the wounded; and cots, with bedding in them, should be piled up in some convenient place in the orlop-deck or in the cockpit, to be ready for the worst cases after they have been dressed. In the remaining clear space, sofas (if at hand) and arm-chairs are to be placed in the most convenient positions, and beds are to be spread out on the floors of the cabins, and in the bread-room, leaving space enough between them to admit of easy access to the wounded. 4th. A table, with a narrow rim or batten round its edges, should be firmly secured by cleats behind the cockpit ladder; on this the Surgeon's instruments are to be placed, together with bandages, folds of linen, lint, tow, splints, ligatures, tape, thread, needles, pins, tourniquets, sponges, adhesive plaister, wine, brandy, laudanum, and chloroform; cotton-wadding and oil or liniment are also to be placed on or near the table, in case they be required for burns These several articles are to be arranged in a proper manner, so that they may be at hand when required; and should they happen to be accidentally disturbed or thrown down, they are to be re-arranged by one of the assistants as speedily as possible. 5th. Platforms or tables for the reception of the wounded should not be placed in the cable tier if there be any likelihood of the ship coming to an anchor; neither should wounded men be placed in the wings, as these require to be kept clear for the admission of the carpenters to plug shot holes. 6th. Police lanterns, or other lanterns with good candles carefully fixed in them, are to be suspended at convenient distances around the cockpit and in the cabins; and candles in flat sconces, securely placed in sand, should also be ready for lighting at a moment's notice. 7th. Buckets with sand, and tubs or cans full of water, should be placed at hand, with a person specially appointed to distribute the latter to the patients, and to supply the surgeon with what he requires at the operating-table. 8th. When the battle begins, the medical officers, with tourniquets in their pockets, should take their station at the foot of the cockpit ladder, in order that they may render immediate assistance to the more dangerously wounded, and to insure their being at once carried by the men who bring them down to the operating-table, or to a place from which they will not again require to be removed for some time. 9th. Though a table may be appropriated for particular operations, it will nevertheless be sometimes necessary for the surgeon to operate wherever he finds the wounded man lying; as, for instance, on the mess-table or chair on which he was placed when removed from the gun-deck. 10th. The surgeon is not to put off his operations until the battle terminates, but to proceed immediately the wounded are brought to him; though operations not requiring to be performed on the instant may be delayed until the more urgent cases are attended to. 11th. Men sent down with tourniquets on their limbs will require to be immediately examined, as, in the heat of action, the latter are sometimes wrongly placed or too tightly put on. 12th. When the battle is over, and there is no risk of its being renewed, the whole of the wounded should be removed from the cockpit to the gun-decks. This will be most easily effected by hoisting them as they lie in their cots up through one of the hatchways, care being taken to secure the patient in the cot, so that his wounds may not be injured should it be necessary to slope or dip one end of it while passing through the hatchway. 13th. As the air in the hatchway soon becomes tainted and unwholesome, it will be necessary, if the state of the weather will admit of it, to open the scuttles and let down windsails, to sprinkle the decks freely with a dilute solution of the chloride of zinc, and to place a portion of the same in all the buckets or utensils destined for the reception of offensive dressings and sloughs, or of alvine and urinary discharges. Wm. Burnett, Director-General.

London Hospital.—The wards which have lately been closed for alterations are now open.

Hospital for Sick Children.—On Sunday week a sermon on behalf of the Hospital for Sick Children was preached by the Rev. W. Harrison, M.A., Rector of Birch, Essex, at St. Saviour's Church, Upper Chelsea. The reverend gentleman, in advocating the cause of the Hospital, drew a striking picture of the sufferings of the sick child whose parents were unable to take that care of it which its weakness and helplessness required, and also forcibly pointed out the necessity of supporting an institution established to help and sustain those who were unable to help themselves. The reverend gentleman's appeal produced a collection of 38*l.*

Cholera in Scotland.—102 cases of cholera have been reported in Glasgow since our last, from Monday to Thursday inclusive, and 41 deaths. In Falkirk, where there appeared reason to apprehend an outbreak, only three cases have occurred within the week. Up till the forenoon of Tuesday this disease still continued at Calderbank, Airdrie. From the outbreak of the malady to March 25, the cases have been 74; the deaths 24.

THE CHOLERA.—DUBLIN, Wednesday Morning.—The reports from the north are altogether favourable to-day. Belfast is quite free from cholera. Some cases had occurred at Larne, but there, too, all traces of the disease have disappeared, and a similar account comes from Carrickfergus, where but a few days since it was feared that the pestilence had taken firm root. In Cork, unhappily, cholera still shows itself in isolated cases. One of its first victims has been Captain William Henry Hopkinson, of the 62nd Regiment, recently despatched to the seat of war.

MORTALITY NOTABILIA.—1200 deaths were registered in London in the week that ended on Saturday, showing a small increase on those of the previous week, when the number was 1188. In the corresponding weeks of ten previous years the average number was 1124, which, if raised in proportion to increase of population, becomes 1236. The rate of mortality that has prevailed during the last fortnight, is below the corrected average, but does not differ from it to any material extent. No death is attributed to cholera in the week. Bronchitis gradually declines; it was fatal last week in 100 cases; pneumonia in 95; asthma in 16; laryngitis and laryngismus stridulus in 10.

Births.—912 males and 893 females, in all 1805 children, were registered,—average, 1505.

Meteorology.—The mean height of the barometer in the week was 30·160 in. The mean daily reading was above 30 in. on five days of the week; the highest mean occurred on Wednesday, and was 30·361 in. The mean temperature of the week was 40·1°, which is 2·1° below the average of the same week in 38 years. The mean dew-point temperature was 35·0°. The wind blew from north-east in the beginning of the week; on Tuesday changed to north-west, and on Saturday blew from south-west. Rain, 0·17 in. Horizontal movement of air 630 miles. Electrical apparatus out of order.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending March 25 :—

	Males.	Females.	Total.
Workhouses...	69	62	131
Military and Naval Asylums ...	6	...	6
General Hospitals	23	20	43
Hospitals for Special Diseases ...	3	4	7
Lying-in Hospitals	...	...	...
Lunatic Asylums	2	4	6
Military and Naval Hospitals ...	11	...	11
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	1	1	2
	115	91	206

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, March 25, 1854.*

CAUSES OF DEATH.	MARCH 25. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	614	351	235	1200	11239
SPECIFIED CAUSES	612	351	235	1198	11200
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	199	30	17	246	2087
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	3	25	16	44	457
3. Tubercular Diseases	79	119	8	206	1988
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	74	25	42	141	1325
5. Diseases of the Heart and Blood-vessels	3	22	20	45	424
6. Diseases of the Lungs and of the other Organs of Respiration ..	117	69	56	242	2316
7. Diseases of the Stomach, Liver, and other Organs of Digestion	31	28	12	71	649
8. Diseases of the Kidneys, etc. ..	..	6	1	7	127
9. Childbirth, Diseases of the Uterus ..	..	10	..	10	106
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	5	2	8	87
11. Diseases of the Skin, Cellular, Tissue, etc.	..	..	2	2	18
12. Malformations	4	..	..	4	29
13. Premature Birth and Debility ..	37	..	..	37	246
14. Atrophy	31	1	2	34	213
15. Age	..	..	47	47	648
16. Sudden	15	3	7	25	140
17. Violence, Privation, Cold, and Intemperance	18	8	3	29	340
CAUSES NOT SPECIFIED	2	..	..	2	39

BOOKS RECEIVED.

Dr. Conquest's Outlines of Midwifery. A New Edition. By J. M. Winn, M.D. London: Longmans. 1854.
The Life of Girolamo Cardano, of Milan, Physician. By Henry Morley. London: Chapman and Hall. 1854.
Boys and their Rulers. London: Cooke. 1853.
Letter to Lord Viscount Palmerston on Medical Reform. By James Syme, Esq. Edinburgh: Sutherland and Knox. 1854.
First Quarterly Report to the Dudley Local Board of Health on the Sanitary State of the Parish. By J. H. Houghton, M.R.C.S. Dudley. 1854.
The Potato Disease: its Origin, Nature, and Cure. By the Hon. G. F. Berkeley. London: Longmans. 1854.
Report of the Physicians of St. Luke's Hospital for the Year 1853.

TO CORRESPONDENTS.

Dr. Paul, of Bermondsey, has forwarded us a copy of a letter he has addressed to the Registrar-General in reply to the observations of Dr. Maclonghlin, in which he makes the following remarks :—"In reference to a certificate of death furnished by me of a case of cholera, which occurred at No. 29, Salisbury-street, Bermondsey, I beg to state, that I have no hobby to ride, no theory to support in the matter; I took the information from the parents of the child very carefully, and the mother still persists in saying, that my version is the correct one as to time. It is hardly worth while to discuss the questions as to whether there is any premonitory diarrhœa in a case which runs its fatal course in twelve hours from the first loose motion, or whether cholera never exists without cramps."

Dr. Charlton's valuable paper on the Contagion of Cholera shall appear next week if possible.

O. P. Q.—Certainly. Every Graduate of any British University, and the Fellows and Licentiates of any British College of Physicians or Surgeons, and the Members and Licentiates of the Apothecaries' Companies, can register under Mr. Brady's Bill.

"One of the Despised" will see that we entirely agree with him in the necessity for the hard-working Members of the Profession to exert themselves in favour of Mr. Brady's Bill. The insulting remarks our Correspondent alludes to had better be passed over without comment.

Mr. Charles Watson.—Some mechanical support might be useful, but there should be a system of muscular exercises adopted to strengthen the limb.

A Subscriber.—The system of Surgeons advertising themselves by circulars on commencing practice is one which is so *tradesmanlike* that it should be discouraged in every possible way.

D. R.—We understand that very satisfactory alterations are about to be made in the manner of carrying out the Vaccination Extension Act, so that it will be as well to defer the communication.

A Scotch Graduate.—All Graduates of Scottish Universities will have the right of registering under Mr. Brady's Bill, their position with regard to the College of Physicians remaining unchanged until that Body obtain the new Charter.

Medicus.—We are very sorry to see so respectable a provincial Physician advertising the hours at which he is at home for consultation in a local paper.

A General Practitioner.—It is quite unnecessary to expose the absurdity of such observations. A simple report of the speech was a severe punishment for the speaker.

Senex.—The suggestion has been adopted.

The notice of the Wakefield meeting respecting Mr. Honsley's case shall be inserted. Perhaps the gentleman who sent us the report will kindly sign his name legibly. A consultation of compositors has failed to decipher the signature.

COMMUNICATIONS have been received from—

Dr. BRYSON; SECRETARY OF THE STATISTICAL SOCIETY; Dr. REICHARDT; C. J. GIBB, Esq.; R. H. GIBSON, Esq.; W. H. BORHAM, Esq.; J. J. SCOTT, Esq., 57th Regt., Corfu; H. LEE, Esq.; Dr. DEVILLE; A. BUTLER, Esq.; Mr. WISE, M.P.; Mr. BUTLER; H. B. EVANS, Esq.; G. H. CAPE, Esq.; Mr. BARLOW; G. RIDLEY and Co.; HONORARY SECRETARY OF THE EPIDEMIOLOGICAL SOCIETY; R. RENNIE, Esq.; Mr. BARRAN; Dr. FENWICK; Mr. A. G. FINLAISON; HONORARY SECRETARY OF THE ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH; Mr. PATNAM; Dr. TYLER SMITH; JOS. ROYLE, Esq.; Dr. SALTER; Dr. PAUL, of Bermondsey; Dr. CHARLTON; O. P. Q.; "ONE OF THE DESPISED"; Mr. CHARLES WATSON; A SUBSCRIBER; D. R.; A SCOTCH GRADUATE; MEDICUS; A GENERAL PRACTITIONER; SENEX; Sir JOHN LIDDELL; SECRETARY OF THE STATISTICAL SOCIETY; SECRETARY OF THE GEOLOGICAL SOCIETY; SECRETARY OF THE CLERICAL, MEDICAL, AND GENERAL LIFE ASSURANCE SOCIETY; Mr. CHARLTON; Mr. SEDGWICK; A. J. H. WATERS, Esq.; JOHN ADAMS, Esq.; TEMPLE C. PALEY, Esq.; W. MICHELL CLARKE, Esq.; H. W. SHARPIN, Esq.; D. J. DUIGAN, Esq., R.N., Wingo Sound; JAMES GALLAGHER, Esq., R.N., off Gothenburg; etc.

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture III.

I told you in our first lecture, that we knew nothing of the proximate cause of fever. In this respect, however, fever is not singular; for we know little of the proximate cause of any disease. Practically, fevers are divided into the essential and the symptomatic fevers. I need not describe to you what is meant by these terms. I showed you, in our first lecture, that among essential fevers we must reckon a great variety of diseases. All the exanthemata are essential fevers; influenza is an essential fever, typhus, typhoid fever, intermittent fever, remittent fever, the plague, the yellow fever, are essential fevers; and, I believe, we might also add cholera.

We will not attempt to define fever. We may, however, describe it as a morbid state of the system, which is under the law of periodicity. This morbid state is capable of destroying life without the production of any known anatomical change. You must take this with you as the basis of all your views of fever,—that, in the present state of knowledge, we have no anatomical expression whatsoever for the disease. Even with the assistance of the microscope, the result, as far as fever is concerned, is very much the same as that with regard to the neuroses. We have not yet, even with the assistance of the microscope, been able to discover the anatomical character of fever. However, although it is capable of destroying life without any known anatomical change, we find that it frequently does produce changes in organs, and those changes, when once produced, influence the character of the fever. They not only influence the character of the fever, but they themselves may be the cause of death. To give you an example of a local affection influencing the character of fever, we may refer to the affections of the abdomen or the chest; if the local affections are confined to the belly, we shall then have a peculiar character of fever. We shall have the belly swelled, diarrhœa, thirst, and a variety of other symptoms. Again, if the local symptoms are predominant in the chest, we shall have livid countenance, difficult breathing, and the conditions which result from imperfect arterialization of the blood. Again, the same observations will apply to cases in which the nervous system is engaged—symptoms of diseases of the brain may be developed. A diseased intestine may be the cause of death by exhaustion, the patient sinking from diarrhœa; or an ulcer of the intestine may perforate the peritoneum, and he may be suddenly attacked with peritonitis, which is the cause of death. Again, a secondary bronchial affection, or congestion of the lung, may go on to such a degree as to destroy life by asphyxia; and this is not an uncommon case in individuals whose bronchial disease has been neglected in the course of the fever. A very extensive experience justifies this conclusion, that in a large number of those cases of fever which we find in the records of medicine, where death took place by what is called effusion into the chest, and where that effusion was attributed to debility or exhaustion, the real explanation is—that those patients had for a long time, before their death, a progressive secondary disease of the bronchial membrane, which was overlooked and neglected, and when it rose to its height, attention was drawn to it when it was too late.

Now, let us consider the local symptoms of fever. We find that these are of several kinds. One class of them may be termed, for want of a better name, neurotic or nervous—that is to say, singular phenomena of functional alteration occur without organic change. I believe that there are none of the great organs of the body which in fever may not exhibit this curious class of symptoms. In connexion with the brain, we have delirium constantly, as a neurotic condition in fever; pain as a neurotic condition, convulsions as a neurotic condition; coma, and so on. If we go to the thorax we often find cough and accelerated breathing without any anatomical change of the lung. If we turn to the abdomen, we find many of the symptoms which are attributed to actual anatomical disease, yet they may exist altogether independent of it. We find great tenderness of the epigastrium, and yet no gastritis, no peritonitis, no inflammation of the liver. We find swelling of the abdomen, without any anatomical disease; we find diarrhœa without any anatomical change; and so we observe, that there are none of the great organs that may not occasionally exhibit those curious conditions of symptoms depending upon functional alteration. This is the first class of symptoms. The next class includes those which depend on special anatomical change. We may have this change in the brain; we may have it in the lungs; we may have it in the heart, in the spleen, or in the glands of the intestine. In the lungs we recognise it by râle, cough, expectoration, the filling up of the tubes with mucopuriform matter, and, on dissection, tumefaction of the mucous membrane, attended by lividity, vascularity, softening, or even ulceration. In the heart, we find it accompanied by signs of softening of this organ, generally speaking, confined to the arterial or systemic heart. Many of you are, no doubt, familiar with the local changes which occur in the spleen and in the intestine.

Then we come to the third class of local affections in fever, and this is a very curious and important one. The condition of the parts here is, as it were, a compound condition. The organ is supposed to have suffered infiltration of what is termed the typhoid matter; it has become swollen and enlarged. This is a condition which is capable of retrocession, without any consequent injury to the part; but in certain cases this retrocession does not take place, or it is interrupted by actual inflammation of the tissues which are thus infiltrated. Thus, we have three very important classes of local affections, which, though organic at first, are not inflammatory, but which become complicated with a secondary or re-active inflammation. There is, I believe, a fourth set of local symptoms, or of local affections if you will, in fever, which has not, perhaps, received sufficient attention. I think it is extremely likely, that, in certain cases, we have organs suffering from want of a natural supply of blood; and that this is extremely likely to take place as far as the nervous system, at all events, is concerned. Any of you that have turned your attention to the subject of the fatty degeneration of the heart,—so often brought before the Pathological Society of Dublin,—will recollect, that one of the most remarkable symptoms of this affection is, that the patient is liable to repeated and extraordinary attacks of nervous disease; and nervous disease shown by frequent attacks of syncope, or by apoplectic attacks continually repeated, very often without consequent paralysis, but in some cases with paralysis. This is an illustration of the development of extremely important nervous symptoms, not from fulness or congestion of the brain, but from an anæmia of the brain; and it illustrates the great pathological proposition—it is one of many illustrations of it—that similar symptoms, or nearly similar symptoms, may arise from essentially opposite conditions. We know that apoplexy and paralysis frequently arise from hæmorrhage into the brain; we find that they also arise from anæmia of the brain. In the disease to which I so long directed the attention of the classes in this Hospital—the typhoid softening of the heart—there is a great probability, indeed, that the brain, under those circumstances, suffers from anæmia; and it may be—though this is a point which has not been at all sufficiently worked out—that many of the extraordinary nervous symptoms in fever, to which we can assign no anatomical cause, really procced from an anæmic condition of the brain, the result of a temporary softening or weakening of the left ventricle; in fact, that in typhoid fever there is produced, for a certain number of days, the condition which is seen as a chronic state in the fatty degeneration of the heart. It requires very little acumen to perceive, that if the brain is liable to this fourth and curious set of local disturbances, other organs may suffer in the same way. This is a subject which at present is by no means worked out. I merely throw it out for your consideration. But we might inquire, whether the tolerance of wine in typhus is in any way to be explained by an anæmic state of the brain. There are few things more curious than the power which is shown by patients in typhus, of bearing a quantity of wine or brandy without intoxication. They will often swallow many times more wine than would make them quite drunk, if they had not typhus; and wine becomes a sedative, rather than a stimulant, so far as symptoms are concerned. Does not this indicate a state of the brain the opposite, in some respects, to that of health? I do not want you to believe that all the good effect by wine is derived from its action on the weakened heart; for it may be, that the direct influence of the stimulant itself on the nervous matter may be a cause; but, whether we take in one or both modes of action, its effect indicates a condition

of the circulating and nervous systems the opposite to that of inflammation, as we understand the term.

We come now to announce this very important proposition, that the condition of fever, or, if you will, the poison of fever, is capable of producing local symptoms without organic change. We can understand the poison of fever producing a general fever without any local symptoms; that is easy enough to be understood; but it requires a good deal of teaching and observation to persuade men that the poison of fever is capable of producing local symptoms without any organic change. It is quite impossible to exaggerate the importance of this proposition as a guide in the practice of Medicine, for it is because this proposition has not been sufficiently accepted,—because it has not been engraved upon the minds of the Medical and Surgical students, that so much mischief is done in the treatment of fever. There is one grand rule, and, if you did nothing else for the whole of the session but learn it, your time would be well spent,—and it is this, that those rules of diagnosis of local diseases which are to be accepted as true in cases which are not typhus fever, lose their value to a great degree when the disease is typhus fever. This applies to the local symptoms in connexion with the three great cavities. You are not to apply the rules of diagnosis, drawn from the observation of diseases which are not fever, to the symptoms in fever, because fever is a special, essential state, and has its own conditions and its own rules. And this confirms the observation which I made in the Introductory Lecture, that the student, no matter how extensive his education may have been in Surgery and in Medicine outside a fever hospital, has really only learned half of his business if he has not studied fever at the bed-side. In consequence of ignorance of this rule, men having a case of fever, with symptoms which, they had been led to believe, in cases not fever, were indicative of local inflammation, at once proceeded to treat the case as one of local inflammation.

The patient on the 10th or 12th day of typhus fever is watchful, delirious, violent, complains of great distress in his head, and so on. Well, what does the Practitioner do, who has not learned this rule? He shaves the head; he applies ice to it; puts on a dozen or two of leeches, and what is the result? The result too frequently is, that the patient dies rapidly. The symptoms in this case were not the result of inflammation of the brain; they were not the result of hyperæmia of the brain. There was, perhaps, an exactly opposite state: at all events it was not such as to require depletion; the patient was suffering under general debility, and he sinks under the doctor. This is still a common case. I have seen applications of leeches to the head in an advanced stage of fever with delirium, almost as certainly fatal as a pistol-shot through the brain would be. Here let me give you the observations of Louis, illustrative of the actual value of the symptom of delirium, as an indication of inflammation of the brain in fever; and I may mention here, that as Louis' observations were drawn from the Continental typhoid fever, they must be considered as still more applicable to our disease; because, in the Continental typhoid fever, there seems to be a greater probability that the local symptom shall be connected, or is really connected with local irritation than it is here. He took, in the first place, 12 fatal cases of typhoid fever, which did not present the symptom of delirium. In 4 of these cases he found redness of the brain, in 6 the brain was perfectly healthy, and in 2 there was slight softening of the brain. Now, let us take his 12 other cases, in which delirium was an extremely prominent symptom. In many of them the patients were violently delirious,. In 5 of these cases there was redness of the brain, in 5 the brain was perfectly healthy, in 1 there was slight softening, and in 1 slight injection. Now, compare these two sets of results, and see how extremely similar they are. Where there was no delirium 4 patients presented redness of the brain; where there was delirium 5 presented redness of the brain. Where there was no delirium 6 presented the brain perfectly healthy; where there was violent delirium 5 presented the brain perfectly healthy. The other cases may go for nothing. This result is extremely valuable indeed, as showing how very little we can depend upon the symptoms of excitement of the brain, as an indication of organic disease when the patient is in fever.

Now, let us go to some other organ,—take the heart. "Well," you will say, "the heart need not be taken, because in most of our cases the heart shows a depressed state, and not an irritated state." But there are many cases of fever in which the heart is violently excited, as you will have frequent occasion to see. What is the result of dissection in those cases of excited heart in fever? There are two conditions which, according to ordinarily received notions, should lead you to expect irritation or inflammation of an organ: first, that the patient has fever, and next that you have an organ in a state of great excitement. If the patient had not typhus fever, but had fever which was not typhus, and an excited organ, the chance would be, that that organ would be found in a condition of inflammation. If a man has fever which is not typhus fever, and his lungs are excited, we find bronchitis or pneumonia; if his pleura is excited, we find pleuritis, and so on. But here is a case of typhus fever, with extraordinary excitement of the organ, and when you come to dissect the parts you find the heart perfectly healthy,—not the slightest sign of disease is found; and the same observation will frequently apply to the digestive system. You will have tenderness on pressure of the abdomen, extreme thirst, nausea, and vomiting. Yet, on dissection, the mucous membrane will be found pale, and there will be no sign of disease. If a patient who had not typhus fever had a red tongue, or a dry and cracked tongue; if he had thirst, if he had vomiting and tender epigastrium, every one would say, This patient has gastritis, and, in all probability, he would have gastritis. But in fever, the state of the tongue is no sign whatsoever of gastritis; for each of you that has worked in the fever wards here must have seen that we are totally regardless of the condition of the tongue in the administration of the most powerful stimulants; and we find that one of the best modes of removing the redness of the tongue in fever is to give hot brandy, or large quantities of wine, or such stimulants as bark and ammonia.

Again, take the eye. Delirium ferox with an injected eye is the expression of inflammation of the brain where the patient has not typhus fever. But take a case of fever, and is the injected eye a sign of cerebritis? Certainly not. It is merely to be looked upon in the same way as the tongue—it is a local affection under the dominion of the general disease. The truth is, that disease of a true inflammatory character is the rarest thing possible in fever; it is so rare, that some do not believe that it ever occurs. Apply this axiom, then, to treatment, and see what becomes of that doctrine which advocates bleeding in fever, which advocates starvation and purging in fever, which forbids the use of wine, and other stimulants. There is another very important view or argument to be referred to here, which all practical men will understand. If fever was a group of inflammations, or if it was symptomatic of any one inflammation; in other words, if it was an inflammatory disease, we ought to expect that in the larger number of patients who had gone through the process of fever, chronic diseases of organs would be developed. If a patient has acute rheumatism, we find that his heart may become engaged. He recovers from the rheumatism, and then he has a progressive organic disease of his heart. When you reflect upon the extent of fever, the great number of persons that have been at some time in their lives attacked with fever, you should at once come to the conclusion, that if those fevers were examples of groups of local inflammations, we should have a much greater quantity of organic local diseases consequent upon them: but what is the fact? The fact is, that such accidents are extremely rare. How few cases can be adduced of confirmed mania as a consequence of fever! How few cases can be adduced of paralysis, of apoplexy, or of hydrocephalus as a consequence of fever! Surely if, in this enormous number of cases of fever with violent head symptoms, there had been inflammation of the brain, in some of them, at all events, we should have, as a consequence progressive disorganization of the part. Again, take the thorax. How few instances are there on record of chronic progressive pneumonia after fever; how few of chronic pleuritis; how few cases of atrophy of the lung; how few cases of anatomical changes which end in progressive organic disease, which has started from an inflammatory disease that took its origin pending a fever! Go to the heart. We have two classes of heart affections in fever: one, a softening and weakening of the heart; and the other, an excitement of the heart. I don't care which of them you take. Do we find that, after a recovery from fever, in persons who have had either of those affections of the heart during the fever, there is a liability to valvular disease,—that there is a liability to hypertrophy of the heart,—that there is an adhesion of the pericardium? Nothing of the kind results. The fact is, that those organs have never been in a state of inflammation. They have suffered pending the fever, and, the fever having left them, the parts are restored to their normal condition. This is a very important consideration, and you may extend it still further. If fever was an inflammation of the blood-vessels, it is not to be supposed that we should have many cases of disease of the aorta in the thousands of persons who have gone through fever. Yet we find no such results. If you go to the digestive system, (and this is, perhaps, the system, of all others, which is the most liable to organic change,—at least in

the Continental fevers,)—take the peritoneum. How few cases do we find—or have we any case to show—of chronic peritonitis, as the result of typhus fever? Not one that I know or ever read of; and yet the patient may have had symptoms of severe irritation of the abdomen pending his fever. In fact, all that we know of disease of the peritoneum, in connexion with fever, is simply, that, in certain cases of ulceration of the intestine, a solution of continuity of the peritoneum takes place, and the fæcal matter is effused into the cavity, and the patient dies of acute peritonitis. But that does not touch my argument. Where are the cases of chronic diseases of the liver springing out of typhus fever? It has been long a portion of medical doctrine,—it has become a traditional doctrine,—and everything that is traditional in medicine is to be respected,—that fever has a depuratory effect on the system. Now, whether it has a depuratory effect or not, we shall not here inquire; but the very fact of the existence of that doctrine, which is much older than pathological anatomy, implies, at all events, a very general belief that fever does not damage organs; for, if it did damage the various organs that exhibit local symptoms in the course of the affection, we should not have the doctrine established of its having a depuratory effect. The cases of the establishment of a chronic ulcerative condition of the intestinal tube might be adduced in opposition to these views, but I do not place much weight upon them. We may divide them into two classes; in the one, diarrhœa, or some other symptom is established during the fever, which latter runs on indefinitely—here the typhoid disease of the mucous glands has been attended with re-active irritation, and this has interfered with the action of the law of periodicity—so that the fever runs on indefinitely. In the next case, the fever may be supposed to have ceased, but so much disorganization has occurred, that the ulcerative process seems to go on as it might be supposed to do in another case where no typhus had preceded it. The cases related by Dr. Cheyne, in the first and second volumes of the "Dublin Hospital Reports," appear to be examples of these forms of disease.

SUBSTANCE OF A
CLINICAL LECTURE,
DELIVERED AT
St. George's Hospital.
By CÆSAR HAWKINS, Esq.
Senior Surgeon to the Hospital, and late President of the Royal College of Surgeons.

1. Peculiar Symptoms from Injury of Head (continued.)—2. Fatal Delirium—Dissection of Chronic or Tubercular Inflammation of Testis.—3. Diseased Tibia, Fibula, and Ankle-joint—Secondary Deposits.—4. Dislocation in Sciatic Notch reduced.—5. Dissection of recent Dislocation in Sciatic Notch.—6. Dissection of recent Dislocation of unusual kind above the Acetabulum.

In the last lecture I drew your attention to a very remarkable case of injury of the head in a man named Atherton, in which case I expressed a belief of the existence of some slight effusion of blood, and bruise or laceration of the brain, and ventured to give a favourable prognosis, notwithstanding the total want of sensation and motion in the bladder and rectum. On the whole, there has been a gradual amendment in the patient's condition during the last week, though the main features remain in nearly the same state.

On the 2nd of February he continued to pass his motions unconsciously; but he had called to the nurse, though not in words, when she was at the table, and appeared to have recognised his wife, and to have asked for his child, but without more power of utterance; so that, when asked if his wife was the nurse, he could still only answer "Yes." His pulse was under 80, and rather depressed; and I ordered for him a mutton-chop, and a blister behind each ear, having on the previous day repeated his dose of calomel.

On the 4th he showed evidence, on two occasions, of greater sensibility, by making signs for a utensil to pass his water voluntarily; but only on these two occasions, and he was still unconscious of the passage of fæces, and he still only said "Yes" to everything. His pulse continued quiet and regular at 80, and he had not again been observed to have any twitching of the face, which had been once noticed. On the 5th he never once seemed aware of the water passing. Yesterday, the 6th, he was evidently better, having been able to say "No" in its right place in one or two answers, but at other times only "Yes;" but he had also for the first time put out his tongue, instead of only opening his mouth, when asked to put it out. His bowels still acted unconsciously, and the water generally so. His pulse was 92, however; and therefore I ordered another blister to the neck, and repeated the calomel; and to-day, also, the pulse is still about 90, but his quickness of apprehension and ability to answer seem to be better, and once he has made signs for something to receive the evacuations of the bowels.

He is, then, as I said, slowly improving; but, on the other hand, this is the twelfth day since the accident, and therefore his pulse becoming quicker may possibly indicate the chance of the inflammation which is apt to occur about this period.

[During the succeeding week this patient perfectly recovered the power of talking, and his mental faculties are quite restored, as well as the voluntary power over the sphincters, and he seems to be getting quite well.]

You have recently seen another case, with peculiar head symptoms of a mixed character, which has ended fatally, and to which I direct your notice next, on another account also.

Joseph Camplin, 32 years of age, was admitted on the 25th of last month, on account of diseased testis, to which affection we will return presently. When I first saw him, two days afterwards, I observed a singular manner—hurried and nervous—with hasty mode of speaking, and an expression in his eyes like that of a maniac, which made me direct inquiries to be made of his wife, whether he had ever been out of his mind, or had been delirious; and it appeared from her account, that he had been a potman, but had not lived intemperately since she had known him, and she had never heard of his having had delirium; but yet, having been recently at the Convalescent Institution at Carshalton, he had been there restless and not easily confined to bed, though not positively delirious. He also complained of some pain in his head, especially at night; his bowels were also generally constipated, but his pulse and tongue did not indicate anything of importance.

On the 28th and 29th he continued very odd in manner; and, as the notes say, more muddled in his head; and, on the 30th, it is remarked that he had passed a restless night and was constantly endeavouring to get out of bed, for which half a drachm of laudanum had been given him by the House-Surgeon, which had procured an hour's sleep; and the bowels not having acted for two days, senna was also given twice before it acted.

There was something unusual in the symptoms before this delirium completely showed itself; but yet the delirium itself was now just such as a potman might be supposed to be liable to, and accordingly, as he became worse in the evening, some more opium and some gin were given, with the effect of making him more composed during most of Jan. 31 and Feb. 1. On the 2nd he was sometimes delirious and restless; and, when spoken to, began a rational answer, and then finished by incoherent rambling; and, on the 3rd, began a new symptom, namely, a tympanitic state of abdomen, with constipation.

Calomel and opium and senna, with some gin and nourishment, were administered, and a blister applied to the neck. Spots, like those of fever, also showed themselves on the abdomen. The delirium then became muttering and low; more swelling of the abdomen took place, and he died comatose early in the morning of the 4th.

The right lung was adherent to the pleura all over, and contained, as you see, several small vomicæ and numerous miliary tubercles in various parts, and was much congested. The left lung was also congested, and filled with small tubercles; and there was some serous fluid in the pleura. The auricles and ventricles of the heart contained dark clots of blood, and the latter were contracted. The anterior mediastinum contained these strumous glands, which are enlarged considerably. The liver was dark-coloured and soft on the surface, but light in its substance. The glands in the ilcum were enlarged, and there were several strumous ulcers in the cœcum, which have, as you perceive, spread to some size; and hence, doubtless, the tympanitis. You may also see how contracted and wasted the left kidney has become, and how large, therefore, is the right kidney, in order to perform double duty. There was some rather opaque serum under the arachnoid membrane, and the lateral ventricles were much distended with fluid. The fornix and optic thalami were soft, though not so softened as in perfect inflammation of those parts. Still, it is probable from these appearances, that there had been some inflammatory action of low character mixed with delirium tremens; and it may serve, along with Atherton's case, to make you understand how difficult it often is to recognise the exact nature of morbid affections of the brain, since

exactly similar symptoms may arise from totally different conditions of that organ.

But Camplin's death has given you an opportunity of seeing what you cannot often examine, namely, the early stage of a form of chronic inflammation of the testis, or tubercular disease, which you can contrast with the really scrofulous affection of the epididymis, of which I recently described to you an example. Camplin came in for a hard swelling of the epididymis, which began in August last, and was attributed to his having struck it while moving a hogshead of sugar. He took little notice of it till six weeks ago, when it became larger and more painful; and he applied some leeches, and was obliged to lay up, and went, a fortnight before his admission, to Carshalton. On his admission there was hardness and slight swelling of the whole length of the epididymis, and the vas deferens was slightly hardened near the testis; the thickening appeared to go a little way into the centre of the testis, but the whole of the tubular part was perfectly soft and healthy. It was too extensive for the strumous disease, which is generally in one or two tubercles, and yet the entire freedom of the tubuli from disease is not common in the ordinary fungous testis of chronic inflammation. The affection to the feeling resembled most the hardness left by inflammation, extending from the urethra, along the vas deferens, to the epididymis, and yet the cord was unaffected, and he had had no gonorrhœa or other urethral affection. You see, however, in the section, very clearly the manner in which chronic inflammation affects the tube, the convolutions of which are seen very much dilated, so as to be quite patent; and you can squeeze out of them some of the yellow deposit, which is the result of this peculiar disease, and which, in the later stages, is in considerable masses between the tubuli and folds of the vessels of the epididymis, as well as within all the tubes themselves. The patient himself, on his admission, said that he had the same disease as the patient in the next bed to him; and so the dissection proves that it really was, though I scarcely knew, when his head symptoms began, what the disease of the testis ought to be considered.

Mr. Hawkins then described and commented on another case, in which a large fungus protruded through the scrotum, and was quite cured by mercury, and made some remarks on the treatment of the disease, recommending calomel and opium in preference to other forms of mercury, which he had known fail in stopping the enlargement, though the same cases had rapidly yielded to calomel.

In the last lecture I spoke to you of the case of Stapley, and said, that, with his diseased tibia, and fibula, and ankle-joint, it would have been a question whether amputation should be performed; but that his state of health did not seem altogether to depend on the local disease, and that since an attack of fever, three weeks previously, it had been very unsatisfactory, and that he was exactly in such a state as to dispose him, if the limb was removed, to be carried off by secondary hæmorrhage, or secondary abscesses from phlebitis. He has died, however, without operation; and I have just brought from the room behind some evidence of the cause of his death. On February 3, some fresh swelling and inflammation showed themselves about the ankle. On the 4th he had rigors, which occurred again on the 5th in the morning; after this he ate his dinner as usual, and had his tea and his wine. About nine in the evening he again had rigors, and fell into a state of partial coma, from which he did not rally, and died yesterday morning, the 6th.

Many of you have seen that both tibia and fibula were exposed, and slightly carious at a little distance from the joint; that both sinuses communicated with each other, and led into the joint, the cartilages of all the articular surfaces being entirely destroyed, and foul pus passing from the joint to the external openings, the bones in the joint being black and eroded. Besides this, a collection of thick white pus had formed behind the joint, not yet communicating with it, and probably very recently collected.

The femoral and external iliac veins contained soft discoloured blood, such as is seen in phlebitis, from softened fibrin; and then, near the latter vein, the whole length of the psoas magnus muscle above Poupart's ligament was soft and discoloured on the surface, and, when cut into, showed a quantity of purulent deposit among the muscular fibres, which were not yet broken down so as to form an abscess, as they would have done if the patient had lived a little longer.

I can scarcely doubt, that if amputation had been performed, phlebitis would also have occurred from the stump; if, indeed, it had not begun at the time some irritative fever took place, about a month before his death.

The next case on which I will make a few remarks is that of William Duig, 30 years of age, admitted on January 31, with dislocation of the femur. It appears that he was lowering a scaffold-pole from one floor of a building to another, and the weight proving too much for him to bear, he missed his footing, and the pole fell on his hip, displacing the bone. Probably he was stooping down at the time, so that the head of the bone pressed against the outer part of the acetabulum. The signs of dislocation into the sciatic notch were evident, in the bent position of the hip, the inversion and slight shortening of the limb, the hollow in the front of the joint, and the alteration of relation of the trochanter to the spine of the ilium, and the prominence, not very distinct, however, made by the head of the bone internal to that of the trochanter; and on trying to move the bone no crepitus was felt, as if there were any fracture.

You saw the reduction effected in the theatre, under the use of chloroform, the patient being placed in the position usually recommended for this form of dislocation, namely, on the sound side, with the thigh a good deal bent upon the pelvis, while extension was made from the knee, and counter-extension from the perinæum. Extension was gradually increased; and you must remember, that under chloroform greater caution is necessary than when a patient can complain of pain. Shortly the head of the bone came down to its proper level, and I tried several times, by lifting the bone close to the joint, while the knee was held down, and, by rotating the limb, to raise the head from behind the prominent part of the acetabulum, which resisted the return into the socket; but it would not rise sufficiently from this hollow, nor yet by bending the joint a little more, and therefore, at the end of fifteen minutes, I endeavoured to make the head rise over this obstacle by suddenly intermitting the extension, and quickly drawing the knee backwards, as a lever, so as to make the head rise forwards, while force was directed against the neck of the bone as a fulcrum; but the cord in the pullies, as you saw, would not run quickly, and therefore the head directly went backwards towards the sciatic notch. Accordingly, extension was immediately resumed, and the head drawn down again, but still it would not enter the socket till after I had twisted the bed, and with it the patient's body, while the extension was continued, so that the femur was placed nearly in a straight line with the body, instead of being bent on the pelvis, which change seemed to enable the adductors to draw the head over the edge of the acetabulum, which they could not do in the bent position of the joint; it thus returned with a jerk into the socket. I do not mean by this to recommend you always to do this, because I think the bent position is generally the best; but only to show that, in reducing dislocations, some peculiarities, which you cannot always understand, will be overcome by varying the direction of the force you are using.

You saw how greatly the patient complained of the pain occasioned by examining the limb to ascertain the nature of the injury, and this is perhaps explained by the fact noticed by Mr. Quain, of the sciatic nerve being much stretched across the neck of the bone, and by another case of Mr. Wormald's, in which it actually lay subject to pressure between the head of the femur and the innominatum. There is no case, perhaps, in which the advantages of chloroform are so apparent, as in the reduction of dislocations, not only from the entire removal of the very great pain of long-continued extension, but in the complete relaxation of muscles which it produces, leaving the form of the bones, or the stretched ligaments, in some cases, as the chief obstacles to reduction, instead of the usual muscular action.

I think you cannot but have been struck with the entire freedom from pain and inflammation which this man has enjoyed in the week which has elapsed, notwithstanding the violence necessary to dislocate the thigh from so strong a joint; in fact, he has only been kept quiet as a precautionary measure, and to strengthen the renewed attachments of the ligaments and other injured parts. [The patient insisted on going out a day or two afterwards.]

In fact, however, the violence is not so great as you might imagine, and the parts torn are sometimes very few, and the injury trifling. The dislocation into the sciatic notch, as it is usually called, is rare, and the opportunities of dissection in recent cases fortunately still more rare. It does not appear that Sir Astley Cooper ever had this opportunity, nor Mr. Bransby Cooper, who edited his uncle's great work on Dislocations; and it is curious that Mr. Liston says he never saw this form of dislocation at all, except when he himself occasioned it in endeavouring to reduce a dislocation in the thyroid foramen. What little has been observed on the subject is contained in a paper by Mr. Quain, in Volume XXXI. of the "Medico-Chirurgical Transactions;" and in the plate on the table you will see the exact appearance of a recent dislocation dissected by him. In this case

the pyriformis was slightly stretched, and the gemelli and obturator internus were in a state of extreme tension; and the only muscles which sustained real injury were the obturator externus and quadratus femoris, which were completely torn across.

I can corroborate from a case of my own the observations made by Mr. Quain, as to the position of the head of the bone, which is almost universally described, from Sir A. Cooper, as being on the edge of the bone in the greater sciatic notch; while in reality the bone, in what is termed dislocation in the sciatic notch, really lies on the spine, or in the space between the tuberosity and the spine of the ischium; and the observation of Boyer and other French Surgeons may be correct, that when it actually lodges on the edge of the great sciatic foramen, it has been first dislocated in the dorsum of the ilium, and has afterwards passed more backwards.

I have brought for you the notes of my case, which is that of a man, 32 years of age, who was admitted under my care as long ago as April 28, 1837. On the preceding day, while in a stooping posture, with his legs across some wood, a large piece of timber fell upon his back, which dislocated his right thigh-bone, and produced much contusion of the groin. The dislocation, which was in the sciatic notch, was readily reduced, perhaps from his depressed condition, by Mr. Neville, of Esher. But in the night the perinæum and scrotum began to swell, and rapidly increased by the morning, with much discoloration of the skin; and, on introducing a catheter at three different times, no water was found in the bladder. He was therefore sent to the Hospital.

There was in fact effusion of urine in the perinæum and thighs and scrotum, and in the cellular membrane at the lower part of the abdomen. After the necessary incisions had been made, he went on very well for a time; but, on the third day, pain and fever came on; and he died with stupor on the 2nd of May, five days after the accident.

The symphysis pubis was separated, and a small piece of the right os pubis broken off; the left transverse and descending ramus of the pubes were broken, and the right synchondrosis ilii separated without fracture. There was a large cavity, containing quantities of coagula and urine, with commencing suppuration, between the pubes and bladder, raising the peritonæum nearly to the umbilicus, and pushing the bladder back, in the front of which was an aperture the size of the end of the little finger, corresponding apparently with the symphisis pubis in situation, by pressure against which, in fact, the bladder is often ruptured. The blood from this cavity communicated with extensive effusion behind the peritoneum, on both sides of the spine, reaching upwards to the diaphragm, and passing up into the coats of the bowel, in the rectum, colon, and mesentery, no suppuration having taken place in these parts. The peritoneum next to the urinary cavity was slightly adherent to the omentum, but there was no general inflammation of this membrane. I read this to you, though irrelevant to the subject of dislocation, because it is interesting from the enormous extent of the effusion.

The psoas magnus, iliacus, tensor, and sartorius were removed, and found perfectly uninjured, and the front of the capsule quite safe; and, on opening it, there was no trace of blood. The pectineus and three adductors were not at all torn; but there was some blood in them, and they were partly sloughy from the infiltration of urine. The pyriformis, gemellus superior, and obturator internus were quite uninjured; the lower third of the gemellus inferior and the upper two thirds of the quadratus were torn across, and a hole was thus formed, through which the head of the femur readily passed. The obturator externus was very slightly torn. The capsule was not torn till where it is attached to the neck of the femur, where it is naturally very thin; here a rent existed, running about an inch and a-half round the bone, through which the head easily passed when not held in the socket by the air, and then passed readily with a little rotation inwards on the space between the tuberosity and spine of the ischium, not being able to reach so high up as the sciatic notch. The round ligament was completely torn across at its attachment to the acetabulum.

Such, then, is the nature of the so-called dislocation into the sciatic notch in my own case, and you will see in this paper that it corresponds with slight modifications with Mr. Quain's and one or two others on record.

There was, a few years ago, in the Hospital, a very singular and unusual form of dislocation, which was minutely dissected very shortly after the injury, which I will read to you from the *Post-mortem* Book:—

"James Millward, aged 70, admitted May 3, 1841. The thigh-bone had been dislocated directly upwards, the neck of the bone, lying upon the upper part of the margin of the cotyloid cavity; the great trochanter was directed outwards and backwards. The head of the bone was bounded anteriorly by the two lesser glutei muscles, and partially by the tensor vaginæ femoris, which was spread out. To its inner side were the sartorius and rectus femoris, and to its outer side the posterior fibres of the lesser glutei muscles. The capsular ligament presented an extensive laceration towards its upper part. The ligamentum teres was ruptured a little before its attachment to the cotyloid fossa. There were five muscles which were partially ruptured. The gluteus medius and minimus were nearly torn through at about two inches from their attachment to the trochanter major. A few fibres of the gemellus superior were ruptured; the two lower thirds of the fibres of the gemellus inferior and the upper fibres of the quadratus femoris were torn through. The other muscles were not injured.

"The thigh-bone of the opposite limb was fractured at the lower third, and several ribs of left side of the chest were also fractured.

"The patient died a short time after his admission, without reduction of the dislocation."

You see, then, that the bone was not dislocated into any one of the recognised situations; and there are very few descriptions of injury which appear to have borne the least resemblance to it. I must not detain you, however, to comment upon it.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVIII.

ON THE MEDICAL PREPARATIONS FOR NAVAL ACTIONS, AND ON THE CASUALTIES AT THE BATTLE OF NAVARINO, 1827.

By SIR JOHN LIDDELL, M.D.
Inspector-General of Naval Hospitals.

(Continued from page 314.)

The examples of musket-shot wounds were not very numerous, but they were sufficient to show that it is not always possible to tell the superficial course of a ball in the body by the discolouration of the skin. A Marine (B) had a musket-ball enter over the upper edge of the scapula, which made its escape above the sternal end of the clavicle, running, as the probe showed, quite superficially, without affording the slightest trace in the skin of its track. A Russian seaman had a small-sized canister-ball enter near the dorsal end of the tenth rib, on the right side, which passed so superficially across the back as not to injure the spinous process of the vertebræ, the ball escaping rather lower down on the opposite side than the corresponding part to that at which it entered; but there was not the least discoloration of the skin to mark any part of its course; and, as from the horizontal nature of the wound I thought it right to make a counter-opening near the vertebra, I was quite satisfied as to its being superficial. A midshipman (C.) was struck by a square substance about the size of a canister-ball, which hit the tibia, and glanced at first superficially under the skin, and then deep into the calf of the leg, where it escaped, without giving the slightest external mark of any part of its course. By far the greater proportion of our wounds arose, as is usual in sea-fights, from the ravages committed by larger substances, as cannon-balls, shells, grape, and canister, or splinters of wood and iron that had been transformed into vulnerating bodies by the shot striking them, driving and scattering them with prodigious force. The most common and formidable of these wounds, when they were not immediately fatal, though they did not always appear so at first, were fractures of the extremities, in which the bones were crushed into numerous irregular fragments, that were forced into the flesh, tearing and destroying the soft parts, blood-vessels, and nerves, producing a combination of all the complications that can render a wound severe and dangerous. These were usually so well defined, that no doubt could be entertained of the propriety of the immediate removal of the limb; but others, again, occurred, where there was a chance or a doubt even of being able to save the member, in which case we deferred interference till the severity of the symptoms and the actual state of the patient gave positive indications that nature was not equal to the work of reparation.

When it was decided, in cases of comminuted fractures, that a trial was to be made of saving the limb, it was necessary to

free the wound from as many complications as was practicable, by arresting the hæmorrhage; by the extraction of all the loose pieces of bone that were so detached from the periosteum that they could not live; by rounding off and rendering smooth the shattered ends of the bones, bringing them into apposition, and maintaining them together in contact; laying the torn flaps smoothly down upon the bone, and retaining them softly in their place by dressings, which would not require the intervention of the surgeon, or be disturbed till suppuration was fairly established, when any remaining bits of loose bone could be easily removed. These are the descriptions of cases in which free scarifications or incisions may, and, indeed, must be employed, without dreading the effusion of blood from smaller vessels, which should rather be encouraged; and it will be found infinitely preferable to do this at the time of the infliction of the wound, than to temporise. Much importance has been attached to this practice of scarification, the *débridement* of French surgery, which has singularly varied, and varies still. Some surgeons, as John Bell, Dupuytren, and others, scarified all gun-shot wounds, with a view of relieving the stricture of narrow openings, and of converting them into fresh, open, and bleeding wounds, by which, it was alleged, that all future mischief from strangulation of the parts would be prevented. But John Hunter, Guthrie, and other great military authorities, consider such incisions and splitting-up of the edges of the wounds, as generally useless. They remedy nothing; hundreds of long tracks of ball wounds heal readily without them; and it is quite time enough to employ them when the necessity occurs. These incisions, therefore, are confined to complicated wounds, where they are required for the extraction of foreign bodies, bony fragments in comminuted fractures, and bleeding vessels.

Here, again, opinions are much divided; some advising the removal of all the loose and detached pieces of bone, whose mobility is established, whatever be the extent of the adherence that still retains them; others maintaining that the presence of fragments of bone is indifferent, that they will separate and come away by suppuration, and that it is useless to expose the wounded to the pain inseparable from their search and extraction. I cannot insist too much on the danger of this last advice, which allows these detached fragments of bone to remain in the fracture, confiding the care of their elimination to inflammation and interminable suppuration. These fragments seldom recover their vitality, and it is easy to imagine the intensity of suffering and inflammation that is induced by the turgid tissues being pushed, by their tumefaction, against their sharp and cutting edges, that prick, tear, and irritate the parts, which provoke and sustain deep inflammation and suppuration, that is renewed from time to time, till purulent infection and exhaustion have so spent the vital powers, that amputation of the limb may be had recourse to too late to save life. Such are some of the terrible and gratuitous evils to which the retention of fragments of bone in the fractures of the extremities expose the wounded, which show the urgent importance of extracting at once, and before local re-action occurs, not only all those floating fragments that can be discovered and laid hold of, but even those sharp, angular, and moveable portions, whose adherence can be destroyed without much effort. This indication, which I consider absolute, is not to be fulfilled by blind violence, but with that cautious reserve, aided by the bistoury, that prudence enjoins, never forgetting that by tearing away the fragments that adhere, we may detach the periosteum to a distance, leaving the bone so denuded of its nutrition that it will become necrosed.

It is generally prudent to extract at once all splinters of bone from the face, whether they are adherent or not. Their superficial position allows us to act with facility, and their removal may insure the preservation of the uniformity of the features, which may become hideously deformed from irregular scars. Wounds of the soft parts of the face, whatever be their direction and depth, have a great tendency to separation, more especially in the cheeks, which are so vascular and loose, that they are generally complicated with hæmorrhage more or less severe. When these wounds are much torn, ragged, and bruised, we can frequently transform them into simple ones by paring off the edges, and bringing them into linear contact, securing them by sutures, and covering them with cloths dipped in cold water, which is the best sedative. These sutures, which would only cut and irritate the swollen and inflamed skin, if left in longer, should be removed at the end of three or four days, having then done all the good they can accomplish. The adhesive plaster which has been placed in the intervals between the sutures may be left till the union is complete, and there is no longer a chance of the now solid cicatrix giving way spontaneously. I used these sutures largely in flesh wounds in all parts of the body, and found them very useful, not only when the edges of the wound could be brought in contact, but also in wounds with loss of substance, where the skin was soft and elastic. In these cases, where adhesive union was impossible, great advantage was obtained by bringing the edges towards the centre of the uncovered parts, thus diminishing the size of the wound, the extent of suppuration, and thereby accelerating the cure. In doing this, care ought to be taken not to incur the risk of restraining the natural movement of the parts by a too narrow cicatrix.

Among the general questions connected with gun-shot wounds, there is none that has excited so much discussion, or given rise to more diversity of opinion, than the necessity and advantages of immediate over deferred amputation. The disputes have been endless, and the subject is little further advanced than it was at the beginning; the cases where amputation is indicated by one writer being contra-indicated by another.

This discrepancy appears to me, in part, to have arisen more from the very different circumstances under which the wounded are found, than any real diversity of opinion; for, we ought never to lose sight of the important fact, that the situation of a wounded man is totally different in civil life and on board ship, where we fight at home, from one on the field of battle; and that we may and ought to save many a limb by temporising and assiduous care under those favourable circumstances, where its preservation would have been absolutely impossible in military practice, on account of the movements and privations to which the military are exposed. (See Larrey's account of the Battle of Eslingen.)

A man wounded in the street, or on board ship, is carried softly to a comfortable bed, from which it will not be necessary to subject him to any more movement than the dressing of his wound requires; here, if there be a chance of saving the limb, the trial may be made with safety; but it is not a question to decide whether such a thing is likely to take place at a wounded man's own home, or in a hospital; but, whether it would be prudent to make such an attempt on the field, even with the most perfect ambulance, which, like the army to which it belongs, is moveable, and which is little calculated for wounded men with broken bones that require immobility for their preservation. The almost universal preference of military surgeons for primary amputation shows its decided advantage; for, if they temporise, it is with a well-founded hope of saving the man from mutilation, not that of finding a fitter season for performing the operation, or giving a better chance of success. Mr. Guthrie, from whose opinions on Military Surgery no one ought lightly to differ, is an advocate for primary amputation, but he does not recommend that it should be performed while the patient is depressed by the constitutional shock or alarm that frequently follows severe gun-shot wounds, but that the first period of agitation, which sometimes lasts from one to eight hours, should be allowed to pass over before any operation is undertaken. Mr. Copeland Hutchinson maintains, that no absolute rule can be laid down, and has shown that the slight shock is no contra-indication to the immediate performance of amputation, which does not, perhaps, constitute a difference of opinion between these two great authorities. If we do not amputate during the first period, it will generally be better to wait till the febrile state has subsided, and suppuration has been established, as an amptation during the inflammatory period would add to its intensity, and which does not necessarily disappear after the performance of the operation. We are obliged sometimes to amputate, during the period of re-action, from hæmorrhage that cannot be restrained, or from mortification; for, when gangrene is declared in a wound with crushed bones, there is an end to all doubt, and we can temporise no longer. Naval and military surgeons have been accused of amputating too readily, and numerous cases are adduced, generally much exaggerated, of limbs that were condemned to be amputated by one surgeon, and saved by another; but we seldom hear of the miserable death of those who have refused to submit to amputation, or whose limbs it was thought possible to preserve. The small number of the former who boast of their success make a poor compensation for the large number of the latter that have occasioned the regrets of those who have attempted their conservation. Even in some cases where the limb is saved, the incumbrance of a dangling, useless member, is so intolerable, that old sailors frequently implore one to free them from the painful burden. Amputation, being the last resource of surgery, should never be undertaken without the most cogent motives; and, as no absolute rule can be given to enable any one to decide that here is a case where we may save the limb, and here is one

that must necessarily be sacrificed, we must be guided by probabilities.

In the course of my inquiries among the surgeons of the Allied Squadron, I could find no instance, where amputation was had recourse to, in which there was a possibility even of saving the limb; but I could adduce many cases, where an overweening confidence in the power of nature, or an aversion to the use of the knife, where the patient's life was in jeopardy, and where the knife alone could save, cost the unfortunate individual his life; and I strongly suspect, that the horror which one naturally entertains at so cruel an operation, and the consequent mutilation that it produces, has led to more errors of fatal delay than we are willing to acknowledge.

OVARIAN DROPSY.—OVARIOTOMY. SUCCESSFUL RESULT.

VAGINAL CYSTOCELE MISTAKEN FOR PROLAPSUS UTERI.—OPERATION.—CURE.

By ISAAC BAKER BROWN, Esq., F.R.C.S.
Surgeon-Accoucheur to St. Mary's Hospital.

Oct. 29, 1853.—Mrs. B., aged 57, a lady from the country, consulted me, and stated that she first noticed enlargement of the abdomen on the right side eight months ago; at first the increase was gradual, but of late has been much more rapid. She further stated, that, ten years since, the catamenia disappeared, but reappeared last April; that she had seven children, the youngest being 14 years old. I recommended that tapping should first be had recourse to, followed by steady pressure. Accordingly, on November 3, I removed by tapping thirteen quarts of fluid, which contained a considerable quantity of albumen, and then applied one of my "ovarian bandages," made by Mr. Spratt, of Brook-street, and gave her bichloride of mercury in tincture of bark. Her health and spirits rapidly improved, and she returned home to the country.

On December 3, she wrote me word that she was still much improved in health; that she had, as requested by me, taken an accurate account of the fluids taken and the urine voided; the former having been, from the 10th of November to the 3rd of December, twenty-four pints; and the latter twenty-nine pints; showing that the kidneys had excreted an excess of fluid of five pints.

After this the cyst gradually re-filled; and, on February 27, she came up to town again, and wished the operation for extirpating the tumour to be performed. I very fully explained the danger to be apprehended, and requested that she would take a few days to consider the subject. This she did, and again requested that the whole or a part of the cyst might be removed. Accordingly, on March 2, just four months after tapping, having kept her a short time previously on farinaceous diet, I gave her ice to suck, arranged the temperature of the room to 70° Fahr., and kept the air moist as well as warm by having a kettle of water, with the spout turned towards the room, always steaming on the fire. She being brought under the influence of chloroform, administered by Mr. Moullin, I placed her diagonally across the bed, and, assisted by Messrs. Nunn, Winchester, Wilkin, and my son, proceeded to operate. Making an incision in the mesian line, midway between umbilicus and pubes, about three inches in length externally, I came down upon the peritonæum, which gave some little trouble in dividing, with the aid of a director, because there was so large a quantity of fluid between the peritonæum and cyst. This was, however, shortly all evacuated, and the ovarian tumour well seen. I had at first intended to have taken out a piece of the cyst only, but I found the coats so thick that it was quite impracticable. I passed my hand round the tumour, and found no adhesions. An assistant then seizing the tumour with a pair of vulsellum forceps, I introduced a trocar to evacuate the fluid. While the fluid was escaping, the patient retched a little, and expelled the tumour entirely through the orifice, the internal incision being not more than two and a-half inches in length. I then tied the pedicle, which was four inches broad at the junction with the tumour, and only two inches long, in two portions, with double ligatures of well-waxed twine, and removed the tumour. During the expulsion of the tumour a very small portion of the omentum and of the bowel protruded, which were held back by flannels first wrung in hot water. The pedicle was tied to a director, placed transversely across the abdomen, in order to keep it external, and the opening was closed by four deep sutures above the pedicle, and one beneath, and four or five interrupted sutures. A pad of lint soaked in cold water was applied, and one of my flannel many-tailed bandages steadily tied.

Two grains of opium were given as soon as she recovered from the effects of the chloroform, and one grain ordered to be given every two hours, and ice to be sucked constantly.

11 p.m.—Has had six grains of opium. Pulse 98; wiry; complains of flatulence, with nausea and retching; slight uneasiness, and evident symptoms of approaching peritonitis. Bled her from the arm to sixteen ounces. After bleeding, pulse fell to 84. Gave ten grains of calomel and two of opium.

12 p.m.—Pulse 88; sickness continued. One grain of opium every hour; to have barley-water and iced water *ad libitum*.

March 3.—1 a.m.—No sleep; sickness continues; pulse 90.

2·30.—Has had an hour and a-half's sleep; feels very comfortable; sickness quite gone.

4 a.m.—Slept nearly two hours; slight return of sickness; pulse 86.

5·30.—An hour's sound sleep; pulse 84.

6·30.—Has been very quiet; countenance perfectly calm; free from any indications of peritonitis; pulse 86, and good. Has taken in all twelve grains of opium. She now mentioned, that whenever she took opium she had dryness of throat and great thirst; and, although she had taken twelve grains of solid opium, there were no signs of narcotization. During the whole of the following day she was very calm and composed. Bowels were acted upon three times by the calomel, and she passed a great quantity of gas.

11 p.m.—Ordered a quarter of a grain of muriate of morphia every two hours till sleep was induced. During the night she took four doses, was perfectly calm, but had very little sleep.

4th.—7 a.m.—Pulse 72; skin moist; bowels quiet; no tenderness on pressure; no facial indication of peritonitis. Since operation the urine has been drawn off by catheter every four hours. Beef-tea and barley-water allowed, and the morphine ordered to be repeated at night.

5th.—Has had a comfortable night, and slept well. Pulse 72; capital spirits; the upper part of the wound healed by first intention, and the pedicle of the tumour begins to slough.

10th.—Removed superficial sutures.

12th.—Removed two upper deep sutures; perfect union.

15th.—Ligatures came away.

16th.—Removed to the sofa.

25th.—Is quite well, and has gone a little way out of town.

This case is sufficiently interesting in itself to make it unnecessary for me to offer many remarks, especially as I shall so soon place before the Profession all my views respecting the treatment of ovarian dropsy, in my forthcoming work "On Some Diseases of Women admitting of Surgical Treatment." I would merely, however, draw attention to the fact of the tied end of the pedicle and the ligatures being kept external, as recommended by Mr. Duffin, and also lately practised by Mr. Erichsen, as it may be found hereafter a decided improvement to the usual method of leaving the end of the pedicle to slough off in the pelvic cavity.(a)

Mrs. L., aged 29, consulted me in May, 1853. She had delicate features, fair hair, pale complexion, slightly tinged with red, light eyes, small, frequent pulse. She was easily excited by mental emotions, was liable to periodical disorders of the digestive organs, and somewhat inclined to melancholia, denoting the nervous and bilious temperaments combined.

She stated that she was married five years ago, nine months after which she conceived, and that nearly immediately afterwards she began to suffer from nausea and retching; these distressing symptoms continued for the first three months; they ceased for the next three months, at the end of which time they returned, and continued up to the time of her confinement. Immediately on the commencement of the second attack, she began to feel a heavy bearing down pain, accompanied with difficulty of micturition and slight protrusion of a tumour from the vagina, gradually increasing in size and severity as her pregnancy advanced, totally incapacitating her from going about, or standing for more than half an hour together; in fact, to use her own words, she was obliged, while washing the family linen, to sit down five or six times, so totally unable was she to stand; she was obliged to wear a napkin constantly, which caused chafing and other serious inconveniences. She continued in this wretched condition till after her accouchement, when she applied for relief to her medical attendant, who informed her that she

(a) In the report in another Journal of this case, as related by Mr. Brown, at the Medical Society of London, on March 25, the reporter has erroneously applied the observations made by Mr. W. Adams, on a preparation exhibited by Dr. Willshire, to the ovarian cyst exhibited by Mr. Brown.

had a prolapsns of the womb, for which there was no cure. This state of affairs was allowed to remain for upwards of four years, when, on becoming pregnant for the second time, she applied to me. I placed her under the care of my friend Mr. Moullin for her confinement, which took place on Augnst the 3rd.

Mr. Moullin says in his notes of her case, "that he was sent for at one o'clock a.m. in great haste. On his arrival, he perceived that labour had commenced, and that the pains were becoming rather frequent; and, on examination, he found a large tumour, nearly the size of a newly-born child's head, completely out of the vagina, giving, at first sight and feel, the idea that the head was expelled. This tumour proved to be the bladder distended with urine. The head of the child was low down in the pelvis, and, pressing against the bladder, completely prevented micturition, for which there was great desire. The catheter was used, and upwards of a pint of urine drawn off; the empty bladder pushed back as far as possible, thereby allowing the head to descend, when the labour was completed in a few minntes."

Mr. Moullin observes, "he feels perfectly convinced, that, had the case been mistaken, or relief not immediately afforded, the bursting of the bladder must have been the inevitable consequence."

Everything proceeded favourably, no other untoward symptom appearing to prevent a speedy recovery. She now became anxious that something should be done to insure permanent relief from her former state of suffering.

Accordingly, on September 5, while she was under the influence of chloroform, I performed my usual operation for vaginal cystocele, as described in the *Medical Times and Gazette*, April 16, 1853, with this addition, that, where the tumour projected rather more than usually into the vagina, I removed a portion of the vaginal mucous membrane, about an inch in length transversely, and about three-quarters of an inch anteroposteriorly, bringing the edges together by two interrupted sntures, and thereby considerably lessening the size of the tumour. The perinæum had been partially ruptnred by her previous labonr, which this operation entirely remedied. There was a small serous cyst, the size of a pigeon's egg, in the left labinm, which gave some inconvenience in the preliminary steps of the operation. During the first three days, she had one of her customary bilious attacks, accompanied with hysteria, which soon yielded to ordinary treatment. On the fourth day, the quill sutures were removed, when the new perinæum was found perfectly united.

On the ninth day, all the other sutnres were removed, and all the incisions found well united. The same plan of after-treatment was adopted as in the case already published, and with equal success.

March, 1854.—I have lately had an opportunity of examining this patient, and it is impossible to imagine a more perfect cnre; her general health and spirits have also improved; indeed, she is quite well in every respect.

I have lately operated on another case very similar to this, of a lady who came home from India because she had been laid up five years for prolapsus of the womb, and in which the operation was equally snccessful. I also have had, in hospital and private practice, during the last twelve months, eight cases of either vaginal cystocele or vaginal rectocele, all mistaken for prolapsus uteri, and all have been cured by operation.

Connaught-square, Hyde-park, April, 1854.

CASE OF ILIAC ABSCESS COMMUNICATING WITH THE CŒCUM,

AND RAPID FATAL TERMINATION.

By GUSTAVUS EVANS, M.D., Carlisle.

Mr. B——, aged 33, brickmaker, though able to follow his employment, had snffered severely from occasional pain in his back; was admitted a patient at the Dispensary about a month prior to his decease. He was discharged from the Dispensary for irregnlarity, when he becamc a parochial patient of my friend Mr. E. Bowman, who informed me, that, upon his first examination, he discovered a tense, circumscribed tumour, about $4\frac{1}{2}$ inches by $3\frac{1}{2}$, within the abdomen, on the right side, a little above Poupart's ligament; the tumour was somewhat flat, and apparently connected with the anterior wall of the abdomen; considerable pain in the seat of the tumour, thigh flexed upon the abdomen, and much feverish disturbance of the system. Mr. Bowman, on his second visit, found that a quantity of matter had been passed by the rectum, and, upon examination, the tnmour had completely disappeared; its subsidence was followed by complete cessation of pain. The following day, the right thigh had swollen fully twice its natural size, presenting somewhat the appearance usually seen in phlegmonons erysipelas; several parts of the limb crepitated on pressure, and small collections of matter had formed. A crepitating spot, about two inches below Poupart's ligament, containing matter, was opened, from which a quantity of dark-colonred matter, having a putrid odonr, escaped. From the commencement of the inflammatory action in the thigh, which gradually extended about half-way down the leg, the p ılse was feeble and irregular. The patient gradually sank, and died on the fifth day from the passage of matter by the rectum.

Post-mortem.—Good condition as to flesh; intestines slightly distended with gas; no indications of inflammatory action in the intestines or peritonæum; no appearance of tumour in right iliac region. A probe passed from the sac of the abscess entered an opening in the posterior portion of the cœcnm; the matter of the abscess had burrowed down the thigh, the cellnlar tissue of which was much distended with fluid. Poupart's ligament, fascia lata, and the superficial covering of the upper and middle parts of the thigh presented a black, sloughed appearance; the matter of the abscess was similar to that found in the thigh, of a dark brown colour, having a highly offensive putrid odour.

Remarks.—The fact of an iliac abscess being liable to form a communication with the intestinal canal, as exemplified in this case, and the inevitable sequence, that of fæcal matter and intestinal gas escaping into the cavity of the abscess, necessarily producing irritation, both in the sac of the abscess and in the adjacent parts, soon leading to serious constitutional disorder and formidable depression of the vitals powers, suggests the importance of making an early opening for the exit of the matter, more particularly in cases in which the tumour is of such a character as neither to render obscure the diagnosis, nor preclude the possibility of safely effecting an opening for the escape of the matter.

The sudden subsidence of the tumour and passage of a portion of its contents by the rectum, is explained by the opening formed between the abscess and the cœcum; the sudden and rapid attack of diffuse inflammation of the thigh is accounted for by the fæces and gas mixing with the contents of the abscess, and, by its poisonous influence, exciting in its progress violent inflammation and destruction of the soft parts.(a) A case of iliac abscess, terminating in a somewhat similar manner, is detailed by M'Dowal, in the *Dublin Journal of Medical Science*, Vol. IV., p. 912.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

Treatment of Diabetes—Several cases of diabetes have recently occurred in the Hospitals, in which the treatment so much vaunted two years ago by the permanganate of potash, has been tried fairly, without any good result. The theory which refers the original lesion to the nervous system, and considers the defective assimilation as a mere symptom, appears to gain ground among London physicians. Dr. Goolden, of St. Thomas's Hospital, related, in some clinical remarks, a few weeks ago, the case of a guard of a railway train, who received a severe blow on the head; and, while suffering from the consequent cerebral symptoms, passed large quantities of sugar in his urine. Guided by this fact, as well as by the well-known experiments on animals, in which saccharine urine may be produced by irritation to the floor of the fourth ventricle, Dr. Goolden has directed his measures of treatment to the head. Four cases have been or are under treatment in St. Thomas's, and in two, very great benefit appears to have been derived; the patients, meanwhile, not being restricted in any way as to the use of vegetable

(a) In an example of iliac abscess which occurred in the Richmond Hospital, Dublin, ulceration took place in a portion of the ilium, adhering to the cyst of the abscess; and the contents of the bowel, after passing into the abscess, escaped through a fistulous opening near the spine of the ilium. Ulceration of the external iliac artery followed about an inch and a-half above Poupart's ligament, and sudden death resulted from the blood escaping in large quantity into the cavity of the abscess.

diet. Shaving the scalp, blisters to the nape or scalp, and small, repeated doses of mercury have been the chief measures adopted. It would be premature as yet, to go into the details of these cases, but we hope to do so at a future time.

Topical Uses of Iodine.—The value of iodine as a counter-irritant is year by year becoming more generally appreciated, and is yet much less so than it deserves. The iodine solution will probably, before long, entirely supersede mustard plasters, being at once more efficient, and much less disagreeable in its employment. The following notes on its applications will, perhaps, not be useless; they are the results of very extended observations in the Hospitals generally, but more especially in those devoted to the treatment of diseases of the chest:—1st. In the pleuritic stitches, or aching pains in the chest, so commonly recurrent in the course of phthisis the iodine paint (a) applied over the affected spot, usually affords, without any expense to the vital powers, much more relief than either leeches, sinapisms, or blisters. It may be used in almost all conditions of the system with perfect safety. 2nd. In cases of aphonia or hoarseness, depending on inflammatory thickening of the parts concerned in the production of voice, great benefit may be derived from painting the iodine over the front of the throat externally. 3rd. If the mucous lining of the fauces, etc., be thickened and congested, the solution may, without risk, be freely applied to the part itself. 4th. In the treatment of chronic enlargement of the tonsil, the application of iodine to the gland itself will sometimes effect a cure, but is much less generally efficient than constitutional treatment. 5th. In cases of chronic pleuritic effusion, or of consolidation of the lung, the solution should be painted over a large extent of the diseased side, and is of great service when the period for blistering or leeching has passed. 6th. Applied extensively over the belly, iodine is a useful counter-irritant in the incipient stages of strumous peritonitis. 7th. In strumous ophthalmia, the application of the pharmacopœial tincture to the skin of the lids is often effectual in relieving intolerance of light; much benefit may also be derived from like practice in cases of granular lids. In both instances, frequent repetition is necessary. 8th. In all forms of periostitis, whether syphilitic, strumous, or the result of injury, iodine paint is invaluable. 9th. It is needless, perhaps, to mention the employment of iodine as a local application to bronchocele, to inflamed joints, and to enlargements of the absorbent glands; with regard to the latter, a point is worthy of being borne in mind, to which Dr. Budd was, we believe, the first to direct attention, viz., the propriety of applying it to the skin beyond, and not over the affected gland, so as to allow of its being absorbed and taken through the gland in the course of the lymphatic circulation. 10th. Injections of iodine into the cavities of abscesses, glandular or otherwise, appear most frequently to produce good results, and to be unattended, except in very exceptional instances, by any risk. The theory of their use is, that they provoke adhesive and not suppurative inflammations, as, for instance, in the radical cure of hydrocele. 11th. In cases of contracted cicatrices after burns, in which treatment by extension is adopted, the application of iodine is of advantage in causing the absorption or softening down of the indurated structure. Some cases illustrative of this have recently been under care in the Middlesex Hospital. Care must be exercised, or ulceration may be caused. 12th. In cases in which the patient cannot be got to swallow medicine, as now and then happens in phagedæna of the throat, the specific influence of iodine may be induced by its endermic application, the best method being to paint over large surfaces of skin the pharmacopœial tincture, choosing a different part each time.

The reason why, as a counter-irritant in all forms of chronic inflammation, iodine appears so superior to other applications, is doubtless to be found in the fact, that it is capable of absorption, and may thus act beneficially in two distinct methods.

We have enumerated above some of the chief uses to which the iodine solution is daily put in the practice of the London Hospitals, but do not profess to have mentioned all. These are, however, enough, we think, to prove its right to a place on the dispensing table of every Medical practitioner.

Treatment of Syphilitic Eruptions.— Mr. Simon is accustomed to employ in the foul wards of St. Thomas's, for the cure of tubercular syphilitic eruptions, the application, once daily, of a small portion of mild mercurial ointment to every spot, in addition to the ordinary constitutional measures. He states, that he has generally in this way succeeded in getting rid of the spots earlier than when the remedies were given by the stomach only. At the Hospital for Skin Diseases it is also customary to order either a mercurial ointment or lotion for local use.

With regard to the administration of mercury to cachectic patients, we notice that Mr. Simon always, in such instances, gives tonics at the same time, and frequently the cod-liver oil also. At St. Bartholomew's, Mr. Wormald's favourite combination is extract of hyoscyamus, with the blue pill (gr. iij. and gr. ij.), by which he believes that the depressing effect of the mercurial is prevented. Mr. Wormald rarely administers mercury to a patient of fair complexion or of sandy hair, excepting thus guarded.

Counter-irritants After Opening Large Abscesses.—After the opening of large chronic collections of matter, whether connected with the spine, hip, or cellular tissue only, it is common for the sac to take on inflammation of a dangerous character. In such cases, Mr. Lloyd, we observe, in St. Bartholomew's, usually applies a blister over the part. He states, that he has not seen other than good results from the practice, and that he always adopts it if the patient complain of much pain, or there be a blush of redness about the surface of the skin.

Glycerine in Dandriff or Pityriasis of the Scalp.—In two cases of pityriasis of the scalp occurring in patients in the Middlesex Hospital, Mr. Shaw ordered glycerine to be employed. It appeared to be quite effectual in clearing away the branny scales from among the hair. It is used as a hair oil once or twice a-week. Mr. Shaw informed us that he had often used it, and with great success. Its disagreeable, sweetish odour may be easily concealed by the admixture of a scent.

(a) The following is the formula for the solution alluded to:—℞ Iodinii ʒi.; sp. vini rectificati ʒi.; Ft. solutio. This should be allowed to stand by in a glass-stoppered bottle for some months before required for use. It then becomes thick and syrupy, rapidly dries when applied to the skin, and does not run. It should be applied with a camel's-hair brush, one, two, three, or more coatings, according to the wished-for effect.

ST. THOMAS'S HOSPITAL.

CASES OF FATTY DEGENERATION OF THE HEART.

As but a few short years have elapsed since the important subject of fatty degeneration of the heart was first brought prominently before the attention of the Profession, the number and character of the facts already accumulated in relation to it must be deemed to reflect great credit on the energy of modern pathologists. By the labours of Quain, Ormerod, Paget, Stokes, and others, such a body of evidence has been got together respecting, not only its histology, but its clinical history, that we may now congratulate ourselves on possessing a very fair knowledge of its causes, symptoms, and events, and also of its relations with other diseases. The most important of the results of these investigations has been to overturn the opinion at first accepted as to its standing in some sort as a specific disease, and to reduce it to the list of those secondary lesions which are very common attendants on various other severe disorders of the general health. So far from fatty degeneration of the heart's tissue being rare, it appears to occur very frequently indeed, and to be almost an ordinary complication of the latter stages of most protracted affections, attended by great depravation of the blood. It occurs, also, not only to the aged, but to those in middle life, and even to the young. It may vary in degree to an almost indefinite extent, affecting sometimes but a few scattered fibres, and producing no change in the texture, colour, or general appearance of the organ; at others, involving almost the whole tissue, and rendering it of a greyish-yellow tint, and extremely friable. Dr. Ormerod has recorded examples of its occurrence in a great variety of diseases. Several observers have noted it as a frequent consequent on pericarditis; it has often been found in those dying of fever; and some recent and yet unpublished observations by Dr. Wilkes, of Guy's Hospital, go to show that it is almost constant in fatal cases of delirium tremens. In many instances, the same change is found in other of the muscles, voluntary as well as involuntary. In thus admitting the lesion in question among those of very common occurrence, and usually secondary to other diseases, it is important, however, not to lose sight of the fact that, in a certain class of cases, it plays the chief part in the production of what symptoms are present, and may be, for convenience sake at least, regarded as the primary and idiopathic affection. The first of the cases about to be recorded affords an excellent example of this class, as the second does of the class in which the disease is merely a consequence of other and more important departures from health. We adduce them, in part for the sake of this comparison, but more especially on account of the interesting observation by Dr. Bristowe as to the difference in the micro-

scopic characters of the degenerate tissue in each. We are indebted to Dr. Bristowe both for the particulars of the cases and for the permission to copy the drawings which illustrate them.

Case 1.—*Sudden Death.—Autopsy.—Rupture of the Left Ventricle of the Heart, and Escape of Blood into the Pericardium.—Extreme Fatty Degeneration of the Tissue surrounding the Rent.*—On January 3, 1854, a short, stout, elderly man was carried into St. Thomas's Hospital, with the statement, that he had just before fallen apparently dead in the street. Life was quite extinct. The following particulars respecting him were subsequently obtained by Mr. Clapton, one of the Resident Medical Officers:—He was a lodging-house-keeper, aged 68, of very steady habits, and who had not been previously noticed to be in ill health; he had of late, however, been very desponding on account of pecuniary embarrassments, and was reported to have expressed an opinion, that he should not live long. On the morning of the day in question, he had been to a loan-office, and, on coming out, was observed by the passers-by to stagger as he came down the steps, and subsequently to lean himself against the wall. Assistance was at once afforded him, and he was carried forthwith to the hospital, on the way to which, and from three to five minutes after the first symptoms, death took place.

On the following day, Dr. Bristowe made a *post-mortem* examination of the body. The corpse was fat; there was a broad arcus senilis in each eye. The internal viscera, the omentum especially, were loaded with fat, but the chief morbid appearances concerned the heart. In the pericardium were several ounces of bloody serum, and the heart itself was concealed in a dark-coloured coagulum, half an inch thick in front, and a quarter behind. The viscus itself was of a little more than ordinary size, and weighed sixteen ounces and a-half; its left ventricle had a good deal of fat deposited on its surface. The colour and consistence of the muscular walls of the ventricles were generally good. In the posterior part of the left ventricle, about an inch from its sulcus, and parallel with it, was an irregular lacerated opening, externally three-quarters of an inch long, and internally very small. The muscle immediately surrounding this laceration was of pale yellow and mottled appearance, contrasting remarkably with the healthy red-brown tint of other parts of the ventricle. The ventricle itself was contracted and empty, the internal opening being almost concealed among the carneæ columnæ. There was a little atheromatous thickening of one curtain of the mitral valve, but not probably of such a character as to have interfered with its function. The coronary arteries were not obstructed, and, excepting a little atheroma in their coats, were healthy. There were also some scattered patches of atheroma in the course of the aorta. Microscopic examination of the muscular fibres taken from the margins of the laceration showed the advanced state of fatty degeneration pourtrayed in the appended cut.

The fasciculi were crammed with oil-globules of various but mostly small sizes; all appearance of either longitudinal or transverse striation was lost; they were very friable, and broke down into fragments, which, together with freed oil-cells, floated about the field of the instrument. In most parts of the ventricle the fibres showed more or less of oil, generally arranged in longitudinal strings; the transverse markings were, however, fairly shown, and in none excepting those near to the rent was the degeneration at all advanced.

This case probably exemplifies the exact condition most likely to occasion rupture of the heart, viz., a local degeneration. A single spot weakened and degenerate, the rest of the organ retaining almost its natural structure, and being capable of powerful contraction, must be peculiarly likely to give way, while, on the contrary, when the diseased state is general, the occurrence of rupture is no doubt warded off by the enfeebled condition of the viscus. There was in the case under consideration no history of the symptoms of disturbed and failing circulation, which are usual in fatty degeneration of the heart,—an absence fully accounted for by the fact, that the organ generally had not lost its vigour. To Dr. Stokes the profession is mainly indebted for the detection of these symptoms, and for the knowledge of their diagnostic value; among the more prominent noticed by him are—Cerebral symptoms of a remarkable character, consisting in the occurrence of repeated pseudo-apoplectic attacks, of various degrees of intensity and duration, and which are seldom followed by paralysis, attacks of vertigo, dimness of vision, and syncope. The frequency and severity of these attacks seem to be much increased by whatever exhausts or lowers the patient, and to be diminished by the use of tonics and stimulants. A remarkable sensation of sinking of the heart is frequently experienced. Among the respiratory symptoms are:—attacks of dyspnœa, similar to those observed in other cardiac diseases: gradually increasing difficulty of breathing, amounting to orthopnœa, and coming on spontaneously: a form of respiratory distress, peculiar to this affection, and characterised by remarkably intermittent breathing. Dr. Stokes further observes, that sudden death, without either rupture of the heart, or solution of continuity in the brain, is liable to happen. Now, of these symptoms, all of which are very much such as would *à priori* have been expected, the patient in the above case was not known to have suffered any. The frequent co-existence of fatty heart, with extreme depression of spirits, has been noticed by English observers; and as was remarked at one of the meetings of the Pathological Society, would go to make it probable, that after all, there is some literal foundation for the popular belief, that those who have endured mental distress are liable to die of "broken heart." The case just given is a remarkable illustration of this, since despondency was the sole indication of illness which the patient's friends had noticed.

Case 2.—*Hæmorrhagic Purpura in a Boy.—Repeated Relapses, and ultimately Death, in the Tenth Week.—Autopsy.—Extreme Fatty Degeneration of the whole Heart.*—The full particulars of the following case, which we quote as an example of secondary degeneration of the heart's tissue, may be found in the *Medical Times and Gazette*, for March 11, p. 238, and we shall consequently resume very briefly. B. R——, aged 11, while in fair health, but underfed, was suddenly attacked by purpura. He continued under treatment, before his admission, for four weeks, and subsequently for six weeks, prior to death. He improved repeatedly to some extent, and as often relapsed; there had been much bleeding from the nose, etc., and he had become of the most extreme pallor. The symptoms which preceded death were those of great anæmia; he was amaurotic, had spectral illusions, etc., but no fits either of convulsive or apoplectic character. The *post-mortem* was made twenty-four hours after death, and there was then found, in addition to almost complete bloodlessness of all organs the following condition of the heart:—To the naked eye, its appearance was almost that of a healthy organ, excepting being paler; its valves were not diseased. Examined under the microscope, its fibres presented an extreme degree of fatty degeneration. Specimens were taken from various parts of the ventricles, and did not materially differ. In most of the fasciculi all traces of striation were absent, the fibre being filled with oil globules of various and often large sizes. In some, however, the transverse markings were present, though more or less indistinct, and even in the least affected there were seen longitudinal strings of oil globules. There did not seem to be any brittleness of the fibres, that is, no fragments were seen floating about the field. The appended woodcut shows the condition described, and offers a good contrast with that above given in the size and arrangement of the oil globules, and also in non-friability of the affected fibres. This case, in common with others of its class, is

suggestive of the important question, Is fatty degeneration a recoverable disease? In cases like the former one, in which the lesion is more or less of primary character, or perhaps dependent on direct obstruction of the nutrient arteries of the organ, most probably the condition is essentially progressive; but when we find it in the body of a person who has died from other causes, and it may be from a disease of short duration and in a majority of instances curable, an opposite conclusion suggests itself. Looking at the frequency with which the condition in question is met with in those who die of exhaustive diseases, it cannot be considered very improbable that many of those who recover from like states have also been affected with it. We have the fact, that in states of depraved nutrition, of diminished vital force, fat frequently takes the place of the sarcous element, and is deposited within the sarcolemma of the heart's fibres. Is there, then, anything incredible in the belief, that on the nutrition becoming improved, and the vital force exalted, the fatty particles may be re-absorbed, and the constituents of healthy muscle again deposited?

THE LONDON HOSPITAL.

AMPUTATION AT THE HIP-JOINT ON ACCOUNT OF A LARGE TUMOUR, INVOLVING THE FEMUR.—DEATH ON THE ELEVENTH DAY.

[Under the care of Mr. JOHN ADAMS.]

At the time (1846) Mr. Sands Cox wrote his valuable monograph on amputation at the hip-joint, that operation was known to have been performed on 85 cases, with the result of 27 recoveries and 58 deaths. Of the few instances in which it has been done since that date, the proportionate success has, we believe, not materially differed. Considering the magnitude and severity of the operation, and bearing in mind that the cases on which it has been practised have mostly been those of an otherwise hopeless nature, success amounting nearly to one in three must be regarded as encouraging and satisfactory, while, on the other hand, it points very plainly to the necessity for extreme caution before undertaking a measure attended by so much risk. One of more recent cases was that operated on in 1853, by Mr. G. J. Guthrie, at the Westminster Hospital, in which a man, aged 50, had his right lower extremity removed by disarticulation on account of a malignant tumour growing from the femur. A considerable amount of blood was lost during the operation, and hæmorrhage from the stump again occurred twenty-four hours afterwards. The patient sank, and died in the second evening. We regret this week to have to add another to the list of fatal cases, and the more so because it is one in which the patient had every advantage which surgical skill could give her, and in which there were many circumstances tending to favour the hope of a contrary event.

Ann Hatton, aged 26, a thin and rather delicate married woman, was admitted under the care of Mr. Adams, on March 10, 1854, on account of a large tumour growing from the left femur, which she stated had been gradually increasing for five years. She had, indeed, been under occasional observation at the London Hospital for three years. Mr. Ward informed us, that in 1851 she was under his care as an out-patient, and that the disease then much resembled scrofulous enlargement of the inner condyle of the femur. There was a hard, bone-like swelling, painless on pressure, giving little inconvenience except in walking, and the origin of which she referred to an attack of rheumatism two years previously. Treatment was adopted, and some relief appearing to have been afforded, she ceased to attend. In 1852, however, she again applied, the tumour having much increased, and having assumed characters which led to the suspicion of an osteo-sarcomatous growth. It still occasioned but little inconvenience, and the woman was in a short time again lost sight of, and nothing was heard of the case until, as we have seen, she was admitted under the care of Mr. Adams. At this time she was still able to walk about with the aid of a stick, although the growth had attained an enormous size. It was fully as large as the head of an adult, but elongated, the thigh measuring 22 inches in its greatest circumference; its outline was irregular, and bossed with large, ill-defined nodulations; it felt firm to the touch in most parts. The overlying skin was not diseased; the mass lay on the inner side of the bone, extending from the knee two-thirds up the shaft of the bone, to which latter it firmly adhered, and in part surrounded. On further examination, there was discovered a small, hard, projecting tumour on the back of the femur, just below the great trochanter. In a consultation on the case, in which the whole surgical staff of the Hospital took part, special regard was had to the little tumour in the upper part of the bone; and, as its condition as to hardness, etc, was very similar to that presented by the large one in its first stage, it was the general opinion that it indicated an extension or re-appearance of the same disease, and also made the malignant character of the whole very probable. Under such circumstances, it was plain that no operation short of removal of the entire bone could be thought of, and, as the woman was not in a state of health to forbid such a measure, its exarticulation was determined on.

March 18.—*The Operation.*—The patient was placed on her back in a slightly-inclined position, and chloroform administered to complete insensibility. The artery was commanded by means of a roll of wet bandage, used as a pad, and laid, with its axis parallel with Poupart's ligament, just over the brim of the pelvis, and firmly compressed against the latter. The limb was held a little away from the other, and fully extended. Mr. Adams adopted the method by the antero-posterior flaps. Standing on the outer side of the limb, he transfixed its front aspect by a long-bladed knife thrust as deeply as possible, and then cut downwards; when the flap was turned back, the front of the joint was seen exposed. Its capsule having been opened, the femur was rotated outwards, and the head of the bone turned out of its socket. The operator then divided the ligamentum teres, carried his knife behind the bone, and then cut downwards and backwards, so as to make a flap about equal in length to the anterior one. A piece of sponge was at once placed over the face of the posterior flap, and held firmly so as to arrest the bleeding, while ligatures were put on the femoral and other arteries. The operation itself had taken a very short space of time, (about 45 seconds, less or more,) and within a few minutes afterwards, the numerous ligatures necessary had been applied, and all bleeding was arrested. The compression had been effectual, and no blood was lost from the main trunk; that which had flowed from the others did not at all exceed in quantity what is usual in an amputation through the thigh. The flaps were found, on being adjusted, to have contracted scarcely at all, and appeared rather long; they, however, fitted well. Mr. Adams introduced several sutures, and then applied some strips of plaster and compresses, over which some turns of bandage were passed, surrounding the pelvis. When carried back to her bed, the patient's condition was in every respect satisfactory. We will now copy from the notes taken by Mr. Greenwood, the House-Surgeon, the particulars of the after-progress.

Immediately after the operation half a drachm of laudanum was administered, and the dose repeated at bed-time. The woman, on recovering from the chloroform, appeared as comfortable as could be expected, and had a full pulse at 90. Milk diet, with beef-tea, was allowed.

19th.—Has slept at intervals during the night; complains much of thirst. Pulse much increased in frequency (in the evening it rose to 140); tongue clean. Excepting startings no pain is complained of. To take 10 minims of tincture of opium every four hours in a saline draught, and 40 minims as a night dose at bed-time. Wine 6 oz., brandy 6 oz., eggs, beef-tea, etc. The catheter was required.

20th.—Slept well through the night, as also at times during the day. Pulse 105; tongue clean; there is some nausea; the catheter is still required. The mixture to be taken in effervescent form, the brandy to be omitted and the quantity of wine increased to 12 oz.

21st.—Pulse 120, more feeble; she still complains much of thirst. The dressings were for the first time removed from the stump, which latter looks well. To continue the medicines, and to take 20 minims of tincture of opium at bed-time.

22nd.—Has again slept well; pulse 120; tongue clean, but red. Enjoyed some fish and a pint of porter at her dinner. Omit the mixture, but to repeat the dose at bed-time.

23rd.—Pulse more feeble. A dark, treacly-looking fluid, of very fetid smell, oozes from the stump. The bowels have acted this morning for the first time since the operation. The urine, which has hitherto been clear, is turbid and ammoniacal, the catheter still being requisite. Complains of feeling faint. Wine increased to 16 oz., and a little brandy and water ordered to be given occasionally. Repeat the night draught.

24th.—The bowels are relaxed; tongue slightly furred. To take a draught containing decoction of logwood, chalk, and opium. Brandy 6 oz.

26th.—Is much more feeble, and appears to be sinking. Discharge from stump extremely fetid, and mixed with air bubbles. Sordes on the lips and teeth. Stimulants are given freely.

27th—Much worse; urine and fæces pass involuntarily.

28th.—Breathing hurried; pulse scarcely to be counted; she is delirious, and very restless.

29th.—Death took place at 2·30 this afternoon, exactly eleven days after the operation. No *post-mortem* examination was permitted by the friends.

It would appear, then, that in this case death ensued simply because the patient had not vital power enough to originate the extensive process of reparation necessary. She had rallied well from the operation, and as, throughout, there was no rigor, it is not probable that phlebitis had occurred. The necessity for the catheter, the great thirst, the fetid sanious character of the discharge, as early as the fifth day, the occurrence of alkaline urine, all concur to mark the degree in which the constitutional power had suffered. The diarrhæa was most likely symptomatic also, but, although soon checked, it had manifest effect in yet further exhausting the patient's strength. That such a mode of death should ensue, in a case in which the operation had been so favourably got through, must be admitted as a very strong testimony to the inevitable severity of the measure.

On examination of the tumour, after removal, it was found to be a firm fibrous growth, containing many large cysts, and having evidently sprung from the bone itself. Under the microscope, its tissue might be easily unravelled, and presented an admirable specimen of fibrous structure, exactly such as is met with in the most typical tumours of that class. The little growth behind the upper part of the bone was a broad-based crest-like exostosis, about as large as the lesser trochanter, just behind which it was placed. (We abstain from entering more minutely into the pathology of the specimen, as it has been exhibited at the Pathological Society, and referred to a Committee for further examination. Those interested in it, will find the report on it in the account of a future meeting.)

Before leaving this subject, we would ask attention to the circumstance that the statistics of this operation show that it is comparatively without danger when done subsequent to an amputation of the thigh. This is indeed what might be expected, and quite coincides with what is observed in second amputations in other parts. Mr. Sands Cox's tables have three cases, one by Sir A. Cooper, one by H. Mayo, and one by himself, in which the operation was of this kind, and all of them were successful. A fourth likewise fortunate, is recorded by Dr. Van Buren, in the Transactions of the New York Academy of Medicine for 1851. The class of cases for which this operation is most frequently called for in civil practice, are those of malignant or semi-malignant growths from the femur, and, in some of these, it would be possible to amputate the thigh only, and yet get beyond the actual limits of the growth. Might it not be well, in such instances, to neglect the rule of surgery, which requires, that in malignant disease the entire bone should be taken away, and to amputate the thigh first, leaving the exarticulation to be performed at a future time, should the disease reappear?

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, April 8.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XV. :—"Ungulata, or Hoofed Quadrupeds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Institution. *Subject :*—"On the Chemistry of the Non-Metallic Elements." By Professor Miller. Three o'Clock.

——— ——— Medical Society of London. *Subject :*—"Some Remarks on Ovariotomy, with reference to its Introduction into Legitimate Surgery." By Mr. Borlase Childs. Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Monday, April 10.—Statistical Society. Eight o'Clock.

Tuesday, April 11.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XVI. :—"Ungulata, or Hoofed Quadrupeds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Medical and Chirurgical Society. *Subject.*—"On Excision of the Knee-joint." By Mr. Jones, of Jersey. Half-past Eight o'Clock.

——— ——— Zoological Society. Nine o'Clock.

Wednesday, April 12.—Medical Society of London. *Physiological. Subjects :*—1. "On Certain Points connected with the Anatomy and Physiology of the Elephant; with Comparative Deductions." By Dr. Crisp. 2. "On the Value of the Recumbent Position during Syncope Physiologically Considered." By B. W. Richardson, Esq. 3. "On the Production of Local Anæsthesia." By Dr. Snow. Eight o'Clock.

Wednesday, April 12.—North London Medical Society. *Subjects :*—1. "On Vertigo." By Dr. Russell Reynolds. 2. Exhibition of Some New Instruments for the Treatment of Certain Urinary Diseases, by Mr. Lawrence. Half-past Seven o'Clock.

——— ——— Hunterian Society. *Subject :*—"On the Nature of Uterine Polypus: its Early Detection and Treatment." By Dr. Barnes. Eight o'Clock.

——— ——— Medico-Botanical Society. Eight o'Clock.

——— ——— Pharmaceutical Society. Eight o'Clock.

Thursday, April 13.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XVII. :—"Ungulata, or Hoofed Quadrupeds." By Professor R. Owen, F.R.S. Four o'Clock.

Saturday, April 14.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XVIII. :—"Ungulata, or Hoofed Quadrupeds." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Medical Society of London. *Subject :*—"On the Non-transmissibility of the Secondary Symptoms of Syphilis." By Mr. De Meric. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, APRIL 8.

CLINICAL TEACHING IN LONDON.

We have repeatedly called the attention of our readers to the defective system of clinical teaching in London. We have as often advocated the necessity of appointing special clinical instructors in every Hospital, and have been referred, in reply, to the number of Clinical Lectures now delivered by the Physicians and Surgeons of every Hospital. But we must observe that clinical lecturing (even if the lectures were really clinical) and clinical teaching are two very different things. What lecturing is, we all know. Of clinical teaching, students have far less experience. It has never been better defined than by Dr. Stokes, in his eloquent Memoir of Dr. Graves, published in the first Number of this Volume. He calls it, "anxiety to teach the individual pupil, to encourage him to learn, to show him how to teach himself, to bring him into the true relation in which he ought to stand with his instructor, to make him familiar with bedside-medicine, to show him the value which attends on every new fact and observation of medicine, and to make him learn the duty as well as taste the pleasure of original investigations."

This is what clinical teaching should be. It is what it has long been in Dublin, thanks to Graves and Stokes. It is what it must be in London in time, for we have now the pleasure of recording, that the good work has begun, and great advance has been already made.

To the Senate of University College is due the honoured distinction of first appointing Clinical Professors of Medicine and Surgery to their Hospital; and it is not the first instance in which this Medical School has set the example to its elder brethren of a liberal policy in its management. The method of clinical teaching now pursued in this Hospital is as follows :—

Accurate records are kept of the cases; and the books containing the records are left in the wards, so that any student may consult them.

The records or notes of the cases are given at the bed-side by the Physicians, and are entered, *verbatim*, on the spot by the clerks.

At the same time, the Physicians direct attention to the salient points in the case, and, as far as can be done, make the students examine these for themselves.

The clinical clerks make daily reports on the urine of each patient. These reports embrace the following particulars :—the quantity, specific gravity, colour, the microscopical examination of the deposit, and the presence or absence of albumen and sugar.

Two microscopes are kept in the wards for the examination of urine, blood, and sputa, and every student may use them if he pleases.

Besides the daily bed-side demonstrations on the cases, three clinical lectures are given weekly, throughout the winter and summer sessions,—two by the special Professor of Clinical Medicine, and one by another Physician.

The Special Professor of Clinical Medicine gives practical demonstrations on the following points :—

1. The physical examination of the various organs. For this purpose patients are selected from the out-patients of the Hospital, and are examined by the students, who learn thus the methods of investigation by mensuration, percussion, auscultation, etc., and have their attention particularly directed to all the common phenomena presented by those methods of examination.

2. Microscopical and chemical examinations of the urine are made by the clinical class. The chemical method includes all the plans lately proposed by Liebig, Breed, and others, for making the quantitative analysis of the urine by means of test solutions of certain strength, etc.

3. Microscopical examinations of the sputa are undertaken by the clinical class.

Prizes are given for the best clinical records of cases made by students. Problems in Practical Medicine, framed by the Physicians, are also worked out by those who contend for these prizes.

This is by far the most completely organised system of clinical teaching in London. That of other Hospitals is carried on by those who receive neither emolument nor rank in return for their exertions. By a review of the last volume of Guy's Hospital Reports we publish to-day, our readers may see what is doing in the wards where Cline and the Coopers, Key and Bright, have taught. St. Thomas's is now distinguishing itself in the same manner. At St. Bartholomew's, we must notice the excellent system pursued by Dr. Burrows, which in encouraging habits of observation, on the part of the students themselves, is even superior to that adopted at University College. The clinical clerks, under Dr. Burrows, take daily and detailed notes of every case allotted to them prior to the Physician's visits, which notes are read over at the bedside of the respective patients, and corrected, if necessary, by Dr. Burrows himself. We regret to state that this excellent plan is not carried out by the other Physicians. In the wards under their care, however, Dr. Black, the accomplished and courteous warden of the Collegiate establishment, supplies a great want in the mode of education adopted. This gentleman gratuitously attends twice a week in the Medical wards of the Hospital, carefully and slowly describes the peculiarities of each case, practically instructs the students in the use of the stethoscope, and affords any information that may be required by them. It is quite unnecessary for us to urge upon the pupils the advisability of availing themselves of the opportunity which the teaching of this excellent Physician affords to them.

But we would ask, Where are the Clinical Professors in this venerable pile? Are the evils so forcibly pointed out by a Correspondent in another part of this Number of our Journal to continue for ever? Are patients and juniors to suffer from perpetual selfish monopoly, until the latter are driven to create another establishment, to urge fresh appeals upon a charitable public, and possibly to inaugurate another of those rival institutions which never would have arisen had the older hospitals been liberally governed? Let us hope for better things. Every stone of that lofty pile could tell a tale of charity,—its name is for ever associated with the discoveries of Harvey,—in these days it has been the theatre where Abernethy, Latham, and Lawrence have taught, and where the mind of Owen opened to the sublime ideas which will immortalise his name. Are we to wait until a complete system of clinical teaching has been organised in all the other Hospitals,—until the number of students who yearly flock to St. Bartholomew's becomes diminished, and competition teaches a lesson which the love of science could not. Alas! why should that great and ancient foundation, glorious in its memories, unequaled in its power to foster and promote science, —why should it stand in the rear and not in the van of the army of reform?

THE LATE DECISION OF THE COUNCIL OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The decision of the Council of the Royal Medical and Chirurgical Society upon the question of the exclusion of certain Journals from the Library appears to have taken all the uninitiated by surprise. We presume there must exist in the minds of the Council grave reasons why the Resolution of a General Meeting, and the strongly-expressed opinion of a majority of the Fellows, should have been overruled. These reasons must have been clear and decisive, as the Council did not deem it necessary to resort to the course invariably followed when any business of more than a mere routine kind is to be transacted—viz., that of giving special notices to its members. These reasons, too, must have occurred to the Council in the short interval between the Special General Meeting of the 24th ult. and the meeting of Council on the 28th; for, at the special Meeting, the President admitted that the difficulty lay in determining between the vote of an Annual General Meeting and a largely-signed requisition. Ordinary minds would have felt this difficulty to be removed when a much more numerously signed requisition was presented, supporting the vote of the Annual Meeting. Men of mere common sense would have argued, that, as they admitted the vote of the General Meeting to be binding, save for the protest signed by 104 Fellows which met them on the threshold of their deliberations, that vote would resume all its force when supported by a counter-protest signed by 155 Fellows.

But perhaps the members of Council are not men of mere common sense. Perhaps they are guided by some higher illumination not vouchsafed to ordinary minds. Could it be that they found some spell or enchantment in the first protest which the second wanted? Could it be that they found in the one list the names of men who had alone worked for the Society, while the other was signed by the no-bodies? Looking at the two lists in their published forms, we were indeed struck by the array of initials and titles which dignify the one, and the bald insignificance of the other. We were resolved, however, to prove the point more decidedly, and to analyse the list carefully. The one contains 106 names. From this number we must take two at least of those Fellows who—as Mr. De Morgan pointed out might be the case—signed the Memorial without understanding more than appeared on the face of it. The other contains 155 names. Of the supporters of the two excluded Journals, we find that 19 have been members of Council. Of the signers of the other list, 26 have been members of Council. When we turn to the "Transactions," we find that 61 papers have been contributed by the signers of the Memorial of the minority, 95 by the signers of the other. Nor is a different view presented, if a reckoning is made of the numbers of Resident Fellows in each list; for the first list contains the names of 84 Resident Fellows only, the other the names of 100 Resident Fellows. Could it be, then, the respective positions in the Profession of the two classes which weighed so strongly with the Council? If we are to judge by public appointments, again, the preponderance is greatly in favour of the rejected Memorial. It is clear, then, that everything which

should have influenced the Council, if it went on the principle that the opinions of the Fellows should influence it at all, was on the side of upholding the vote of the annual meeting. We are not arguing that either one Memorial or the other should have had the slightest weight in determining the course which it was the duty of the Council to have taken. In all Societies, we believe that the vote of a general meeting is a vote of the Society —a Memorial only the expression of the opinions of individual members. The Council, however, thought otherwise. The President said: "You are aware the Amendment moved by Mr. De Morgan was carried by a large majority, and that majority, before the Council could have an opportunity of taking it into consideration, was met by a requisition of, I think, 104 Fellows of the Society, requesting that the Resolution might be rescinded. The Council consequently found themselves in a dilemma, and they did not clearly see how they could neglect a Motion that had passed an Anniversary Meeting, and attend to a Requisition sent up in this manner. In this difficulty, they considered that it would be better to revert to a Special Meeting, and thus bring the subject before the whole Society.

This may be contrary to usage, but it is at any rate intelligible. But if the Council found itself in a dilemma, because 104 Fellows signed a requisition in opposition to the vote of the general meeting, on what possible grounds could it disregard a Memorial far more numerously, and at least as respectably signed? The whole conduct of the Council has been so very inconsistent, that we ought not, perhaps, to wonder at this crowning inconsistency. First, it finds no other course open to it but to call a Special Meeting for the purpose of giving every Fellow an opportunity of recording his opinion. The Fellows having attended to this solemn call, are gravely told by the President, the organ of the Council, that he hopes they will not do what they are called together to do, but that they will refer the matter back to a Council which has already declared itself unequal to the emergency!

The Council states, that a requisition signed by 104 Fellows is so important that nothing can be done but calling a General Meeting. It receives a requisition signed by 155 Fellows, and ignores it at once! How can such curious proceedings be accounted for? Only one explanation offers itself, but that implies a degree of duplicity on the part of the Council which we should regret to believe attached to it. Can it be possible, that while the Council was affecting to hesitate as to its proper course, because there were differences of opinion among the Fellows, it had resolved to endeavour, if possible, to get rid of the vote of the General Meeting by a side-wind,—that it went through the form of calling the Fellows together to express their opinions, but in reality to get the question again referred to it, in order to assume that the Fellows gave up the vote of the Annual Meeting altogether? If so, we should much regret to think that Sir Benjamin Brodie was induced to aid the Council in so crooked a policy. It was clearly the duty of the Council, or of its President, if it meant fairly, not to have accepted the support of those who voted for the original Resolution of the 1st of March, without objecting to the interpretation put on the Resolution of Sir B. Brodie by Mr. De Morgan, which was clearly expressed as the reason why he supported that Resolution: "My own feeling is, that the Council had better act upon the vote of the General Meeting, taking into consideration, if they choose, any accidental circumstances, —those, for example, connected with the requisition sent up."

The Memorial, supporting the Resolution of the Annual Meeting, shows that there could have been no difference of opinion on this point in the minds of the majority. That majority, trusting in the good faith of the Council, was content to put the executive power into its hands, in deference to the wishes of Sir B. Brodie. But the Council could never have seriously imagined, especially after the presentation of the second requisition, that the majority intended to give up all power of influencing the Council. That would have been establishing a most dangerous precedent, and one which could never have been contemplated by Fellows so conversant with the rules of the Society.

In acting as it did, the Council probably thought that it was doing all for the best. We fear it is greatly mistaken. A weak policy is always a dangerous one. We trust that, in the present case, it may not prove detrimental to the interests of one of the highest of our Medical Institutions.

MR. BRADY AND HIS OPPONENTS.

THOUGH supported by a very large majority of the Profession, any one who mixes much in Medical society will find that Mr. Brady's Bill is not only opposed by Sir Charles Hastings and a section of the Provincial Association, but that some influential Fellows of the College of Physicians on the one hand, and certain active Scotch Graduates on the other, also object to some of its Clauses. Although Mr. Craufurd has been induced to aid the party of Sir Charles Hastings in the House of Commons, no one who knows anything of Parliamentary tactics apprehends any danger to the Bill from Mr. Craufurd's Motion. The manner in which this opposition has been organised, one example of which is shown in another column; the fact, that the promoters of the Bill of the Association have themselves a similar scheme of Registration in view; and the division of opinion in the Association itself about a Bill of which no single individual, except its framer, approves in its present state, are quite sufficient to frustrate Mr. Craufurd's efforts in favour of another scheme of Registration, when coupled with an imperfect and objectionable plan of Reform.

We understand that the College of Physicians are to discuss Mr. Brady's Bill next Monday, and we trust that their feelings against the Scotch Graduates will not induce them to oppose it. It is singular, that while certain Fellows of the College object to the Bill because they say it improves the position of these Scotch Graduates, by registering them as qualified Medical Practitioners, the Scotch Graduates object to it because they think that any powers the College possesses over them would be strengthened and confirmed. The one party say that the public will see every Medical man grouped together in the same register, and therefore put them on an equality, while the others say, that this is just the very way to point out to the public who are legally qualified to act as Physicians, and who are not. Any arbitrator between the two combatants would naturally say that Mr. Brady had hit the happy medium between the two, had injured neither party and benefited both, and would urge all to unite together in his support against the common foes of the whole Profession.

But the really powerful opponents of the Bill are neither the College of Physicians, the Scotch Graduates, nor Sir Charles Hastings and his friends. Any of these may bring together a few votes in the House of Commons, but there are sufficient Members of the House who wish to protect the public from murder by quacks, and to obtain for the Medical Profession a State recognition, to defeat any such opposition by a majority of five to one. But there are two parties, who, if not met by the energetic action of Medical Practitioners and their friends, may yet succeed in defeating the measure this Session. These are, first certain Jew quacks of London, who live by demoralizing advertisements of filthy books. Then come Mr. Bright and some of the Free-trade party, who argue for Free-trade in physic, and are ready to support Dr. Coffin and the Medical Botanists, allowing them to drug the poor with their lobelia, and opposing any

attempt to punish those who imperil the lives and health of the community by practising medicine and surgery without having qualified themselves for such practice by an educational test. The money of the advertising quacks, and a peculiar influence they are said to possess through a well known capitalist, with the active exertions of the Coffinites among the poor, will all be brought to bear against a Bill which they have sufficient common sense to see must ruin all quacks and ignorant pretenders to Medical knowledge, and, while protecting the public from their arts, must benefit the qualified Practitioner.

Now, seeing all this, let us ask, Are reasonable men to go on "bickering and blundering" for ever, and assisting the common enemy by squabbling about matters of trivial import? Cannot opposed parties each yield a little to their opponents, lay aside for a time some long-cherished prejudice, and unite cordially to obtain a Bill, which, while injuring no class in the Profession, leaving the question of Medical Reform entirely untouched, neither strengthening nor diminishing any existing rights of any College or any University Graduate, protects the public and our common Profession from ignorant quacks, by exposing them to imprisonment or fine upon conviction before any magistrate.

We observe that an important letter from Practitioners at Halifax has been sent to Lord Palmerston, and we regret that a sentence was not added in favour of the Bill of Mr. Brady, as the Bill contains the very Clause these gentlemen suggest. It is not too late to repair the omission, and we repeat our advice, that Medical men in all parts of the country should prepare short Petitions to Parliament in favour of the Bill, and not only sign themselves, but obtain the signature of any educated person who is interested in the suppression of quackery. These Petitions should be sent either to Mr. Brady, or to the Members for the respective districts; and letters should be written to the Members, asking them to support the Bill in the House. All this trouble would never have been necessary had the quacks not been assisted by internal Professional divisions. Mr. Brady would have been able to carry his Bill triumphantly over the opposition of the Jew quacks and Coffinites; but when such knaves have their designs promoted by unfortunate differences, which never would have arisen had they not been fomented by jealousy, it behoves us all to make use of the time which is afforded us until Parliament meets after Easter, to show that we can for once be united, and thus lay the first stone for a future measure of Medical Reform.

REVIEWS.

Guy's Hospital Reports. Vol. VIII. Part II. London. 1853. Pp. 486.

This volume more than sustains the reputation of its predecessors. We must, however, pass over in silence some excellent memoirs, on special subjects, by the different members of the Hospital Staff, in order to make a few comments on the "Clinical Report." In this Report are included, either in abstract or tabular form, all the cases admitted into Guy's Hospital during the six months between April and September of the past year. It appears to have been drawn up with great accuracy and care, the Medical part being by Dr. Wilks, and the Surgical by Mr. Poland. In every page of it there are evidences of a most praiseworthy desire to record facts honestly and just as they occurred. So manifest has it always been that Medical progress must be founded on the accumulation of Medical experience, that case reporting has been practised from the earliest periods of the art. Much detriment has, however, resulted from too close an adherence to the inefficient method first adopted. Up to the commencement of the present century, it has been but too much the custom to hang up in the Temples of Æsculapius the votive tablets of the *cured* alone. Modern pathological inquirers have done much, in detached instances, to break through this habit, but it has still prevailed to a most lamentable extent as regards the great mass of Medical experience. We hail as omens of the most happy augury, indications that it is at least to be abandoned; and that there are not a few now among us who are willing, in the love of science, and without regard to selfish considerations, to publish complete and exhaustive documents, and to lay before the Profession the truth, and the whole truth. Within the last few years, there have been produced, by various of the Hospitals, reports more or less approaching to this character, and some admirable tabular statements, as to certain parts of the surgical department of St. George's, appeared recently in our own pages; as far, however, as we are aware, none have attempted the completeness of the one now under review. It includes, as we have said, literally *all* the cases under treatment, and is, as we understand, to be regularly continued. Though ample beyond precedent, its brevity is, however, its chief fault, and much too great an effort has evidently been made at economy of space. By allowing themselves double the room, its compilers might, with less personal trouble, have produced a document of double its value. We say this as a hint for future occasions, and out of no wish to detract from its great merits.

In the medical half, Dr. Wilkes has devoted especial attention to the subject of fever, in the attempt mainly to elucidate the debated question as to the distinctness of typhus and typhoid. It appears that the Physicians of Guy's do not coincide with Dr. Jenner's views: the general tenour of the cases reported, which are well arranged, is however in their support. The average age of the patients treated for phthisis has been upwards of thirty,—a result which appears to have somewhat astonished Dr. Wilkes, as he speaks of it as "remarkably high." Probably it will equally startle almost all who have formed their opinions from general impressions; yet, strange to say, it is in reality below what most who have tabulated and counted their cases have arrived at. The result of Dr. Boyd's calculations made on patients at the Marylebone Infirmary, showed that the period of life most obnoxious to the disease was between 30 and 50, and that least so from birth to 20. Nothing could better illustrate the superiority of figures over fancies.

Our remarks as to too great curtness apply especially to the surgical half of the report. Thus we find, under the head of "Hernia," that nine operations have been performed during the six months, of the subjects of which four have died, and that, in addition, two cases which had been reduced by taxis died subsequently. Of the eighteen cases comprised in the St. George's Report above alluded to, and all operated on, but four died. Now, although he would be ignorant indeed of the true value of this kind of facts who should with such scanty data attach any importance whatever to this disparity in result, yet it may furnish a fit example to show the necessity of more detailed statements. If future reports confirm the inference, and take it from the class of mere coincidences to which for the present it may safely be assigned, it will become of great importance to sift the matter thoroughly as to the cause of the difference. To this, however, it will be necessary to have knowledge not merely of the patients' sex and age, but also as to duration of strangulation, condition at the time of operation, after treatment, etc., all of which may be given in a few lines, but in the statement before us are unfortunately omitted.

We must add one word as to the excellent method adopted for the collection of the facts on which the report is based. It is undoubtedly injurious in the highest degree to the interests of students to have the note-taking of the Hospital transferred from them to an official registrar, and, on the other hand, it is equally injurious to the cause of science to have statements recorded which are based solely on the unaided observations of mere learners. The Guy's Hospital staff appear to have most successfully met the difficulty. They have appointed responsible registrars, not to take notes themselves, but to personally superintend and assist the students so engaged. Special rooms in proximity with the wards have been set apart for the purpose, and from among the students "reporters" have been appointed, and had allotted to them the note-taking of a certain number of cases each. The clerkships to the Physicians and the dresserships to the Surgeons, are awarded as prizes to the most diligent of the reporters. The system has, we believe, worked admirably, and it appears well worthy of general imitation. The students so engaged must be constantly acquiring, in the best methods, sound practical knowledge, together with habits of careful observation, while, by the supervision of the registrars, the accuracy of those statements intended for the public eye is insured.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

NEW REMEDY IN RHEUMATISM.

By M. BLANCO Y. MILLAN.

This remedy, in which the author has the greatest confidence, will probably inspire a different sentiment in the minds of some.

Take a pound of earth-worms, clean them without washing them, put them into a glass bottle well corked; at the moment of fermentation bury it in the ground, and, at the end of twenty-four hours, the worms are converted into a turbid liquid, of strong earthy and disagreeable odour. The remedy is then ready. Soak some cloths in the fluid, put them upon the painful part, and cover them with warm tracing paper.—*Rev. Th. du Midi*

UPON MENSTRUATION AND IMPREGNATION.

By Professor BISCHOFF, of Giessen.

The author, remarking upon the difficulty of obtaining opportunities for examining the organs of generation in the human female, during or shortly after menstruation, states, that, since 1839, he has succeeded only thirteen times in procuring such specimens from persons who have suddenly died. He confirms the now generally received opinion, that, at each menstrual period, an ovarian follicle ripens, swells, bursts, discharges an ovum, and forms a corpus luteum. Coste has affirmed, that menstruation may take place without the bursting of the follicle. This is not impossible. The follicle may be too deeply impacted, or the fibrous covering of the ovary may be too dense; the ovum being, however, ripe, and the sympathetic hæmorrhage from the uterus normal. Perhaps this constitutes a form of dysmenorrhœa.

The uterine discharge of blood in menstruation is only a symptomatic, though usually a constant appearance. But it may be absent, the ovarian changes going on in the usual way; hence a non-menstruating woman may conceive. At the menstrual period the uterus undergoes changes; the mucous membrane swells, and the uterine glands become strongly developed, that the expelled ovum may find a ready spot of attachment when impregnated; hence absence of this condition of the mucous membrane may be a cause of sterility. Its abnormal disappearance may account for women not conceiving after the first or second pregnancy, and perhaps, also, after the early part of life. In healthy females, it appears that the change in the uterine mucous membrane is synchronous with the commencement of menstruation, and it has been observed eighteen days after this function has ceased. In beasts, the corpora lutea of the impregnated female are similar to those in the unimpregnated. In the human female it is otherwise. The effusion of blood into the follicle, and the development of the follicular membrane, so as to constitute the corpus luteum, is, indeed, the same in both, but simple menstruation in the human female never produces a perfect corpus luteum; the blood undergoes alterations only in the peripheral layers, and is soon subjected to a regressive metamorphosis. After impregnation, however, the corpus luteum increases and becomes gradually perfected towards the latter end of pregnancy. It disappears only after delivery. It is incorrect to suppose that the development of the corpus luteum depends upon an excited plasticity in the whole genital system; excitement is limited to the uterus and the vagina. The ovaries attached to the impregnated uterus are always shrunken, bloodless, and small.

There may be a question whether an ovum does not ripen and become freed from the ovary under other states of excitement than that preceding menstruation. It is well known that the influence of climate, nutriment, and habit of living, as well as sexual excitement, modify the function of menstruation, as to the time of its coming on, its duration, etc. Such influences must act also upon the time of conception; but whatever disturbs menstruation, diminishes fecundity. When menstruation comes on once or twice after impregnation, it implies nothing more than that after one ovum has become impregnated, others may ripen and be cast off. Conception does not usually ensue during lactation, for it seems to be a fixed law, that impregnation is dependent upon menstruation, in so far as that implies a ripening and separation of the ovum.

It has been affirmed, that there are some women who become pregnant at any period. To this the author replies, that it is uncertain at what time the ovum leaves the ovary, at what time it enters the Fallopian tube, and how long it may take to reach the uterus; but that, as a rule, impregnation ensues shortly after menstruation.—*H. u. Pf.'s Ztschr. N. F. iv. 1.*, 1853.

GENERAL CORRESPONDENCE.

MR. BRADY'S BILL AND ITS OPPONENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—I am directed to send you the enclosed, in accordance with a Resolution contained therein.

I am, &c. AUGUSTUS DRAKE, Loc. Sec.

Exeter, April 3, 1854.

SOUTH WESTERN BRANCH OF PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

At a meeting of the Committee appointed for the purpose of watching the Bill to produce uniformity of Medical education and qualification, and for the registration of those licensed to practise in Medicine, held at the Devon and Exeter Hospital; present, S. Barnes, Esq., Dr. Shapter, E. P. Pridham, Esq., J. H. James, Esq., P. C. De la Garde, Esq., Dr. Drake, the Secretary submitted the following letter:—

"Worcester, March 27, 1854.

"Dear Sir,—I am requested by Sir C. Hastings to beg that you will, without delay, kindly forward (to Mr. G. Hastings, 4, Paper-buildings, Temple, London) a Petition signed by any members of the Profession who are opposed to Mr. Brady's Bill. The *Lancet*, 25th instant, page 351, contains a form of Petition.

"Yours faithfully,

"PHILIP H. WILLIAMS, M.D."

This letter having been considered, it was resolved—

"That this Committee have no doubt that an opposition on their part to the principle of a measure which merely contemplates a registration of Medical men would be severely censured by the South-Western Branch, who have strenuously advocated throughout such a registration. That a copy of this Resolution be communicated to Mr. Brady. That copies of this Resolution be likewise sent to the *Medical Times and Gazette* and the *Association Journal*."

EDWD. P. PRIDHAM, Surgeon, Chairman.

MR. DE MORGAN AND THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—It has been suggested to me, by some of my friends, that I ought perhaps, in justice to myself, to give a correct account of certain circumstances which the Editor of the *Lancet* has brought forward with that accuracy and fairness which are habitual to him when writing of an opponent.

I must, however, once for all, decline doing so, for the following reasons.

1. That when I resolved to give expression to the opinion upon the character of the Journal which I seem to hold in common with nearly all the members of the Profession whose opinions would have weight with me, I made up my mind to pay no attention to the various neither very complimentary nor very truthful remarks which were pretty sure to be bestowed on me.

2. That my belief is that the eyes of the Profession are now sufficiently open to the amount of credit which should be given to anything appearing in the columns of the Journal reflecting on the character of an assailant of its principles, and hence that contradiction is needless; and

3. That I am by no means disposed to follow in the very reprehensible course which the Editor has taken of dragging forward the name and character of a third person who has been no party to any proceedings in opposition to the *Lancet*, and who has not given his sanction, directly or indirectly, to his name being used.

Indeed, Sir, I do not know but that I should be obliged to the Editor of the Journal in question for so soon furnishing me with a confirmation of the truth of my views, believing, as I do, that he injures himself more than me; but, be that as it may, I shall continue to hold and to express my present opinions until the Journal is conducted on principles the very opposite to those which have hitherto regulated it, or until I am led to think that personalities conduce to the advancement of science, and that to bear false witness is the sure way to raise the character of the Profession.

I am, &c. CAMPBELL DE MORGAN.

51, Upper Seymour-street, April 5.

CHLOROFORM AS A LOCAL ANÆSTHETIC.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the subject of local anæsthesia is attracting the notice of the Profession, the following remarks may not be uninteresting. I have for several years past been in the habit of applying chloroform externally in painful neuralgic affections, in rheumatism, and previous to performing some of the minor operations. The mode of applying it is as follows: I place a piece of lint, saturated with chloroform on the spot, and cover it with a double fold of oiled silk. At first it causes heat and redness, which subsides in a few minutes, leaving the parts very fairly insensible. I removed a deeply-seated, encysted tumour from the back of a woman at Bangalore some years since. Previously to operating, I applied the chloroform for about a quarter of an hour in this way, and with perfect success. The mode of applying it is simple, and supersedes the necessity for instruments. I am, &c. C. T. Smith, Surgeon,

March 31, 1854. Hon. E. I. Company's Service.

THE CHOLERA.

[To the Editor of the Medical Times and Gazette.]

Sir,—In your Number for 25th instant you have inserted a letter from George Pickess, Esq., putting two questions to me relative to cholera, which I hope you will permit me to answer through your paper.

Mr. Pickess inquires, first,—What are the constituent symptoms of an attack of cholera? and, secondly,—What is the shortest interval between the first liquid stool and the accession of cramps, in order to deprive the diarrhœa of its premonitory character?

In answer to the first question, cholera has four distinct stages —that of diarrhœa; that of cramps, vomiting, &c.; that of collapse; and that of reaction.

Heretofore the term cholera was given to the second stage; the first st ge, that of diarrhœa, was overlooked, as it was supposed that an attack of cholera—that is, of spasms, vomiting, &c. —could come on suddenly, the individual being in perfect health at the moment of the attack; and where it was observed that the individual laboured under a diarrhœa at the moment of the attack of cramps, vomiting, &c., then cholera was said to be a superfœtation on diarrhœa, and consequently independent of diarrhœa.

After a careful and an extensive inquiry in four severe outbreaks of cholera, and after having availed myself of the united researches of some hundreds of medical gentlemen, the conclusion has been arrived at that cholera, that is, cramps, vomiting, &c., *in no case* attacks suddenly, and without giving a warning of the impending danger by a diarrhœa for some hours, some days, or some weeks.

With reference to the second question,—What is the shortest interval between the first liquid stool to the first accession of cramps, vomiting, etc., in order to deprive the diarrhœa of its premonitory character?—the shortest interval I have seen has been two hours between the first liquid stool and the accession of cramps, etc.; and, if we refer to the Registrar-General's weekly return, we shall there see three, four, five, and six hours to as many days, and to as many weeks, as the usual interval between the first liquid stool to the accession of cramps, etc.

But even where an interval of only two, three, four, etc, hours has intervened between the first liquid stool to the accession of cramps, etc., if the patient is carefully examined, he will say, that, possibly for a week before he had a liquid stool, he felt his abdomen tender on pressure, that he had a sensation of coldness at the pit of the stomach, which instinctively made him apply his hand on the part, and that the heat of his hand relieved him; that he was annoyed by borborygmi; that he had a pressure on the rectum, and a feeling of insecurity as if at any moment the sphincter would give way and the bowels be relieved involuntarily; that, if he had a passage in his bowels during this time, a small quantity only of solid fæcal matter was passed, with a considerable quantity of flatus; that, in other respects, the health was good.

Therefore, even where the interval between the first liquid stool to the accession of cramps is only two, three, four, or more hours, the patient has a previous warning that he is not in his normal state, and which previous warning is of the utmost importance when an epidemic of cholera prevails.

To resume, therefore, every case of cholera is preceded by a diarrhœa for some hours, some days, or some weeks.

The shortest interval between the first liquid stool to the accession of cramps, which I have seen, is two hours.

I am &c.

D. Macloughlin, M.D.
Member of the Legion of Honour of France.

34, Bruton-street, Berkeley-square,
London, March 29, 1854.

HOSPITAL REFORM.

[To the Editor of the Medical Times and Gazette.]

Sir,—There is extant an ancient and expressive proverb, "That it is an ill bird that fouls its own nest." And in spite of the cosmopolitan ideas that govern a large portion of the rising generation, in spite of the general prevalence of the maxim, that men should be no respecter of persons, places, or old associations, but should bring all things down to a fixed, immutable law of justice; still, it is a fact, that people regard with peculiar favour those who make a point of defending old friends, whether right or wrong, who always declare that their college, their inn of court, their hospital has the most learned teachers, contains the most respectable practitioners, or is the most scientific institution in the world; and although their statements may lack the savour of sound logic, they are always held to be proofs of a warm and generous spirit. These are the thoughts that crowd upon my mind, as I take up my pen to expose publicly the gross evil that exists in one of our most distinguished metropolitan hospitals. I am aware that my motives in writing will be misunderstood. I am certain that it will be generally believed that I have been tempted by the demon of selfishness to write. But such absurdity I smile at with concentrated contempt. The grievances I am about to relate are so palpable that a contradiction is impossible, and the injustice that exists requires such speedy redress, that none, save those implicated, will blame me for making them a subject of general conversation.

Without further preface, I would draw the attention of the public to the cruel wrong done to many officers of St. Bartholomew's Hospital, by keeping them for the best years of their life in subordinate offices. Although ample opportunities could be afforded of placing these gentlemen in the position that their universally-acknowledged talent requires, they seem to be treated with systematic neglect; year after year passes away, and still they remain in their old situation; and, as their hair grows grey, they become dispirited, for no road to advancement and increased honour is opened to them. I repeat, that there are ample opportunities in the hands of the governing body of the Hospital to further the interests of these hardly-worked and poorly-paid men. 420 beds are allotted to the three Surgeons of the Hospital; viz., 140 beds to each. What manifest nonsense it is to say, that proper attention can be paid by one single functionary to the wants of so many patients, to the edifying of himself, and to the proper instruction of the pupils, in the limited space of time that he can spare from the hours devoted to practice. Scarpa had only fifteen beds under his superintendence; but to these he paid the greatest attention, and, from the study of the comparatively few cases that came under his charge, he wrote those works which will remain for ever as monuments of his genius, and as examples of what can be done by unwearied industry and close observation of the phenomena of disease, even with what might, at first sight, be called scanty materials. St. George's Hospital supplies 200 surgical beds, with four Surgeons; and no one will be silly enough to state, that the services rendered by that Institution to the cause of Medical science have been inferior to those that have been afforded by any other like edifice. The London Hospital, with its 280 surgical beds, has three Surgeons to attend to them. Three surgeons attend 180 beds in the Middlesex Hospital. And yet, with these examples before them, no addition is made to the Surgical Staff of St. Bartholomew's Hospital. Men of energy—nay, more, of the highest attainments—are confined to the dissecting-room, or are poked, without any clinical appointment, into obscure lectureships; and this proceeds day after day, year after year, decade after decade, until the once high-spirited youth of lofty aspirations for the good of his Alma Mater, and for the credit of his Profession, sinks into utter regardlessness for the welfare of the one, and looks for other fields where he may work for the advancement of the other.

Let me give the names of those to whom I allude.

Perhaps there is no Physician in the Metropolis more distinguished for profound knowledge of his Profession than Dr. Baly. Many years ago he made physiology the study of every

student, instead of the amusement of the few, by his most admirable translation of "Müller's Elements of Physiology," and by the learned notes on that work. He was appointed Medical officer to the New Prison at Millbank; he was selected by the College of Physicians to draw up the Report on cholera lately published under the auspices of that most astute body, and has been often engaged in works of public importance by order of the Government. Yet, forsooth! he is to be content with the lectureship upon forensic medicine!

Again, the demonstrators of anatomy in the school are Mr. Holmes Coote and Mr. Luther Holden. Now these gentlemen (who hold no hospital appointment) have been twenty years and more in the Profession. Both were private pupils of two Medical officers; both distinguished themselves highly as students; both are well known by their writings; but in the dissecting-room they remain, and, as far as human eye can see, with no present prospect of getting out. Fancy, Sir, the feelings of those two worthy members of our Profession at seeing the time which they should spend in active practice fleeting by; the hopes that cheered the toil of their youth, gradually losing first their brilliancy, next their distinctness, and at last their outline. How long must they remain wasting their lives in profitless occupations, when there is room enough for all, and plenty to divide?

Ascending a little higher in the scale, we come to the names of Skey, Wormald, and Paget. Now, two of these gentlemen were old pupils of Abernethy. All have been connected with our Hospital for more years than I like to say. The first is well known as a Surgeon of overflowing talent and energy. Mr. Wormald is known as a shrewd, clear-headed, practical Anatomist and Surgeon, keen in diagnosis, decided in treatment, successful in finding the right remedy. I need say nothing about the learned Professor of the College of Surgeons; but I may ask, with a sinking heart, how much longer are these gentlemen to remain in the out-patient room of the Hospital, when, as I have shown, fitting occupation could be found for them in the surgical wards?

Dr. Kirkes, well known to the scientific world as an eminent pathologist, performs *post-mortem* examinations daily, and that is his business. How many years are to pass before he is placed in his true position to apply the information gained in the dead house? How many years will have passed before Mr. Savory will hold any post commensurate with his talent and information? I am, Sir, yours, etc. ZENO.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MARCH 28, 1854.

Dr. COPLAND, M.D., President.

A PAPER was read, entitled,

ON THE EXTRACTION OF POLYPI FROM THE UTERUS.

By GEORGE CANNEY, Esq., M.R.C.S., Bishop Auckland.

The author endeavoured to establish the superiority of the extirpation by excision over that by ligature. A case was related of a lady married twenty years, but never pregnant, who had in 1840 a polypus, removed by ligature from the uterus. In 1842 the symptoms returned, and the author felt a large body within the os uteri; and towards the end of 1848 frequent retention of urine, with obstruction of the bowels occurred, and, upon examination, these symptoms were found dependent upon a large polypus distending the vagina, and projecting by one lobule from the external os. All attempts to apply a ligature were fruitless. Violent expulsive pains, with hæmorrhage during the catamenia, rendered it necessary to adopt some means for relief, by causing uterine contractions, and thus expelling the growth. It was much torn during the experiment, and a portion of the tumour sloughed away, but the violent symptoms again supervening, the author attempted to remove the tumour, the patient being under the influence of chloroform. Some difficulty was experienced in seizing the tumour, but it was ultimately accomplished, and steady traction was attempted for twenty or thirty seconds at a time, with intervals of two to three minutes, so as to resemble, as far as possible, the expulsive effects of natural labour. In three hours and a-half active contractions having come on, the polypus was extruded, in the last stage, solely by natural contractions, which were violent and continuous as soon as the polypus reached the os. The tumour was connected with the inverted fundus of the uterus, posteriorly at the junction of its middle with its upper third of its convexity by a short thick neck. The attachment was removed, and the fundus replaced. No unfavourable symptoms occurred; and the author concluded by expressing his approval of the plan of excision recommended by Dr. Locock.

Dr. Tyler Smith preferred the plan of removing these excrescences by ligature, rather than by the use of the knife, because the great object was to remove them as early as possible; and this could be effected more readily by the former than by the latter operation. He had remarked, that, during the furunculoid epidemic, the removal of the tumours had continually been followed by boils occurring in the adjacent parts; and wished to know whether the same remark had struck the minds of other Fellows present.

Dr. Tanner preferred the use of the knife where much hæmorrhage had occurred.

Dr. Moore expressed his opinion, that, where the tumour was pedunculated, ligature ought to be used; but, if the polypus had a broad base, the use of the knife was preferable. He could understand the drift of the paper; and considered that too great violence had been used in removing the polypus.

Dr. Moore considered, that the great question of whether excision or ligature was preferable, depended upon the question as to whether the polypus had a broad or narrow base. He considered that the case they had just heard was deficient in value. It seemed to have been treated with unnecessary violence. He had not remarked as yet the fact mentioned by Dr. Tyler Smith relative to the growth of carbuncular eruptions having supervened upon the removal of these uterine polypi.

Mr. Hodgson remarked, that a third mode of removal, viz., that by twisting, had not been mentioned. He had always been in favour of the plan of removing uterine polypi by ligature, until once, when a large tumour of this kind came under his care, and a ligature was placed round its neck, which continually required tightening; great sloughing had followed, which was succeeded by peritonitis and death. Upon *post-mortem* examination the femoral veins were greatly inflamed.

Mr. T. Spencer Wells thought that the combination of both the plans of excision and of ligature would be found the most successful. In two cases that he had attended, he had tied the neck of the polypus, and then cut off the tumour below the ligature. Both patients did well. He considered that in this way one could avoid the dangers of hæmorrhage after excision, and the inconvenience attending the use of the ligature.

Dr. Schuloff expressed his concurrence with the rule laid down by Dr. Moore as to the propriety of removing the tumours by ligature, or by the knife.

Mr. Ure stated, that both himself and Mr. I. B. Brown had found the plan just recommended by Mr. Spencer Wells to be highly effective. He did not simply tie the peduncle, but passed a strong double whipcord through it, and tied each half.

The President remarked upon the value of the facts related by Dr. Tyler Smith and Mr. Hodgson, as showing the power of imbibition of purulent material into the blood, and the effects that it caused upon the system. He related at length a case of uterine polypi, which were extruded, after doses of biborate of soda, which caused contractions of the organ, and the expulsion of its contents.

Dr. Tyler Smith remarked, that it was an open question as to whether phlebitis more frequently followed excision or ligature.

A paper was read, entitled,

OBSERVATIONS ON THREE POINTS OF SURGICAL PRACTICE, VIZ.:

ON THE TREATMENT OF VALGUS;

THE NATURE AND TREATMENT OF CHRONIC SUBLUXATION OF THE GREAT TOE;

AND

ON THE BREAKING UP OF VESICAL CALCULI

BY THE LITHOTOMY SCREW SCOOP LATELY INVENTED BY MR. COXETER.

By S. F. STATHAM, Esq.,

Assistant-Surgeon to University College Hospital.

The Treatment of Valgus.—The author observed, that valgus might occur coincidently with subluxation of the great toe, more particularly in delicate females, or be entirely simple. In the latter-mentioned case, the best treatment consisted in placing an iron support under the sole, and the gradual application of pieces of leather, for the purpose of raising the ankle. This

plan was found to answer in three persons. In one young subject, it was found necessary to divide the peroneus longus, as its contraction was manifestly active. As a rule, however, the author would recommend no operation. Subluxation of the great toe, with valgus, was then considered. Various quotations from writers on bunions were given. The subluxation of the great toe was said to cause alteration in other bones of the foot, especially as regards the direction of all the metatarsal bones, with raising of the ankle of the foot in males and robust females. The author recommended division of the external lateral ligament, with reduction of the dislocation, and quoted a case where the result of operation was favourable. The lithotomy screw scoop invented by Mr. Coxeter was then mentioned. The instrument was exhibited, and its claims to novelty in construction proclaimed. The author expressed his opinion, that it would be found useful when, after perinæal incision, the stone was found inconveniently large.

Mr. Lonsdale observed, that the plan recommended by Mr. Statham for the relief of valgus was not novel, since it had been practised at the Orthopædic Hospital for the last fifteen years.

Mr. Fergusson would have preferred to have seen the subjects treated by Mr. Statham separately described; inasmuch as from the title of the paper just read, it would be supposed that the author was about learnedly to prove that a strong connexion existed between club-foot and stone in the bladder. He would leave Mr. Lonsdale to deal with the first of these ailments, but would offer a few remarks upon the latter. Of course it was a perfectly well-known fact, that great inconvenience often arose when, after the proper incisions had been made, the stone was found too large to slip easily through the orifice in the perinæum; and the chance of this mishap should always be considered before the operation was commenced, and instruments for the purpose crushing the stone should always be at hand. But the machine exhibited and described had not the slightest claim to novelty, either in its construction or in its application. The time of some of the earlier meetings of the Society was occupied in considering the advantages to be derived from the use of such inventions. If Mr. Statham would take the trouble of calling upon Mr. Weiss, of the Strand, he would find a host of stone-crushing instruments. Mr. Scott Russell had invented an admirably ingenious lithotrite for the same purpose as that shown to-night. Mr. Statham had mentioned, that the use of this "screw scoop" would do away with many of the difficulties and dangers of the operation. Now, in Mr. Fergusson's experience, such difficulties and dangers were few. True it was, that many Surgeons, otherwise excellent operators, always had considerable difficulty in withdrawing the calculus. Another question here arose, whether it is more advantageous to crush the stone in the manner described, or to enlarge the incision. Considering the length of time that the use of the "screw scoop" would take up, the lengthened irritation of the bladder, the possibility of some small fragment remaining to form the nucleus of a new calculus, it would be a grave question in his mind as to whether a prolonged incision would not be preferable. However, the time of the Society at present was too limited to enable him to enter upon this subject.

Mr. Hodgson remarked, that, in some cases where the calculus was too large to be removed, a fistulous passage had been left through the perinæum into the bladder, with the effect of lessening the size of the stone.

Mr. Statham defended his position as a maintainer of the novelty of the instrument.

The President announced, that the Council had determined to make no change in the number of Journals admitted; after which the meeting adjourned.

MEDICAL SOCIETY OF LONDON.

April 1, 1854.

The President, Edward Headland, Esq., in the Chair.

Mr. Brown gave the details of another successful operation for cystocele, which will be found among the Original Communications.

Mr. Hancock, at the request of Dr. Cogswell, described the method of puncturing the bladder, adopted by Dr. Branden, of St. Helier's, Jersey. It consisted of the perforation of the symphisis pubis by a hydrocele trochar, and the introduction of a flexible catheter through the tube into the bladder. Dr. Branden had so operated in 100 cases, and in each one had met with the bladder most readily. Mr. Hancock had not performed the operation on the living body, but on the dead subject had found it very simple and of easy performance. The proposition was not altogether a new one, since Dr. Branden had described it in 1838. The following advantages were claimed for this operation. 1st. The bladder being fixed by its attachments to this locality, whether healthy or diseased, it is always accessible to the operator. 2nd. There is no peritoneal covering at that point, and there is less danger of wounding other important parts. 3rd. It is very applicable to corpulent patients, and where there is any displacement of the gut or uterine organs. 4th. It produces but very little pain, from the absence of nerves. 5th. The catheter will not be thrust away by the contraction of the coats of the bladder, neither will it slip into the bladder. 6th. It is applicable to all cases of retention of urine, from whatever cause and when other points of operation are not convenient. The body may also be placed so as to favour the escape of the urine.

Dr. Winn had been called in consultation to a case of puerperal convulsions, occurring in a patient, aged 23 years, with a short neck. He found the os uteri relaxed; and, after bleeding slightly, delivered by perforation. She rallied from the exhaustion, but the convulsions returned, accompanied by coma, which endured through two days and a-half. The only remedies employed were the slight bleeding referred to, and small doses of mercury, and on this ground he considered the case of interest. He was of opinion that such cases have usually been treated too heroically, and that, on the whole, a calmer mode of procedure would be more successful.

In reply to a question by Dr. Mackenzie, Dr. Winn stated that the urine had not been examined.

Dr. Snow Beck read a paper on

SOME OF THE DISEASES INCLUDED UNDER THE TERM PROLAPSUS UTERI, THEIR DIAGNOSIS AND TREATMENT.

The author drew the practical deductions:—(*a*) That, contrary to the received opinions, displacements of the healthy uterus are not followed by any notable inconvenience to the female. (*b*) That, when symptoms arise, they are the consequence of some inflammatory affection of the uterine organs, which constituted the essential disease, the displacement being only an accidental accompaniment. (*c*) That the diseases termed "perfect prolapsus" were really hernial protrusions, occurring through the vaginal outlet; and (*d*) That those included in the denomination "imperfect prolapsus" were inflammatory affections of the uterine organs, and chiefly of the vagina.

Mr. Brown differed from the author in considering that prolapsus uteri rarely, if ever, occurs as a primary affection, and inferred that any successful mode of treatment must have immediate reference to the cause of the disease. He referred the causes of prolapsus to three heads. 1st. The entire or partial loss of the perinæum, or the distension of the muscular structures of that organ. 2nd. Relaxation of the parts from repeated childbearing; and, 3rd, enlargement of the uterus from congestion or other diseased states of that viscus. He was also at issue with the author as to the propriety of the terms partial and complete prolapsus, since he preferred those recommended by his old master, Dr. Blundell, viz., prolapsus and procidentia. He, however, concurred with the author on two points, viz., the advantage of simple methods of treatment, and the injurious results following the use of the pessary and other mechanical supports. He then entered at length into the benefits which plastic surgery offers in the treatment of this class of cases when cystocele and rectocele are the immediate causes of the prolapsus of the vagina, and believed that they would be permanent.

Dr. Winn referred to the very serious inconvenience sustained by the lower classes from prolapsus of the vagina and adjoining parts, and considered Mr. Brown's method of treatment to be that most likely to remove it.

Mr. Hird, after intimating his indifference as to the selection of the terms to designate the affection, proceeded to show that the operative interference of plastic surgery was not so new a procedure as had been intimated. It had been employed twenty years ago by Mr. Ireland, in Dublin, as also by the continental surgeons. The principle adopted was precisely that contended for at the present day, but the details had since been somewhat varied. These operations had not been uniformly successful, and he was of opinion that the cure ascribed to them was only palliative, and not radical. He then referred to several methods of treatment which had now passed away, as that of cauterisation

by Dieffenbach, and of the jointed ring to the lower part of the fourchette, as invented by a Surgeon whose name he had forgotten. Secale had recently been recommended to induce contraction of the parts, and some persons had reported favourably of its use. The elastic perineal support is of the utmost comfort to ladies; and whenever such was the case he should never think of recommending the performance of a serious operation.

Dr. Mackenzie, while admitting that the inflamed condition of the vagina referred to by the author was the immediate cause in many cases of persons seeking relief, considered that too much attention had been paid to the local state of the parts, and too little to that enervated state of system which he believed to be the essential cause of prolapsus in a majority of cases. He regarded all plastic operations, mechanical contrivances, and local applications, as of secondary importance, and urged upon the Fellows the necessity of renewing the tone of the muscular system, and especially that of the abdominal organs.

Mr. Dendy had no doubt as to superiority of Mr. Brown's operation whenever such a procedure might be necessary, but in ordinary cases he considered the perineal bandage as the best remedy in their earliest stages. He believed the ordinary cause of prolapsus to be the extension of the ligaments from pregnancy and parturition, and therefore that the prolapsus was rather a condition than a disease. He thence counselled a closer attention to the state of the uterus for some days after the confinement, and the application of a perineal support, whenever, from the dragging sensation at the hips, a descent of the uterus might be inferred. He differed from the preceding speakers as to the degree of inconvenience suffered by poor women afflicted with prolapsus, since the mucous membrane soon puts on a cuticular character, and renders the patient capable of performing laborious duties, while the uterus is extruded from the body.

Dr. Greenhalgh, in illustration of the inattention to the condition of the womb after delivery, which sometimes occurs, related the particulars of a case which had recently come under his notice. The patient was confined on a Thursday, and appeared to progress well until the Sunday morning following, when the Surgeon ascertained that she was suffering much pain at the lower part of the abdomen, and on examination found a large fluctuating tumour. He introduced the catheter with great difficulty, and removed a very large quantity of urine. It was then stated that she had not passed urine since her confinement, except as it involuntarily dribbled away from her. It had been found necessary to use the catheter twice a-day up to the present time—a period of two months. The urine, and especially the last ounce of it, was loaded with pus and mucus corpuscles. As to the degree of inconvenience attaching to prolapsus, he expressed his belief that it is in proportion to the education of the class affected, being greater in the better classes of society.

Mr. Clarke warmly defended the honour of the profession in reference to the imputations which, as he alleged, some of the speakers had made against the watchfulness of its members. He believed that no one could treat prolapsus as a mere local affection, but would, at the same time, pay equal regard to the state of the general health. He was also convinced that the instance of carelessness adduced by Dr. Greenhalgh was by no means a type of the ordinary conduct of medical men. The fault, in the production of prolapsus, really lies with the patient, and not with the medical man, since, in spite of all the remonstrances of the latter, the former will sit up at too early a period.

Several Fellows then explained, and Dr. Snow Beck replied.

PATHOLOGICAL SOCIETY OF LONDON.

March 21, 1854.

Dr. Babington, President, in the Chair.

Dr. Quain read a Report by Dr. Handfield Jones on Dr. Black's case of

MELANOTIC SPUTUM.

Its re-action was decidedly acid, and, on microscopic examination, it was found to contain a great number of small cells, filled with black pigment, also a large quantity of pigment in a molecular state, and not contained in cells. There were no nerve tubes distinguishable.

Mr. Hutchinson reported on Mr. Shaw's case of

DISEASE OF THE PROSTATE GLAND.

On pressing the diseased mass a thick white fluid exuded, which, on microscopic examination, was found to contain great numbers of cancer-cells, with one, two, or three nuclei; there was also a good deal of fatty matter present. Behind the prostate was an enlarged lymphatic gland. The distinguishing peculiarity of this case was the infiltration of cancerous matter throughout the organ without the presence of any circumscribed malignant growth.

A Report was read by Mr. Partridge, on Mr. Holt's case of

PENDULOUS FATTY TUMOUR.

It was composed of layers of fat, with folds of fibrous membranes passing between them. Here and there the fat 'cropped' out, so to speak, and gave its yellowish tinge to the surface of the tumour. The tumour was loosely connected with the mucous membrane of the pharynx by its envelope of fibrous tissue.

Mr. Harvey Ludlow read a Report on Mr. Walton's case of

DISEASED TESTIS.

It was too much decomposed to admit of an accurate microscopical examination, and he had not been able to ascertain whether the tunica albuginea was ulcerated through, prolonged over the surface of the tumour. Almost the whole testis was protruded, and between the tubercles were seen nucleated cells, free nuclei, and cells passing into fibres and molecular matter.

Dr. Quain read a letter from Dr. Handfield Jones, recounting as additional arguments in favour of his view of the nature of the case, the rapid increase in the size of the tumour, notwithstanding the treatment employed, and the absence of vascular injection of characters of retrogression, and of gonorrheal or syphilitic history.

Mr. Nathaniel Ward exhibited a case of

FIBROCYSTIC TUMOUR OF THE FEMUR.

The patient, a young woman, had been admitted into the London Hospital on account of a fluctuating tumour on the back of the thigh, extending from about its middle down to the upper sixth of the leg, but not involving the knee-joint. The femur was thickened throughout its length, and a tumour of bony hardness was felt close to the trochanter major. The patient had first come under notice as an out-patient, for an enlargement of the inner condyle, which was treated by cod-liver oil, etc.; and the patient was progressing favourably, when an injury from a fall caused the disease to take on a more rapid growth. As the bone seemed to be affected throughout its whole length, it was decided to amputate at the hip-joint; and the operation was accordingly performed by Mr. John Adams, twelve days after the admission of the patient. On examination of the diseased mass, it was found to be intimately connected with the cancellated tissue of the bone; there was also a large growth from the cartilage. The structure of the tumour was areolar, with cysts varying in size from that of a pin's head to that of a large orange. The walls of these cysts were composed of laminated fibres. They probably had their origin in the effusion of blood into the areolar spaces, followed by organisation of their walls.

Mr. John Adams said, that the doubtful point in the case had been the condition of the little tumour near the great trochanter; it was of a bony hardness, and had not the feel of a mere exostosis. This condition of the upper part of the bone had led to the adoption of the serious operation of amputation at the hip-joint. The patient was progressing favourably.

Mr. William Adams did not agree with the view taken by Mr. Ward of the history of the cysts. He considered them to be an essential part of the structure.

Mr. Prescott Hewett asked what distinction Mr. Adams wished to draw between a hard bony tumour and an exostosis, as this seemed to have had an important influence in the operation decided on.

Mr. J. Adams said, that the tumour was apparently not a mere exostosis, but an indication of the extension of the disease, whatever it might be, which had affected the lower part of the bone, to its upper extremity. He would mention, that the apparent thickening of the shaft of the bone was really due to thickening of the periosteum.

Mr. Fergusson said, that this seemed to be a case of what used to be called osteo-sarcomatous tumour of the femur, so called to distinguish it from medullary sarcoma. This form of disease was known by several names, and seemed to him a kind of exostosis of the femur. Most of the tumours of the femur were of a malignant character, and it was satisfactory to find that this was not one of that class.

Mr. Ward said, that the fibrous nature of the tumour was very apparent under the microscope. This case seemed to him very similar to the fibrous tumours of the lower jaw. No doubt it was a non-malignant affection. The periosteum was spread over the tumour and the bone shelled out; there were irregular deposits of bone in the substance of the tumour.

Mr. Prescott Hewett and Dr. John Ogle were appointed to examine the tumour and report on it.

Mr. Spencer Wells exhibited two drawings representing the

APPEARANCE OF THE SURFACE OF THE HEART IN TWO CASES OF PURPURA.

One drawing had been shown some years ago at a meeting of the British Association, accompanied by the first notice of the occurrence of the effusion of blood, or fibrinous exudation coloured with blood, in the sub-serous cellular tissue on the surface of the heart in cases of purpura. The patient was a sailor, and the case one of ordinary scurvy. Mr. Wells said, it was singular that, in the only two cases of purpura in which he had examined the body of the patient after death, he had observed the same appearance. The two drawings closely resembled each other. The subject of the second case was a brewer, who drank very large quantities of beer, and had suffered both from gout and syphilis. He died after having albuminuria, and, more recently, spots of purpura on the extremities, with bloody discharges from stomach, bowels, and bladder.

Dr. Peacock showed some specimens of

PLASTIC SPUTUM.

This was a very similar case to that brought before the Society by Dr. Fuller a short time ago. The patient was a boy who was subject to frequent attacks of dyspnœa, relieved by the expectoration of casts of the bronchial tubes, sometimes as many as seventeen in one day.

Mr. Salter exhibited

A URINARY CALCULUS OF PECULIAR FORM.

This stone consisted of a large oval central mass either of lithic acid or lithate of ammonia, and projecting from three points on its surface were large, somewhat cylindrical concretions of ammonia-magnesian phosphate This unusual form and structure of calculus was explained by the condition of the urinary organs at the time of its formation. The calculus was found attached in a deep ulcer in the front of the trigone vesicale, and each of the stalactite projections on its surface corresponded to one of the orifices in the bladder. At the time of the *post-mortem*, the ureters and pelves of the kidneys were enormously dilated, and filled with phosphatic urine. It would seem that, at first, from acid urine, a lithic stone had been formed free in the bladder; that, from its continued irritation, ulceration of the mucous membrane had occurred, and that into this ulcer the stone had fallen, and had so remained in one position; that, concurrent with this ulceration, as might be expected, an alkaline condition of the urine had arisen. The stone being fixed, the bladder contracted, and the urine alkaline, it is apparent how these three points, corresponding to the orifices by which all the urine flows into and out of the bladder, might be encrusted with these phosphatic stalactites.

Mr. Park showed some examples of

MALIGNANT DISEASE.

The patient had died of hydrothorax, without any suspicion of malignant disease. On examination, a large mass of cancerous matter was found in the situation of the thymus gland, extending upwards behind the clavicles. The thyroid gland was also affected, and there was a deposit of cancer occupying the tubular portion of the kidney. There had been no microscopic examination of the structure.

Dr. Bristowe exhibited three cases of

FATTY DEGENERATION OF THE HEART.

The first was from a patient who, while apparently in good health, had died suddenly from a rupture in the posterior part of the left ventricle, close to the septum. The margins of the ruptures were pale and mottled, and differed in colour from the rest of the muscular tissue of the heart, which was apparently healthy. There was an atheromatous deposit in the aorta.

The second was from a boy who had died of purpura, after an illness of twelve months' duration. The heart was mottled, and the muscular fibres almost universally degenerated.

The third was from a patient who had suffered from pneumonia. During life, a rubbing sound had been heard over the whole of the left side of the chest. The action of the heart had been intermittent, and in other respects the sounds were normal. The surface of the heart was found covered with soft flocculent fibrin. The muscular fibres of the surface of the organ, for about a line in depth, were pale, and in the first stage of fatty degeneration; the muscle below was darker, and healthy.

Dr. Bristowe also exhibited a

TUMOUR OF THE DURA MATER.

The patient, a man, aged 70, had suffered from universal paralysis of the greater part of the body, and had died chiefly from bedsores, caused by long confinement in the recumbent position. The brain was found to be atrophied, the cavities large, and the fluid in the ventricles more abundant than natural. Over the left orbital plate of the frontal bone, in the course of the olfactory nerve, was found a tumour growing from the dura mater. On cutting it, a creamy juice exuded, which was found by the microscope to contain abundant nuclei. It was composed of fibrous tissue, arranged in concentric layers, with longitudinal striations. On the addition of acetic acid, the tumour swelled, and numerous delicate fibres were brought into view. This tumour resembled one laid before the Society by Dr. Quain, for Dr. Hughes Bennett. From the concentric arrangement of the cell involucres constituting the tumour, and the resemblance of its general naked-eye appearances to those presented by many cases of epithelial cancer, Dr. Bristowe had been led to believe this was an example of that form of disease.

In answer to a question put by Dr. John Ogle, Dr. Bristowe said, that the arachnoid membrane was not thickened in any part.

Dr. John Ogle exhibited an example of

DISEASED BRAIN,

showing a cyst developed in the substance of the right portion of the pons Varolii, which resulted from the softening of a mass of scrofulous deposit. It was equal in size to a bantam's egg, and, from its position, interfered with the 4th, 5th, 6th, and 7th pairs of cranial nerves. The symptoms during life corresponding to some interference therewith, and from them, and the history of the case, diagnosis of some chronic inflammation, causing pressure by exuded materials, or of some tumour at the base of the brain, was clearly made. The patient, aged 18, came into St. George's Hospital suffering from loss of power and sensation on the whole of the left side as high as the middle of the neck; also of paralysis, to a slight extent, of the muscles of the right side of the face, with numbness. There was intense strabismus of the right eye, whose pupil was smaller than the left one. There was deafness on the right side, and loss of taste on the right side of the mouth. The sense of smell was entire. There was no mental disquietude or perversion, and no pain. The symptoms increased in intensity. The face more drawn to the left side; the right eyeball turned upwards and inwards, the orbicularis not closing; the conjunctiva became dull and vascular, and finally the cornea became dull. Dysphagia, with partial loss of power over sphincters, came on; also vomiting, and finally stupor supervened gradually, and the patient died after a violent convulsive attack. The immediate cause of death was an accumulation, to a large extent, of fluid in the cerebral ventricles, accompanied by congestion of the lungs. No other parts of the body were diseased in any way.

Mr. Toynbee showed a case of

DISEASE OF THE BRAIN FROM CARIES OF THE PETROUS PORTION OF THE TEMPORAL BONE AFTER SCARLET FEVER.

He had brought it to throw some light on the causes of this termination of ulceration of the tympanum in caries of the temporal bone, which only occurs in some cases, these not being, as some have supposed, always scrofulous patients. Mr. Toynbee believed that the true cause was confinement of the products of ulceration, on account of want of free exit for the matter. In the case exhibited, on one side the membrana tympani was completely destroyed, leaving a free opening for the escape of pus, and no caries of the bone had followed. On the other side, in the same patient, the membrane was only partially destroyed; the products of ulceration had been confined behind it, and caries had followed. There was also anchylosis of the stapes to the fenestra ovalis, and the base of the stapes was expanded and projecting.

Mr. Fergusson showed a case of

CYSTIC SARCOMA OF THE TESTICLE.

This was a disease more frequently spoken of than really found. Perfect specimens were rarely to be met with. Common scirrhus

with cysts was often confounded with it. It was, however, a non-malignant disease, and the cysts were perhaps formed by the obstruction and dilatation of the cysts. The growth had been of two years' duration, and was removed from a patient of healthy appearance. A gelatinous fluid was found contained in the cysts.

Mr. Ludlow was appointed to examine and report upon this case.

Mr. Evans mentioned with respect to Mr. Park's case of malignant disease, that the patient had suffered from bronchitis, with frequent paroxysms of dyspnœa, in one of which he died, and after death the bronchi were found constricted by masses of a deposit which did not present the ordinary appearances of cancer.

The President suggested that Dr. Bristowe should report on this case.

Mr. Harvey Ludlow exhibited a specimen of

ANEURISM OF THE ARCH OF THE AORTA,

which had become filled by laminated coagulum, and thereby spontaneously cured. The man from whom this specimen was obtained, was a native of Hertford, and consulted Mr. Stanley for his complaint in October, 1847. The aneurism was at that time of large size, constituting an oval pulsating tumour at the right of the sternum, and had caused the absorption of the second, third, and fourth ribs. It went on increasing till Christmas in the same year, after which no further enlargement took place, and the tumour, which projected through the right wall of the chest as a prominent semi-oval mass as large as the half of a cocoa-nut, became gradually firmer and more solid, and at length ceased to pulsate. The patient lived four years and a-half in this state, the aneurism during the whole time remaining stationary and devoid of pulsation. He died at length from suppurative pleurisy caught from imprudent exposure during the general election of 1852. On examining the body, a large aneurism, measuring 7 inches by 4, originating from the commencement of the arch of the aorta, was found occupying the right side of the thorax, and almost completely filled with laminated coagulum. It should be observed, that, during the period when the disease was advancing, and for long after, this patient was kept on the lowest possible diet, which reduced him to a state of the extremest weakness.

Mr. Simons showed drawings of

DISEASED LUNGS FROM AN OX.

This was an example of an epizootic affection which had been common among cattle in this country for the last ten or twelve years, consisting of an infiltration of blood into the interlobular tissue of the lung, which, in the ox, is more abundant than in most other animals.

Mr. Simons also showed a case of

CONGENITAL MALFORMATION OF THE TESTICLE OF A BULL.

During life the tumour had presented an appearance of an enlarged testicle, in which was felt a constant vibratory motion, as of blood passing through an aneurism. After the animal was killed, the testicle was found to be a mere fibrous shell containing blood, with a large artery coming to it, and another large vessel running from it. On the same side the kidney was also wanting, and perhaps, for the renal and spermatic artery of that side, one large vessel had been substituted, conveying blood to what should have been a testicle.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Friday, March 31.

Petitions were presented by Mr. Craufurd, from the Lancashire and Cheshire, York and Shropshire branches of the Provincial Medical and Surgical Association, from Medical Practitioners of Stourport and Brierley-hill, from members of the Medical Profession residing in Wrexham, and from Physicians and Surgeons practising in Lincoln, against the Medical Practitioners Bill.

Tuesday, April 4.

Petitions were presented by Mr. Thompson from the Senatus of the Marischal College and University of Aberdeen against Mr. Brady's Medical Registration Bill, which is declared to be defective in principle and circumscribed in operation; by Mr. Brady, in favour of the Medical Registration Bill, from the members of the District Medical Society of Ashton-under-Lyne; from the Council of the South London Medical Association, authorised by the general body of members; from the Medical Practitioners in medicine and surgery of Rotherham; from the Medical Practitioners of St. Albans, Hertfordshire; and from Medical men in the parish of Marylebone; by Mr. I. Butt, from the Professors of the Royal College of Surgeons in Ireland, complaining of the regulations under which Assistant-Surgeons in the Navy are placed as injurious to the public service, by deterring Medical men from entering the Navy, and depriving those who have entered of all opportunity of improvement; by Mr. Craufurd, against the Medical Practitioners Bill, from members of the Medical Profession at Llangefin, county of Anglesea, and at Tunbridge Wells; from George Horton, M.R.C.S., of Bromsgrove; and from members of the Provincial Medical and Surgical Association in Southampton and in Liverpool; by Mr. C. S. Butler, from Medical Practitioners in South Hackney, in favour of the Bill for the Registration of Qualified Practitioners.

Wednesday, April 5.

Petitions were presented by Mr. Craufurd from members of the Medical Profession in Poole and its neighbourhood; and by Mr. Wise, from Medical Practitioners at Stafford, against the Medical Practitioners Bill.

THE DURATION OF LIFE AMONG MEDICAL MEN.

Dr. Guy, in a paper read before the Statistical Society of London, says:—

"Whatever age we make the starting-point of our calculations, the English Physicians and Surgeons have an advantage in the duration of life over German '*Médecins*,'—an advantage which will be seen to be still greater if we substitute the results obtained from the 'Annual Register' for those derived from the 'Biographical Dictionary.'

Age.	Biographical Dictionary. (English Physicians and Surgeons.)	Casper. (German "*Médicins.*")
26 and upwards	67·04	58·00
31 ,,	67·04	59·27
41 ,,	68·87	63·82
51 ,,	70·94	68·21

"In comparing the duration of life among members of the Medical Profession with the duration of life among the clergy, two orders of facts are available; those gleaned from the 'Annual Register" from 1758 to 1843, and those obtained from the 'Biographical Dictionary.' The ages at death, collected from the obituaries of the 'Annual Register,' are, for clergymen, 963 in number; for Medical men, 260 in number; those from the pages of the 'Biographical Dictionary' are, of clergymen, 909; of Medical men, 174. The following Table shows the average results obtained in the two cases:—

Age.	Annual Register.		Difference.	Biographical Dictionary.		Difference.
	Clergy.	Medical Men.		Clergy.	Medical Men	
26 & upwds·	68·81	65·36	3·45	66·13	67·04	0·91
31 ,,	69·49	67·31	2·18	66·42	67·04	0·62
41 ,,	71 82	70·23	1·59	67·60	68·87	1·27
51 ,,	74·04	72·95	1·09	69·48	70·94	1·46

"In order to determine the influence on longevity of married and single life respectively, the following Table has been framed:—

	Clergy.			Medical Men.			Clergy & Med. Men.		
	Number of Deaths.	Mean Age.	Greatest Age.	Number of Deaths.	Mean Age.	Greatest Age.	Number of Deaths.	Mean Age.	Greatest Age.
Married....	370	68·65	100	75	69·17	92	445	68·74	100
Single	31	63·13	84	3	70·33	75	34	63·77	84
Difference	..	5·52	16	..	1·16	17	..	4·97	16

Dr. Guy says:—"Being unwilling to bring this communication to a close without instituting some comparison between the duration of life of the several distinct bodies of Medical Practitioners which make up the Medical Profession, I have sought for the materials for such a comparison in the obituaries published in the 'London and Provincial Medical Directory.' From the six volumes of that work, for 1848 to 1853 inclusive, I have been able to obtain the ages at death of 482 Medical men, of whom 261 were engaged in general practice, 148 were Physicians or pure Surgeons, and 73 in the public service of the Army, Navy, or East India Company. The average results are shown in the following Table:—

	General Practitioners.	Physicians and Surgeons.	Army and Navy.
All ages.....	52·27	61·13	58·52
26 and upwards	53·27	61·13	60·00
31 ,, ...	54·98	62·53	62·43
41 ,, ...	62·32	66·19	68·07
51 ,, ...	68·10	70·52	71·00
Greatest Age	94	92	91

"It is but natural to expect that a class of men exposed to so much fatigue, harassed by calls for professional services at all hours of the day and night, and often in prolonged attendance among those classes of the community with whom contagious maladies are most rife, should have their lives shortened when compared with the other members of the same Profession. That the increased exposure to contagious maladies of the class of general Practitioners, is a real and not an imaginary cause of danger, the following comparison, which extends to deaths at unknown ages, as well as to those in which the ages are specified, will demonstrate:—

"Out of 348 deaths occurring among general Practitioners of all ages, 15 were due to fever, 5 to cholera, 5 to wounds in dissection or during operations, 1 to erysipelas, and 1 to scarlet fever; making a total of 27 deaths from exposure to sources of danger from some of which the members of other professions are entirely free, while they are partially exempt from the remainder; or, as nearly as possible, 1 death in 13.

"Out of 233 deaths occurring among Physicians and Surgeons of all ages, there were 7 from fever, 6 from cholera, and 1 from small-pox; making a total of 14 deaths from similar exposure to peculiar sources of danger; or, as nearly as possible, 1 death in 16.

"Out of 117 deaths occurring among Medical men engaged in the several branches of the public service, 2 are attributed to fever, 3 to cholera, and 2 to yellow fever; making a total of 7 deaths, or 1 in about 17.

"The difference between 1 in 13 and 1 in 16 is sufficiently large to account for a part of the disparity which appears in the duration of life of the general Practitioners and of the Physicians and Surgeons.

"The deaths from fever in the three classes bear to deaths from all causes the respective proportions of 1 to 23, 1 to 33, and 1 to 58.

"This proportion of 1 to 33, in the case of Physicians and Surgeons deceased within the last few years, is lower than the proportion of deaths from fever recorded in the 'Biographical Dictionary;' for out of 175 deaths due to all causes, of which 54 are specified, no less than 9 deaths, or 1 in 19, are attributed to fever.

"The mortality from fever in several classes of persons, including those just specified, is represented by the following proportions:—

Profession.	Deaths from Fever.	Deaths from all Causes.	Proportion.
Clergy	16	909	1 in 57
Statesmen	2	80	1 ,, 40
Miscellaneous Writers	12	358	1 ,, 29
Lawyers	5	139	1 ,, 28
Antiquarians	4	106	1 ,, 26
Artists	3	76	1 ,, 25
Physicians and Surgeons	9	175	1 ,, 19
Poets.....	13	200	1 ,, 15
Mathematicians and Astronomers	6	69	1 ,, 11

"The facts contained in this essay, after due allowance has been made for the omission of the ages of the living, and the comparatively small number of recorded deaths, will probably justify the following general conclusions:—

"1. That the duration of life is greater among Physicians and Surgeons than among the general Practitioners of Medicine and Surgery.

"2. That this greater longevity of Physicians and Surgeons is only in part explained by a less amount of exposure to contagious diseases and other professional risks.

"3. That the duration of life of members of the Medical Profession, (being chiefly Physicians and Surgeons,) does not differ materially from the duration of life of the clergy, being somewhat less when the comparison is made between the less distinguished members of the Medical Profession and the clergy whose deaths are recorded in the same obituaries, and somewhat greater when the comparison is limited to the more distinguished members of the two Professions.

"4. That the duration of life of Medical men has somewhat increased during the last three centuries."

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 31st ult.:—

Bizzett, William Weddel, Hon. E.I.C.S.
Boxall, Robert, Guildford.
Bulteel, Christopher, Plymouth, Devon.
Buswell, Richard, Northampton.
Dickinson, Thomas, Sloane-street, Chelsea.
Dixon, John, Hunsworth, Yorkshire.
Fast, George Mainwaring, Army.
Mead, George Borwick, Army.
Moon, Robert Henry, Ilfracombe, Devon.
Pomery, James R. Moriarty, St. Erne, Truro, Cornwall.
Symmons, George Stratten, Sloane-street, Chelsea.

The following gentlemen were admitted members of the College at the meeting of the Court on the 3rd inst.:—

Bellew, Patrick Francis, Hon. E.I.C.S., Bengal.
Bruce, Lewis Stanhope, Hon. E.I.C.S. Madras.
Bubb, Horatio Warner, Grenada, West Indies.
Dodd, Henry Allnutt, North Stoke, Oxford.
Edwards, James, Tring, Herts.
Gray, Charles, Causton, Norfolk.
Mercer, John, Midhurst, Sussex.
Morgan, Samuel, Fore-street, Cripplegate.
Steddy, Edward Austen, Chatham.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 6th inst.:—

Banbury, R., Launceston; Diploma of membership dated April 30, 1852.
Bellew, P. F., Hon. H.E.I.C.S., Bengal; April 3, 1854.
Butler, Ebenezer R., Woolwich; December 21, 1853.
Harden, Henry, Wrington, Somerset; December 23, 1853.
Lofthouse, R. C., Bradford, Yorkshire; June 17, 1853.
Marsh, Edwin Hooker, Northampton; March 24, 1854.
Mead, George Borwick, Army; March 31, 1854.
Palmer, William John, Red Lion-square; June 17, 1853.
Row, Charles, Shaldon; July 16, 1852.
Shortt, John, Madras; March 10, 1854.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 30:—

Dickerson, Stephen Henry, Hartest, Suffolk.
Dunn, Charles, Scarborough, Yorkshire.
Edwards, Henry, R.N.
Edmunds, James, Burnham, Bucks.
Goss, William Forbes, Paternoster-row.
Harper, Philip Henry, High-street, Bilston, Staffordshire.
Palmer, Thomas Chambers, St. Kitts, W.I.
Parsons, Charles William Nicholas, West Haddon.
Paul, Augustus, Yalding, Kent.
Robinson, Chas Squibb, Great James-street, Lisson-grove.
Sibley, Septimus William, London.
Watson, Henry Waldron.
Williams, Eubulus, Williton, Somersetshire.
Willis, John Hopkins, Plymouth, Devon.
Wilton, John Pleydell, Glouoester.

APPOINTMENTS.

DEWSBURY.—At the recent election of Medical officers for the Dewsbury Union, Dr. W. H. Thornton, Bradford-road, Dewsbury, was appointed Medical officer to the Dewsbury district and workhouse.

NAVAL. — Surgeons: John S. Davidson (1846), to the Penelope, paddle-wheel steam-frigate; Robert Pottinger (1847), to the Hecla, paddle-wheel steam-sloop, for service with the Baltic fleet; Matthew Burton, M.D. (1851), from the Penelope, steam-frigate, to the Victory, flag-ship at Portsmouth.

Assistant-Surgeon: William G. J. Ayre (1851), from the Penelope, to the Victory, flag-ship at Portsmouth.

MILITIA.—3rd or Royal Westminster: William Hurman, gent., to be Assist.-Surg., vice Nunn, resigned.

VACANCIES.

NEWCASTLE EYE INFIRMARY.—A vacancy has occurred in the list of surgeons to the Eye Infirmary, by the retirement of Dr. Greenhow. Mr. Furness has offered himself as a successor.

TESTIMONIAL.

Mr. J. Lizars Lizars, one of the students of Human and Comparative Anatomy at the Royal College of Surgeons, has just received a very gratifying testimonial from the students of the Edinburgh Infirmary, to whom he acted as Demonstrator, these gentlemen having forwarded to him a box of elegantly bound books, consisting of "Todd's Cyclopædia of Anatomy and Physiology," 5 vols.; the "Cyclopædia of Practical Medicine," 4 vols.; "Hope's Morbid Anatomy," etc, with a suitable inscription in each, and accompanied with an address signed by the subscribers, declaratory of their regret in parting from a teacher from whom they derived so much benefit in their studies, and sincere wishes for the success in life of their tutor. This testimonial from Mr. Lizars' pupils in Edinburgh must be as gratifying to the Council of the Royal College of Surgeons, who have secured this gentleman's services, as no doubt they are to the recipient himself.

DEATHS.

BRAMWELL.—March 30, at North Shields, in Dockwray-square, aged 63, J. Byrom Bramwell, M.D. Edin. 1844; M.R.C.S.E. and L.S.A. 1843; Surgeon to the North Shields and Tynemouth Dispensary; Member of the Royal Physical Society of Edinburgh.

COWCHER.—March 23, at Deptford, Kent, Mr. Edward Cowcher, Surgeon, aged 37, eldest son of Edward Cowcher, Esq., Surgeon, Coroner for Berks.

FRANKS.—March 30, of gastric fever, Henry James Franks, Esq., M.D., House-Surgeon of the Warneford Hospital, Leamington. The deceased gentleman was a Fellow of Queen's College, Birmingham, and lately one of its most distinguished students. Dr. Franks had filled the office from which he was prematurely removed for more than a year with exemplary zeal and fidelity.

HOLMES.—February 6, at Trichinopoly, after an attack of cholera, George Gibson Holmes, Esq., Assistant-Surgeon H.E.I.C. (February, 1840, with 29th Native Infantry), in the 37th year of his age, beloved and regretted by all who knew him.

IBESON.—March 25, at Adwick-le-Street, near Doncaster Richard Ibeson, Esq., Surgeon, in the 61st year of his age, M.R.C.S.E. 1829, L.S.A. 1828.

JACKSON.—March 30, at 3, Regent-terrace, Edinburgh, William Jackson, Esq., F.R.C.S., late Superintending-Surgeon H.E.I.C.S., Sirhind Division, Bengal, aged 63.

JERWOOD.—April 3, of inflammation of the lungs, Mr. James Hereford Jerwood, Surgeon, of No. 8, River-terrace North, Islington, in his 32nd year; M.R.C.S.E. 1848; L.S.A. 1850.

ROBINSON.—March 31, aged 48, Richard Radford Robinson, Esq., F.R.C.S., of Camden-row, Camberwell; M.R.C.S. Eng. 1828; F.R.C.S. 1852; L.S.A. 1827; Ex-Member of Court of Examiners Apothecaries Company; late Surgeon to London Dispensary; late President of the South London Medical Society; Fellow Medical Society of London; Author of "Essay on Fracture of Ribs, Sternum, and Pelvis," which gained the Jacksonian Prize, 1831; "Essay on Formation, Constituents, and Extraction of Urinary Calculi," Jacksonian Prize subjects, to which a premium was awarded, 1833; Contributor "On Congestion of Brain, and upon Deficiency of Blood in that Organ," *Medical Gazette*, Vol. IV.; "London Dispensary Reports," *Ibid.*, Vols. XIV. and XV.; "Observations on some of the Complications of Hernia," *London Medical Journal*, 1851; "Observations on Obstructions of the Intestine within the Abdomen," *Idem*, 1851.

RUTHERFOORD.—March 30, in the 64th year of his age, from an attack of bronchitis, Samuel Rutherfoord, Esq., Surgeon, of St. George's-in-the-East, M.R.C.S.E. 1812.

DR. H. FOWLER SMITH has resigned the Medical charge of the Depôt 16th Regiment, at Castlebar Barracks, to proceed to Turkey on active service. The zeal, skill, and ability which he evinced on every occasion during the five years that he discharged the onerous duty of Medical officer of this depôt, calls forth the deep regret of his *confrères*, who lose in him a valuable friend, a true Christian, and honourable gentleman, whose heart and pocket are always open to the wants of the widow, the orphan, and the distressed indiscriminately. During the prevalence of cholera at Guernsey, in 1848, his exertions and precautionary measures called forth the public thanks of his commanding officer, and also the approbation of the Director-General.

MEDICAL REFORM.—The following is a copy of a Petition to Lord Palmerston, Secretary of State, by the undersigned Practitioners of Medicine resident in the borough and neighbourhood of Halifax:—"Showeth, that your Memorialists have been informed that it is the intention of your Lordship to bring in a Bill during the present Session of Parliament for the better regulation of the Medical Profession. Whatever, therefore, may be the general provisions of that Bill, your Memorialists hope to be permitted to impress upon your Lordship the strong necessity there is for such a summary penal Clause as will effectually put a stop to the practice of Medicine by ignorant and unqualified persons, who not only bring degradation on the Profession, but injure to an alarming extent the public health. Your Memorialists may be permitted to say, that any Bill for the better regulation of the Medical Profession, not containing a simple, effectual, and summary mode of procedure against unqualified persons, will not give that satisfaction which the Profession loudly demand, and which the public, for their own safety, have a right to expect. And your Memorialists will ever pray.—M. S. Kenny, M.D.; Gervase Alexander, M.D.; Wm. Alexander, M.D.; Wm. Paley, M.D.; Thomas Hodgson, F.R.C.S.; Thomas H. Cockroft, Surgeon; Solomon Smith, Surgeon; James Holroyde, Surgeon; Frederick S. Garlick, Surgeon; Frederick Hosken Tucker, Surgeon; Jeremiah Gledhill, Surgeon; Lawrence Bramley, Surgeon; John Lister, Surgeon; Robert Aked, Surgeon; William Hodgson Peacock, Surgeon; Christopher Kirby, Surgeon; Thomas Robertshaw, Surgeon; John Robinson, Surgeon; William Elliott, Surgeon; Thomas H. Cresswell, Surgeon; William Theakston, Surgeon; M. F. L. Andrews, M.D.; John Hamerton, Surgeon; George M. Stansfeld, Surgeon; John William Garlick, M.D., M.R.C.S.; Joshua Rowbottom, Surgeon; Robert Farrer, Surgeon; Trafford Holmes, M.D.; William Stott Maude, Surgeon; Joseph Slater, Surgeon; Thomas Crowther, Surgeon; William Brook, Surgeon; F. G. Hayne; James Hiley, Surgeon; Edward Akers, Surgeon; Thomas Wade, Surgeon; Richard William Foster, Surgeon; Samuel Scholfield, Surgeon; W. G. Mitchell, Surgeon; Charles Sutcliffe, Surgeon; William Thomas, Surgeon; John Thomas, Surgeon; Robert Howard, Surgeon; Joseph Fawthrop, Surgeon; Robert M'Lachlan, Surgeon."

HOSPITAL WAGONS FOR THE ARMY.—The Board of Ordnance has ordered the manufacture of twenty hospital wagons for the first division of the army. These wagons are designed to carry the wounded from the field of battle, and the sick and disabled upon the march, until they can be deposited in hospital. They are upon four wheels, arranged to turn in the shortest possible space, and are furnished with springs of unusual length, strength, and elasticity. The bodies are divided into four horizontal compartments, 6½ feet long by two feet in breadth and depth; each compartment is fitted with a moveable stretcher, carefully webbed and pillowed, on which the several wounded will be raised from the field of battle and placed, thus reclining in a compartment for removal. The compartments are amply ventilated and protected by Venetian shutters from the sun and night air, and over all is a waterproof cover, supported on light hoops of wood. A door closes these compartments be-

hind, which, as it is necessarily deep and large, can be converted into a table whereon wounds may be conveniently dressed. In front of one wagon body is a capacious locker, designed to carry water-casks, surgical instruments, and drugs, and on it are seats capable of holding six men, whose wounds do not prevent them travelling in a sitting posture; these seats are provided with guards to support the wounded if faint, and the entire seats and half the sides of the wagon fold together, so that this capacious vehicle, by removing the wheels and axles, may be made to occupy on shipboard a space not more than two feet in depth.

Influence of Occupation upon Health.—A curious and interesting Report has been prepared by Mr. Finlaison, the Actuary of the National Debt-office, upon the subject of sickness and mortality among the male members of Friendly Societies in England and Wales, as shown by the returns made by them to the Government for the five years 1846—1850. It appears that the proportion on the sick list in the course of a year is one in four, or 24·99 in every 100. The proportion seems large, but some allowance may have to be made for cases of feigned illness, and the persons in question are not those who are most favourably circumstanced in regard to food, clothing, lodging, and the various conditions of health. Mr. Finlaison proceeds to divide the members of these Societies into four classes:—1, those who have heavy labour, with exposure to the weather, such as agricultural and other outdoor labourers—a class in which he has 353,103 cases; 2, those who have heavy labour without exposure to the weather—such as smiths, sawyers, coopers, plumbers—a class numbering 94,259; 3, those who have light labour, with exposure to the weather, such as shepherds, drovers, drivers, pedlars, messengers, Custom-house officers—in number, 58,709; 4, those who have light labour, without exposure to the weather, such as clerks, shopmen, barbers, factory operatives, servants,—in number, 286,909. He found, that persons engaged in heavy labour, with and without exposure to the weather, have respectively 28·04 and 26·54 per cent. of their number sick in the year; persons engaged in light labour, 20·80 and 21·58. In round numbers, taking a census of working men disabled by illness, for every three whose work is light or moderate, there are four of the class whose lot is heavy labour. The duration of sickness to each person sick is, however, upon an average, only 38 days and 40·73 in the two classes engaged in heavy labour, and 41 days and 44·25 in the two classes engaged in light labour. The mortality is heaviest among the persons classed as engaged in light labour; and indoor work shows itself less favourable to longevity than outdoor. But the main difference in the distribution of sickness seems to turn upon the expenditure of physical force. "This is no new thing," says Mr. Finlaison, "for, in all ages, the enervation and decrepitude of the bodily frame has been observed to follow a prodigal waste of the mental or corporeal energies; but it has been nowhere previously established upon recorded experience, that the *quantum* of sickness annually falling to the lot of man is in direct proportion to the demands on his muscular power. So it would seem to be, however. Therefore, whatever scientific invention of machinery to save the expenditure of bodily strength may be devised, its production should be hailed as one of the greatest of blessings to the sons of toil, and not ignorantly contemned by the very class whom in reality it ultimately benefits. A study of the following digest leads to the conclusion, that the inventor of any engine which spares the physical energies, diminishes the amount of human sickness in proportion as he, by means of his device, economizes the labour of his fellow-creatures." The tables show, that the liability to sickness runs up to a temporary *maximum* in the young man, and then declines, and does not attain the same per-centage until advanced years. This sick *maximum* of early manhood—the effect of a premature demand on the bodily vigour—is in the period from 18 to 21, except in the class engaged in outdoor heavy labour, in which it appears to be at 14. The same per centage is reached, ever afterwards to increase, at the age of 48 in the class who have indoor heavy labour, 51 in the case of indoor light labour, 57 with outdoor heavy labour, and 65 with outdoor light labour. These last remarks relate to the proportion of persons sick, not to the duration of the sickness. The duration of sickness does not decline in manhood, but increases with the age. The severity of the railway employment, according to these tables, tells upon the constitution; the men, it is said, get "weather-beaten." In the police there is a marked increase in the amount of sickness after 40, as if the service broke down the men at an earlier age than other occupations.

Cure of the Itch.—"*Skin Diseases.*—Each case of itch during the past year has been treated according to the plan formerly adverted to, viz., friction of the body with brick-dust, so as to expose the *acari* to the sulphur ointment, which is then well rubbed in for half-an-hour, and after this the man is subjected to a good ablution of soap and water. The whole time occupied by this proceeding is less than an hour and a-half, and perfect cure resulted in each instance. Under the old plan the men were placed for three days in the itch cell, wrapped up in blankets, smeared with sulphur ointment; and a less period did not kill the *acari*."—Extract from the "Report on the Discipline and Management of the Military Prisons in 1852," by Lieut.-Colonel Jebb, C.B. (Blue-book.)

Density of Population.—The 624 registration districts of England and Wales, classed in order of density, range from 185,751 persons to the square mile in the east London district, to 18 only in Northumberland. In all London, the number of persons to a square mile, in 1851, was 19,375. In 1801, the people of England were on an average 153 yards asunder; in 1851, only 108 yards asunder. The mean distance between their houses in 1801 was 262 yards; in 1851, only 252 yards. In London, the average proximity in 1801 was 21 yards; in 1851, only 14 yards.—*Cheshire's Results of the Census.*

The Local Board of Health (for the Parochial District of Regent-square Church) was formed at the close of last year, in consequence of the re-appearance of cholera and the prevalence of other diseases whose origin is identical with it, or whose presence indicates that sources of disease exist in the locality favourable to the production of epidemic diseases in general, and of cholera in particular; and they caused a house-to-house visitation to be made, the result of which was printed and circulated throughout the district, accompanied with a solicitation for pecuniary aid, to enable the Board to proceed to the appointment of an inspector, and the removal and abatement of the various nuisances set forth therein, for the benefit of the public health, more especially with reference to the poorer classes resident in the district. Many persons liberally responded to the call, and an inspector was appointed, who is still actively engaged in the district, and whose operations are reported to the Board each week. From an abstract of the Report, it appears that no less than 619 personal inspections have been made in various parts of the district, 51 notices have been served upon 35 different landlords, requiring the removal and abatement of nuisances existing on their premises. No less than 109 separate dwelling-houses have been included in the above notices, in connexion with which 390 visits have been made by the inspectors. Upwards of 400 separate sources of infection have been or are about being abolished by the removal of cesspools, the renewal of drains, the trapping of sinks, and the removal of refuse. Taking the average superficial area of each cesspool to be about eight square feet, the Board has succeeded in closing, or are now causing to be closed, no less than one hundred square yards of evaporating surface of the most poisonous and deleterious description of infectious effluvia. Again, taking the average length of the drains of each house to be thirty feet only, they have caused, or are now causing, the removal or cleansing of upwards of 1000 lineal yards of foul house-drains. The atmosphere relieved of so much impurity must have a telling effect upon the public health, although the major part of these works have been at present very much confined to one corner of the district. Thus it will be seen how much may be done in the way of sanitary improvement by those who are willing to set themselves to this good work. The Body from which this Report emanates is unsupported by public authority, and unaided by public funds; and yet, neither on the score of expense, nor by reason of resistance to their recommendations, have they had any serious difficulty in carrying out the objects for which they were constituted. Is not their example, then, worthy of imitation? and is not their success sufficient to encourage others to follow it?

Mortality Notabilia.—The deaths registered in London in the week that ended on Saturday, were 1489. In the ten corresponding weeks of the years 1844—1853, the average number was 1202, which, if raised in proportion to increase of population, becomes 1322. The actual number registered last week is 167 above the estimated amount; but last week was the thirteenth of the quarter; and it usually happens, at this period, that the deaths registered derive a considerable accession from Coroners' inquests, the registration of which is, in many instances, not completed until the end of the quarter. Such cases will be found chiefly in the class of violent deaths. Small-pox was fatal in 11 cases, measles in 29, scarlatina in 32, hooping-cough in 77, croup in 13, diarrhœa in 16, influenza in 1, ague in 1, infantile and remittent fever in 5, typhus in 40, rheumatic fever in 3, erysipelas in 9, syphilis in 3. No death occurred from cholera in the week.

Births.—Last week the births of 1015 boys and 933 girls, in all 1948 children, were registered in London. In the nine corresponding weeks of the years 1845-'53, the average number was 1548.

Meteorology.—The mean height of the barometer in the week was 30·124 in. The mean daily reading was above 30 in. on every day of the week, except Sunday. The highest mean occurred on Friday, when it was 30 264 in. The reading of the barometer increased to 30·29 in. at 9h. a.m., on Friday. The mean temperature of the week was 47·3°, which is 4° above the average of the same week in 38 years. The mean daily temperature rose to 51·4° on Saturday, which is 7·8° above the average of the same day. No rain fell except on Sunday, when the amount was only 0·03 in.; horizontal movement of the air, 353 miles; wind, W.S.W.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending April 1 :—

	Males.	Females.	Total.
Workhouses...	63	52	115
Military and Naval Asylums ...	9	...	9
General Hospitals	77	41	118
Hospitals for Special Diseases ...	3	2	5
Lying-in Hospitals	2	1	3
Lunatic Asylums	4	4	8
Military and Naval Hospitals ...	5	...	5
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	13	3	16
	176	103	279

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 1, 1854.

CAUSES OF DEATH.	APRIL 1.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES	702	500	282	1489	12022
SPECIFIED CAUSES	701	499	282	1483	11957
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	198	36	11	245	2120
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	9	38	24	71	531
3. Tubercular Diseases	89	141	7	237	1994
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	99	44	32	175	1416
5. Diseases of the Heart and Blood-vessels	5	37	19	61	446
6. Diseases of the Lungs and of the other Organs of Respiration ..	115	52	69	236	2231
7. Diseases of the Stomach, Liver, and other Organs of Digestion	26	23	14	63	661
8. Diseases of the Kidneys, etc. ..	1	7	6	14	107
9. Childbirth, Diseases of the Uterus	..	11	2	13	123
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	4	2	8	82
11. Diseases of the Skin, Cellular, Tissue, etc.	1	..	1	2	19
12. Malformations	5	..	..	5	34
13. Premature Birth and Debility ..	43	..	..	43	249
14. Atrophy	34	2	6	42	250
15. Age	..	..	44	44	548
16. Sudden	13	12	23	49	361
17. Violence, Privation, Cold, and Intemperance	61	92	22	175	785
CAUSES NOT SPECIFIED	1	1	..	6	65

BOOKS RECEIVED.

An Inquiry into the Pathological Importance of Ulceration of the Os Uteri. By Charles West, M.D. London: Longman. 1854.

On the Inflammatory Affections of the Mucous Lining of the Larynx. By A. Wood, M.D., Edinburgh. 1854. (Reprint from *Edinburgh Medical and Surgical Journal.*)

Gymnastics an Essential Branch of National Education. By Captain Chiosso. London: Walton and Maberly. 1854.

Report on the Organisation of the Permanent Civil Service. Parliamentary Paper. 1854.

Psychological Journal. April. London: Churchill.

Pharmaceutical Journal. April. London: Churchill.

Monthly Journal of Medical Science. April. Edinburgh: Sutherland and Knox.

The British and Foreign Medico-Chirurgical Review. April. London: Churchill.

A Treatise on Acute and Chronic Diseases of the Neck of the Uterus. By C. D. Meigs, M.D. Philadelphia: Blanchard; London: Churchill. 1854.

Historical Survey of Speculative Philosophy from Kant to Hegel. Translated from the German of Chalybäus by A. Tulk. London: Longmans. 1854.

Notes on the Pathology and Treatment of Cholera. By J. R. Cormack, M.D. London: Highley. 1854. (Reprint from *Association Medical Journal.*)

TO CORRESPONDENTS.

"Success to Brady!"—Mr. Brady's address is 1, Warwick-terrace, Belgrave-road, Pimlico.

J. H. Aveling, Esq.—The subject is not forgotten. Our columns have been so much crowded lately, that many valuable papers have been delayed.

J. Clarke, Esq.—It is very desirable that Practitioners in all parts of the country should write to the Members for their towns and counties, asking them to support Mr. Brady's Bill. The Bill would be in no danger were it not for the opposition of the quacks and the Free-traders who support Dr. Coffin and his followers.

J. C.—No. 12 of Wilson's Portraits of Diseases of the Skin is delayed for the completion of original drawings, which cannot be made until well marked specimens of disease present themselves.

A Correspondent says :—"I observe in your leading columns a paragraph headed "Mutilation—Death—Midwives." As something partly similar has occurred to myself, I will give it you :—On Monday the 27th of last month, at eleven p.m., I was sent for, in great haste, to visit a married woman, ætat thirty-two, in poor circumstances, and whom I had three months before attended for a slight affection of the chest, and who had been confined a few hours of her second living child. Supposing it to be a case of hæmorrhage, I went immediately; distance upwards of a mile. On my arrival, I found several persons in the house; one of them said it was all over. I did not at first understand her, but on my asking her meaning, she repeated it was all over, she was gone. I could scarcely believe she was dead, until I went upstairs, when I found the midwife in great distress, sobbing most bitterly. On examining, I found the patient's extremities nearly cold, and life quite extinct. Of course I then sought the cause, when I found the uterus completely inverted, with the placenta very firmly adherent in its whole circumference. There had been no hæmorrhage; the labour had been quite natural; only a few hours' duration. The midwife, it appears, was totally ignorant of the consequences of a retained placenta; therefore waited two or three hours for its removal; but no pains appeared after the birth of the child. The patient had drunk two or three cups of tea, was taken suddenly faint, and instantly expired. I cannot learn that any undue force was exercised in attempting its removal. Indeed, the woman assured me that none had been used. Now, Sir, this is a case for serious reflection, especially to young practitioners, never to allow the placenta to be retained longer than one hour. Had it been removed in the present case in due time, I have little doubt the woman's life might have been preserved. It was the practice formerly to leave it to nature to expel it, and not to use force by the introduction of the hand into the uterus. Indeed, I left it so myself once for three days, and the woman did very well; but I will never do it again, nor would I advise it to be attempted, and this is the only case, during upwards of thirty years' practice, that I have witnessed a fatal termination in cases of labour, though I have had my share of that part of practice, with most of its attendant difficulties."

Dr. T.—It would be better to write to the gentleman privately. No good could arise from publication, but much angry feeling might be excited.

The name of Mr. Headland, the President, was accidentally omitted from the notice of late meetings of the Medical Society of London.

"The Operator" in a late case of trephining has sent us a note which we do not clearly understand. Perhaps he will send full details of the case.

The *Dublin Medical Press* defends the practice of copying our reports of meetings without acknowledgment on the ground that we "have no exclusive right to these reports at all, for, wherever they come from, all the Journals have them in common." This is simply not true. Our reports are furnished by paid reporters, and any one copying them without acknowledgment is amenable to the law.

G. L. had better consult some work on emigration to Australia.

George Hansbrow, Esq.—This Journal is posted regularly to the address in India; the Numbers from the commencement of the Volume have been forwarded to Mr. T. M. Stone.

COMMUNICATIONS have been received from—

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ORIGINAL LECTURES.

LECTURES
ON THE
FUNCTIONAL DISORDERS OF THE STOMACH.

By GEORGE BUDD, M.D., F.R.S.
Professor of Medicine in King's College, London.

Lecture VII.

ON SOME OF THE REMEDIES FOR STOMACH DISORDERS.

IPECACUANHA—BISMUTH—THE VEGETABLE ASTRINGENTS—HYDROCYANIC ACID—THE ALKALIES.

Having now considered the various diseases and disorders of the stomach, it may perhaps be instructive to pass in review some of the means we have to remedy or relieve them.

I have before observed that we have greater power over the disorders of the stomach than over those of any other organ of equal importance.

In the first place, we can, for a time, lessen its work, and so lessen its vascularity, more than that of most other organs. The action of the lung must go on without ceasing. The blood that has ministered to nutrition is returned from every part of the body to the lung, and must there evolve the carbonic acid with which it is charged. Interruption of the process, even for a few minutes, is death.

In the liver, and in the kidney, an active process of secretion is always going on, and we have no power to arrest it, for however short a time.

But, if needful, the stomach may be kept entirely without food for twelve or twenty-four hours, or longer still, and its work may be greatly lessened for a considerable time.

This power to give the stomach entire rest for many hours, and to lesson its work, and so lesson its vascularity, for a considerable time, is of great avail in subduing or mitigating the inflammatory diseases to which it is subject.

Again, we can act by medicines more directly and more variously on the stomach than on any other organ. Our medicines are applied directly to it, and have, many of them, a direct local action upon its coats.

Ipecacuanha, rhubarb, and ginger, increase its secretion, and bismuth, lime, and the vegetable astringents, restrain undue secretion, by their direct action on the secreting membrane.

Opium, prussic acid, and carbonic acid allay pain and check vomiting, not only by their action on the system at large, but also by their direct action on the nerves of the stomach itself.

Ice-water, which is another powerful agent in controlling vomiting when this depends on an inflammatory condition of the coats of the stomach, acts directly by lowering the temperature of the stomach itself.

Acids and alkalies, which are very efficient remedies in some kinds of gastric disorder, besides their general action, act directly on the coats of the stomach and on the fluids secreted by it.

Carminatives, again, probably owe their efficacy chiefly to the immediate action they exert on the coats of the stomach.

We cannot exert such various direct action on any other organ. Medicines that are destined to act on most other organs can reach them only through the blood. They must, therefore, first be absorbed into the blood, and become diffused though it, and can only reach their proper destination little at a time. Indeed, much of what is administered may never reach its proper destination at all: it may be decomposed in the system, or be eliminated through other organs. If, for example, iodide of potassium be given to reduce the size of an enlarged gland, much of it may be decomposed in the stomach, or be eliminated by the kidneys and other secreting organs, before it has ever reached the diseased gland.

But medicines that act directly on the stomach cannot miss their destination, and may be applied to it at once, in full measure, and without change. Some medicines even which are almost insoluble, such as bismuth and lime, act powerfully upon it.

There are several other circumstances that render the disorders of the stomach more remediable than those of many other organs.

The stomach owes its wonderful power to its mucous membrane, and when inflammation of this membrane occurs, the products of the inflammation, as happens with other mucous membranes, are poured out on its free surface, and seldom cause permanent change of its texture. Again, the matters so effused have a ready outlet. They are not long pent up; they do not long remain in contact with the mucous membrane to irritate its surface, and thus to perpetuate the disorder from which they resulted—as I believe morbid secretions often do in the minute mucous tubes of the liver and the lung.

Again, the mucous membrane of the stomach, from having a more active secreting function, is more vascular, and has a more active nutrition than most other mucous membranes, so that injuries of its free surface are more readily repaired.

Another circumstance more favourable still is, that the stomach does not decay or suffer irreparable changes in structure, in the same degree as many other organs by the mere effect of age.

All these circumstances serve to render the disorders of the stomach more remediable than those of any other organ of equal importance. But to remedy the disorders of the stomach we must distinguish their several forms, and know the kind of action which our medicines exert. Unless we do this, we shall often, by the wrong application of our means, aggravate the disorder which it is our object to remove. The number and the various action of our remedies will but render our practice the more uncertain.

I shall, therefore, say a few words on the action, and on the right application, of some of the more common remedies for the various forms of gastric disorder; and, first, of ipecacuanha.

Ipecacuanha increases the secretions of the stomach in greater degree, probably, than any other medicine we possess. It increases, as is well known, the secretion of the skin, and the secretion of the mucous membrane of the air-tubes; but it increases in much greater degree, the secretion of the mucous membrane of the stomach, to which it is directly applied. An emetic dose of ipecacuanha causes a copious secretion of mucus and of gastric acid, which is rejected by vomiting. Doses too small to excite vomiting or nausea increase the secretion of the gastric juice, and in so doing render digestion quicker and stronger. Its right application, therefore, is where digestion is slow, or where, through slow and feeble digestion, nettlerash or other secondary disorders are bred.

Small doses of ipecacuanha were, I believe, first recommended as a remedy in indigestion in a tract published in 1785, by a French naturalist, M. Daubenton, well known from the aid he afforded Buffon in the production of his splendid work on natural history. Daubenton was educated for Medicine, but left the practice of it for his favourite study of natural history. In the tract in which he recommends small doses of ipecacuanha in indigestion, he says, "I have repeatedly experienced beneficial effects from it in my own person that surpassed my expectations, and I have prescribed it to many others, with whom it has had similar success. I consider it, therefore, a duty to publish the observations on the utility of this simple remedy, for the benefit of those persons who have delicate stomachs, and as particularly useful in that form of indigestion which is so frequently found to attend the turn of life."

Daubenton is careful in stating that the cases in which ipecacuanha is useful are where digestion is slow,—where the food lies heavy on the stomach, and there is an inability for mental or bodily exertion for some time after meals,—a kind of disorder which is, he states, especially common in men of middle age, or beyond it, who lead sedentary lives.

He believed that ipecacuanha owes its efficacy in such cases to its exciting peristaltic action in the stomach, and imparting an energy to its glands.

He recommends that it should be given in the morning fasting, and in quantity sufficient to occasion a slight feeling of vermiculating motion in the stomach, but without causing any sensation of pain or nausea. The quantity requisite to produce this effect varies, he says, in different persons from a quarter of a grain to two grains. He advises, therefore, that very small doses be given at first, which may be gradually increased till a sensible effect is produced.

In the beginning of this century an English translation of Daubenton's tract was published by Dr. H. P. Buchan, and rapidly sold.

In the preface to this translation, Dr. Buchan says: "The translator of this little tract can truly declare, that since he became acquainted with the information contained in it, his practice in the complaints here enumerated has been more successful and satisfactory than it was previously, and his sole motive for publishing the translation, which was originally made for his own private use, is to extend the knowledge of what he conceives to be a practical improvement in the art of Medicine."

The medicine in this application being thus introduced to the Profession in this country was much employed for a time, and then fell into disuse, in consequence, I believe, of its having been employed indiscriminately in various kinds of indigestion, and often, therefore, in kinds to which it is not suited, and which it would tend to aggravate rather than remedy.

It is clearly impossible that any medicine having a definite mode of action—whether it be to increase secretion or to restrain it—can be used successfully in stomach disorders, unless the various kinds of stomach disorder be distinguished, and the medicine be given only in that kind, or in those kinds, to which it is suited.

Here, as in other departments of medicine, we must rightly distinguish kindred disorders before we can learn the right use and the power of remedies.

I have used ipecacuanha as a remedy for indigestion for several years, and believe that there is no other medicine we know of so effectual in removing the uneasiness and sense of oppression after meals, and the various other evils that result from slow digestion.

Small doses of rhubarb, ginger, and pepper, have a similar kind of action, and may be given singly or together for the same purpose. I generally prescribe ipecacuanha, from half a grain to a grain, in a pill, with three or four grains of rhubarb. With many a favourite remedy for the discomfort resulting from slow digestion is a grain of cayenne pepper, with three or four grains of rhubarb. The best time for giving medicines for the purpose in question is just before dinner, and before any other meal after which a sense of oppression is usually felt.

Another remedy more frequently used for indigestion than ipecacuanha, and of great efficacy in certain forms of it, but still given by many practitioners with uncertainty and doubt, is bismuth.

Bismuth was, I believe, first employed as a remedy for stomach disorders towards the close of last century, by Dr. Odier, Professor of Physic, in Geneva, who made known its virtues in a paper published in the *Journal de Médecine*, in 1786, and entitled, "Sur les Effets du Magistère de Bismuth, donné antérieurement, comme Antispasmodique." In this paper Odier says, "Most of the patients who were cured by it were affected with cramp or violent pain in the stomach after meals. It is especially in such cases that I have found bismuth superior to all other remedies." And he adds, "It has also much success in stopping palpitations, pains in the stomach, and other nervous ailments in pregnant women." "It fails where the cramps in the stomach and other nervous ailments depend on some organic disease rather than on simple excess of irritability."

In 1801, a paper on the effects of bismuth was read to the Medical Society of London, by Dr. Marcet, at that time one of the Physicians of Guy's Hospital, who tells us that he learned the use of the medicine the year before at Geneva, from Dr. Odier.

Dr. Odier, in a note to Dr. Marcet, says: "I use this remedy with success in doses of six grains, four times a-day, in all cases of spasms of the stomach, brought on by any kind of aliment, and proceeding only from the irritability of that organ. This complaint is extremely frequent at Geneva, particularly among servant-maids, who are in the habit of carrying water on their heads, and make great use of their arms."

Dr. Odier assured Dr. Marcet, that he had tried the medicine in much larger doses, and that he had never observed it to produce any bad effects whatever; while, on the contrary, he had hardly ever known it to fail when used in the circumstances that have just been mentioned.

Dr. Marcet made trial of the medicine in London, and his experience confirmed the previous observation of Dr. Odier, that bismuth is a remarkably successful medicine in what were then vaguely termed spasmodic affections of the stomach.

Since that time it has been extensively used, often with very indefinite notions as to what it is capable of effecting, and, of course, with very various results. Amid the conflicting testimony respecting it, there is, however, ample evidence that it has real and great efficacy in some forms of gastric and intestinal disorder.

It is often of signal service, as Odier remarked, in the functional disorders of the stomach that are so common in women who are ill fed and overworked or exhausted in any other way, and especially where the stomach is very irritable, so that pain and vomiting occur soon after meals.

It is an efficient remedy when pain in the stomach, with increased secretion of gastric acid, occur from tuberculous disease of the lung, or from some irritation elsewhere; and in infants, where this kind of disorder, with exhausting diarrhœa, results from the irritation of teething, or from improper food, or from the change of diet on weaning.

Against the pain in the stomach and vomiting, that result from simple ulcer and other forms of organic disease, it is only of use occasionally when the stomach secretes an unhealthy mucus, or when there is an excessive or untimely secretion of gastric acid.

It is of little use in the indigestion that depends on gout, and that occurs in well-fed and plethoric men.

It is of no use in the uneasiness of the stomach, of which I have before spoken, that results from slowness of digestion or a scanty secretion of gastric juice.

Bismuth, as applied to the stomach, was considered by Odier an *antispasmodic*. The action it exerts seems to be confined to the mucous membrane with which it is brought into contact, and to be a *surface* action. It restrains undue secretion, and has a sedative influence on the stomach, probably by its direct action on the coats of the stomach, as well as by preventing the outpouring of irritating secretions.

It is best given, suspended in water, a short time before meals. Ten grains, three times a day, is, in most cases, an efficient dose; but it may be given, as Odier discovered, in much larger quantity, without any ill effects. It is soothing, rather than irritating, to the mucous membrane over which it passes; and, from being of such sparing solubility, has little effect elsewhere, except what it has indirectly from the action it exerts on the stomach. It has, indeed, of late, been recommended by more than one writer to be given by drachms rather than grains.

Bismuth may often be given with advantage with other medicines,—with opium, or magnesia, or chalk,—which allay pain, or neutralise an excess of acid, or restrain undue secretion.

Chalk, and the vegetable astringents,—kino, catechu, krameria, and logwood,—are generally given to restrain diarrhœa. It does not seem to be generally known, that they are just as effectual, perhaps more effectual, in restraining undue secretion from the stomach.

Chalk, like bismuth, from its sparing solubility, has little direct action, except on the mucous membrane over which it passes. The vegetable astringents have a more remote astringent influence. This is clearly seen in the colliquative stage of phthisis; where, besides restraining the diarrhœa, and stopping the vomiting with increased secretion of gastric acid that often occurs in this state, they restrain, often in a very striking degree, the profuse sweating.

They seem all to have much the same effect. I generally give the preference to krameria and logwood. Kino is not conveniently given in solution; and catechu is not only very nauseous, but, from being much used in the arts, is often of inferior quality. The most grateful to the taste is krameria; the most effectual, I believe, is logwood. Logwood has a mawkish taste, which is best corrected by cinnamon.

An ounce of logwood shavings, and a drachm of powdered cinnamon, may be infused for four hours in ten ounces of boiling water, and then strained. An ounce and half of the strained infusion may be given two or three times a-day, a short time before meals.

Another medicine of great use in the treatment of stomach disorders is hydrocyanic acid.

The bitter almond and the cherry laurel, which owe their efficacy to the hydrocyanic acid they contain, have been long used in medicine. Hydrocyanic acid, which was first separated by Scheele, in 1782, seems to have been first employed in its separate state in Italy, about 1810, by Drs. Borda and Brera. It was little used elsewhere till 1817, when it was recommended by Majendie, (in a paper presented to the Académie des Sciences, Nov. 17, 1817,) as a remedy in diseases of the chest, especially consumption.

In this paper, Majendie arrives at the conclusion, fully justified by subsequent experience, that dilute hydrocyanic acid may be employed with advantage to restrain nervous and chronic coughs; and that it is useful in the palliative treatment of phthisis, in diminishing the hardness and frequency of the cough, in moderating the expectoration, and in favouring sleep.

It was first recommended as a remedy for stomach disorders

in 1820, by Dr. Elliotson, in a paper entitled "Numerous Cases Illustrative of the Efficacy of the Hydrocyanic or Prussic Acid, in Affections of the Stomach; with a Report upon its Powers in Pectoral and other Diseases in which it has been already recommended."

In this paper, Dr Elliotson gave brief notes of a series of cases in which pain in the stomach or vomiting was speedily removed by this medicine. It was soon tried by others with the same effect, and is now one of the medicines most in repute for the relief of pain in the stomach and vomiting.

It is not, however, in all cases of gastralgia, or in all cases of vomiting, that hydrocyanic acid can be given with advantage. In some cases, it aggravates pain in the stomach, or increases vomiting, or even brings it on when it did not previously exist.

It is of most service in the gastralgia, and in the sympathetic vomiting, that occur in nervous persons from irritation elsewhere, without inflammation or ulceration of the coats of the stomach and without undue secretion of gastric acid.

Given alone, or in conjunction with soda, it is the most effectual remedy we know of for the gastralgia that is apt to occur when the stomach is empty of food in nervous persons who have been subjected to exhausting influences; and for the vomiting that results from granular disease of the kidney.

It is of no use when pain or vomiting result from an inflammatory condition of the stomach.

It aggravates pain and vomiting when these symptoms are caused by an ulcer, or when they depend on excessive or untimely secretion of gastric acid. It often, for example, increases the vomiting that occurs in phthisis, which alkalies and the vegetable astringents will prevent.

When there is undue acidity of the stomach it may, however, often be given with advantage in conjunction with soda or potash, when it would not be of service if given alone. The alkalies neutralise the excess of acid, and the sedative influence of the hydrocyanic acid is then exerted.

I have little to add to what I have already said respecting the other sedatives of the stomach.

Opium is especially useful in the vomiting that results from intemperance, or that occurs, with sleeplessness or troubled sleep, in persons exhausted by want of solid food, or by overwork, pain, or other depressing influences,—a kind of disorder that is not uncommon among the poor in our large cities.

When vomiting results from an inflammatory condition of the stomach, the most effectual sedatives are leeches, carbonic acid, and iced water.

Other medicines of great service in stomach disorders are, the alkalies and the mineral acids.

The different alkalies have been long employed to correct undue acidity of the stomach; and when given in stomach disorders, it has been chiefly for the purpose of neutralising a supposed excess of acid in the stomach. This seems to have been the purpose for which they were chiefly given, in cases of indigestion, by Prout. He says:—"It should be constantly borne in mind, that alkaline remedies have no effect in *preventing acidity:* their effects are solely confined to *neutralising the acids already formed.*" He recommends, therefore, that they should be given three or four hours after a meal. In a future chapter, he adds:—"If the proper time for taking alkaline remedies be attended to, it will be found, that a very small proportion of the remedy will, in all instances, be sufficient to accomplish the purpose; that is to say, from ten to twenty grains of the carbonate of potash will, in almost every case, be sufficient to counteract the acid residuum of the meal, which, in fact, is all the real good that can possibly be expected from the use of this remedy."

Dr. Holland expresses the same opinion. He says:—"As they (the alkalies) cannot fitly be termed a remedy for dyspepsia, but a relief merely to one symptom of the disorder, there is reason for closely conjoining their use with that part of digestion which it is the object to alter."

The soluble alkalies, potash and soda, have, however, more remote effects, by increasing the secretions of the liver and the kidney, and, perhaps, by otherwise modifying the processes of nutrition. Their general or constitutional influence is well shown by their curing eruptions, and by their efficacy in rheumatic fever and in gout. The effect of soda is different from that of potash.

The salts of potash act more especially on the kidney. They have, I believe, little direct effect on the liver; but they are all of them—acetate of potash, nitre, bitartrate of potash—active diuretics. The very readiness with which they are eliminated by the kidney, tends, no doubt, to lessen their direct action on other secreting organs.

The salts of soda, on the contrary, act more especially on the liver, increasing the secretion of bile, of which soda is a natural constituent, and are little esteemed as diuretics. The salts of soda exist in larger quantity than the salts of potash in the blood and in the animal fluids, and modify more directly morbid secretions from the mucous membrane of the air-tubes, and hence are of more general use as expectorants.

The salts of ammonia, again,—the sesquicarbonate, the acetate, the citrate,—act more especially on the skin. They have little direct action on the liver or the kidney, but are our most esteemed sudorifics.

In indigestion, soda is more generally useful than potash, probably from its more direct effect on the liver. The bicarbonate of soda alone, or in conjunction with rhubarb, or calumba, or gentian, has long been a favourite remedy in the stomach disorders of persons in the middle and upper classes of society who take too little exercise and live freely.

It is taken occasionally some hours after meals by most persons prone to acidity of the stomach and heartburn, for the mere purpose of neutralising an excess of acid in the stomach, and, in the form of soda-water, is generally resorted to for the purpose of settling the stomach after a debauch.

In the kind of indigestion common enough in persons who take little exercise and live freely, that consists in impairment of appetite and nausea, and disrelish for rich dishes, with a furred tongue, and defective action of the liver, and costive bowels, no remedy is more effectual than the bicarbonate of soda, in doses of fifteen grains, three times a-day, before meals, in conjunction with an occasional small dose of blue-pill to increase further the secretion of the liver, and with colocynth or aloes to keep up regular action of the large intestine.

If there be a sense of heat in the stomach, or if the secretion of urine be scanty, a few grains of nitre may be added to the soda.

Soda may be given at any time to neutralise an excess of acid in the stomach; but, as Dr. Prout remarked, it will not always prevent an excessive formation of acid; on the contrary, if it be given at improper times, it may, by weakening the digestive power, promote those fermentative changes in the food which lead to the abundant formation of lactic and other acids, and may thus cause an undue acidity of the stomach that would not otherwise exist. The gastric juice is, and ought to be, an acid liquid, and if its acidity be destroyed by an alkali its digestive power is suspended. It has been clearly shown in experiments on artificial digestion, that if the infusion of the mucous membrane of the stomach employed in these experiments be used with too little acid, digestion is slow and feeble; if it be used without any acid, no digestion takes place, and putrefactive changes ensue.

If, then, alkalies be given at the time of meals, or just befor or soon after, to persons whose digestion is habitually slow and feeble, or to persons whose digestion has been weakened by the sympathetic disorder of the stomach that often results from a source of irritation elsewhere, the alkalies may still further weaken digestion, and do much mischief.

The fact that alkalies, improperly given, injure the stomach and weaken digestion, was emphatically noticed by Prout. He says: "The injudicious use and abuse of alkaline remedies in acidity of the stomach, is often a source of great mischief." "When taken in large doses, and at improper times, the effect of alkalies is to cause an absolute increase of acid. Thus, when a large quantity of alkali is taken into an empty stomach, the immediate effect is, that the stomach, in endeavouring to resume its natural condition, throws out an additional quantity of acid to neutralise the redundant alkali. When alkaline remedies, therefore, are injudiciously persisted in, a daily contest arises between the stomach and the doctor. If the constitution be sound, the stomach, in spite of the doctor, usually gains the ascendancy, but at the expense of extraordinary labour in the secretion of a greater quantity of acid. If, on the contrary, the vital powers of the stomach be weak, the doctor may conquer, but at the risk of still further enfeebling the vital powers of that organ; and, in both instances, the general result will be, that the diseased functions of the stomach, producing acidity, will be augmented rather than improved."

It is difficult, in the present state of our knowledge, to lay down more precise rules for the employment of alkalies. It may, perhaps, be adopted as a maxim, that alkalies, given to exert their constitutional effect, are most frequently useful to persons who have dry skins and perspire little, and eat largely of animal food and live in towns; that acids are most frequently useful to persons who live in the country, eat largely of vegetable food, and perspire much.

If there be one symptom more than another that suggests and justifies the use of soda, it is a furred or coated tongue.

CLINICAL LECTURES
ON THE
RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,
AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.
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Lecture VII.
ON MORBID CONDITIONS OF THE URINE CONNECTED WITH CHRONIC DISEASES—INDIGESTION.

In my last lecture I dwelt on the connexion between the acidity of the stomach and the acidity of the urine; in this lecture I shall dwell on the opposite state of the urine, which may also be produced by the action of the stomach. In the "Philosophical Transactions" for 1849, to which I referred in my last lecture, you will see that frequently, in a comparatively healthy person, when much acid exists in the stomach, the urine becomes alkaline from fixed alkali. This cannot be found in all healthy people, but it is certainly no sign of serious disease, and may occur in those who enjoy very good health, or who suffer only from indigestion. A young physician came to me in January, 1848, saying that he was afraid his bladder was becoming diseased, for he observed that the urine was frequently alkaline in the morning after breakfast. He said that he suffered for many years from indigestion, but he had very tolerable health and worked hard at his dispensary. He had breakfasted at 9·15 a.m., and he made water at 11 a.m. in my room. It was alkaline to test paper, and when the red paper dried it did not recover its colour, but remained blue. On examination with the microscope no prismatic crystals could be seen. The water was cloudy from granular matter, became more thick when boiled, cleared with nitric acid, and contained some few mucous cells. After standing ten hours, a few prismatic crystals were seen. The specific gravity was 1024·7. The amount of phosphates and sulphates was determined. There was no excess of phosphoric or sulphuric acid present.

This state of urine is not easily removed without treatment. It does not, however, necessarily lead to evil consequences, as the following case shows:—

In 1845 I first observed this state of alkalescence in the urine of another physician, and during the last eight years, at different periods, I have found, about two hours after breakfast, the same alkaline re-action of the urine; at other periods of the day the urine is acid; before dinner it is highly so. No other complaint except slight indigestion exists, and by careful diet this causes no inconvenience. The state of the urine alone indicates now the irritable state of the stomach.

In a later paper in the "Medico-Chirurgical Transactions" for 1852, I have pointed out that the exaggerated result in the urine may be observed in some cases of disease of the stomach, accompanied with frequent vomiting. In such cases much acid is thrown out of the stomach, even as much as two or three pints of intensely acid fluid may thus be removed daily; a portion of acid is thus diverted from the urine, which loses its acidity, and becomes highly alkaline from fixed alkali.

The following case will bring this most clearly before you:—

A Welchman, 46 years old, had suffered for fifteen years from indigestion. For eighteen months he has had daily vomiting. On the first day on which the urine was examined, he vomited three pints of intensely acid fluid containing sarcinæ, at 11 p.m. The urine made in the evening before he vomited was acid to test-paper; that passed directly after he vomited was cloudy from deposit of phosphate of lime, and triple phosphate also in very small quantity. The surface was iridescent. Blue test-paper remained blue on drying it, after it had been put into this urine. Red was turned blue, and remained so when dry. The urine passed two hours afterwards was rather less alkaline, iridescent, and cloudy from phosphates; that passed before breakfast was much less alkaline, clear, and without sediment. By treatment, the sickness very seldom returned, and the urine was scarcely ever alkaline. In the same paper I have recorded also a case of malignant disease of the stomach accompanied by constant vomiting. Under such circumstances, the urine also may become highly alkaline from fixed alkali. For the details of the case, I must refer you to the "Medico-Chirurgical Transactions."

Such cases may be taken as exaggerated examples of the results of slight indigestion. The difference is only one of degree. I cannot see that any practical knowledge regarding the treatment of such cases of vomiting is to be gained from the examination of the urine; but, at the least, such examples of the influence of the stomach on the state of the urine must tend to establish the truth of the views which I have brought before you in this and the former lecture. In the treatment of acidity, also, the action of the stomach may sometimes be turned to advantage; more particularly in the acidity in childhood; an emetic not only clears the stomach, but literally stops the acid from passing into the urine.

As I think you will now agree with me, that connexion between the state of the stomach and the urine, through the blood, is established, you will doubtless ask what is the effect of other secretions acting in the same way: for example, the secretion of the skin. Does the removal of an excess of acid perspiration affect the re-action of the urine. I am unable, at present, to give you any good experiments upon this relationship. It appears highly probable, that a more alkaline state of urine would be produced by excessive perspiration; but I have not satisfied myself by direct experiment of the extent to which the acidity of the urine can thus be decreased.

From the preceding facts, it is certain that alkalescence of the urine from fixed alkali, is frequently caused by an irritable stomach; that is, by a state of indigestion usually resulting from insufficient air and exercise.

For the most part, this state of urine is not permanent; it lasts only for a few hours in the day; that is, only when there is much acid in the stomach. But it is not always limited to a merely temporary disorder. It may give rise to two serious diseases: first, to calculus; and, secondly, to irritable bladder. Although these diseases are not often caused by alkalescence of the urine from fixed alkali, still it may be well that I should mention some facts which I have observed.

1st Consequence.—*Phosphate of Lime Calculus.*—A Medical man came to me at the request of Dr. Watson, in consequence of the alkaline state of the urine. He stated, that he had for many months observed that the urine was thick when it was voided. I examined it immediately after it was made; it was cloudy, became thick on boiling, cleared with a drop of acid. It was alkaline from fixed alkali, and the deposit consisted of granular phosphate of lime only. Some time afterwards I met him in practice, and when I asked him about himself, he said he was too busy to attend to himself, and that the water was still very often thick when passed. Three years afterwards I again met him, when he said that he had been ill, and had passed a phosphate of lime calculus.

The infrequency of phosphate of lime calculi shows, that although this deposit may frequently be met with in the urine, yet that it rarely forms a concretion. Here is the best specimen of phosphate of lime calculus in the Museum. There is no satisfactory history of the person from whom it was taken, but it was, doubtless, formed in consequence of the state of indigestion which I have brought before you in this lecture. There can be little doubt that the rapid alternation from alkalescence to acidity generally prevents the formation of such phosphatic calculi, and causes them to increase slowly.

2nd Consequence.—*Irritable Bladder from Irritation and Inflammation of the Mucous Membrane.*—The alternation of acidity and alkalescence of the urine may continue, in a slight degree, for months, and no irritation of the bladder may occur. Not unfrequently a degree of irritation, made evident by the urgency and frequency in passing the water, is produced; and much more rarely when this has existed for a considerable time, mucus, and finally pus, and even blood-globules may be found in the urine. These are the evidences of the more or less severe irritation and inflammation of the mucous membrane which has been set up.

In illustration of the urgency and frequency thus produced, I might, if time permitted, mention many cases. I must, however, pass on to the more important point, namely, the origin of inflammation of the mucous membrane, in consequence of the alkalescence from fixed alkali. I am not yet able to give you the particulars of a case in which I have watched the commencement of this inflammation, but the following case appears to answer to this and to no other view:—

A gentleman, 37 years old, told me, that, ten years previous to his consulting me, he observed that the water was occasionally thick when passed. He attributed this to weak health, arising from a severe attack of ague. The frequency of this appearance increased, and the bladder became irritable, and, ultimately, the water became ropy. He had never had any venereal disease, and he knew of no cause for this complaint. When he came to me, the urine was passed frequently. When fresh made it was alkaline from ammonia, it contained pus, and some blood-globules, some few triple phosphate crystals, and much phosphate of lime. I re-

quested him to examine the re-action of the urine at different hours of the day. Two months afterwards I again saw him; he said he had tested the urine constantly at all times. In the morning there was no acid in it; in the middle of the day there was none; in the afternoon late, before dinner, there was slight but decided acid re-action, and the urine was always acid at this period of the day, and then he has most pain in making water. The urine still contained some blood-globules, and much pus, with a little triple phosphate, and much phosphate of lime. Seven months afterwards I again saw this patient; the quantity of pus was diminished, and no blood-globules could be found; the urine was slightly alkaline in the morning. His treatment consisted of light claret in the morning, with a mutton chop; lemonade as much as he pleased; dilute sulphuric acid first with pareira brava, and afterwards with infusion of buchu.

If this be, as I believe, a case of inflammation of the bladder arising from indigestion, it shows how alkalescence from fixed alkali may ultimately give rise to alkalescence from volatile alkali; but this, as far as I have seen, does not often occur.

The indications for treatment of alkalescence from fixed alkali are:—

1st. To remove the cause; that is, to lessen the irritability of the stomach.

2ndly. To correct the state of the urine.

In the slight form of the disorder which probably is frequently to be met with in many of us, little or no medical treatment is requisite. Less work, more air and exercise, mild, unirritating, nutritious food, will remove the alkalescence, which for the most part can be found by emptying the bladder directly after breakfast, and again in two hours.

In severer cases, acids and tonics are indicated.

Of acids, the vegetable acids are most efficacious in correcting the state of the urine. They can be taken in larger quantities than the mineral acids, the intensely acid taste of which prevents a great increase in the dose.

The most frequent method of giving vegetable acid is in lemon juice, which has no definite composition. The specific gravity of one specimen I found was 1038·4; another, 1036·0; a third, 1037·9. Supposing that half an ounce saturates a scruple of carbonate of potash, then seventeen grains of dry citric acid are equivalent to half an ounce of lemon-juice. Each lemon contains about an ounce of lemon-juice, so that a lemon is equivalent to about thirty-four grains of citric acid, and twelve ounces of lemon-juice would equal six drachms, two scruples, eight grains of citric acid, or 408 grains. Now, I have found by experiment that this quantity of lemon-juice, taken in two doses of six ounces each dose, repeated in three hours, did not cause any pain in the bowels, and it occasioned very little uneasiness to the stomach, which was empty when the first dose was taken. It very decidedly increased the acidity of the urine, and it distinctly precipitated uric acid when the urine stood for some hours. This may be considered as resembling the effect of about 408 grains of citric acid in twelve ounces of water. Tartaric acid was taken dissolved in distilled water, in two doses of fifty-four grains each, in an hour and a quarter, without any uneasiness, but it caused very considerable pain in one hour. The pain, which was markedly intermitting at short intervals, lasted nearly three hours. Then the bowels were inclined to act, but no action took place. This was the effect of 108 grains of tartaric acid. A second experiment, in which 162 grains were taken in an hour and three-quarters, caused the same symptoms. The acidity of the urine was considerably increased.

It is probable from these experiments, that—

1. The solution of tartaric acid was not absorbed from the stomach, but passed into the intestines, and would have passed, partly at least, through them. 2. That the stomach is less sensitive than the intestines. The pain was not felt in the stomach, but was very severe in the bowels. 3. Tartaric acid is more than twice as irritating as citric acid in lemon-juice. The quantity of potassa in lemon-juice is too small to produce any very decided neutralising effect, the total ash in an ounce of juice being less than a grain and three quarters.(a) In some future lecture on the use of lemon-juice in rheumatism, I will return to this subject.

Having thus brought before you the influence of the stomach in causing alkalescence of the urine from fixed alkali,—having shown you the rarer results of this state of urine, I shall return again to the alkalescence of the urine from volatile alkali, and to the relation which it bears to inflammation of the mucous membrane. If you remember the third lecture of this course, in which I spoke of the effects of injury of the spinal cord, you will have the clearest idea which I can give you of the origin and progress of alkalescence from volatile alkali. It arises from inflammation of the mucous membrane, while the alkalescence from fixed alkali arises from indigestion, from an over irritable stomach. The examination of the urine passed at different hours of the day, or immediately before and three hours after food on the same day, will enable you generally to decide as to the cause of the disease. It may save you from treating cases of indigestion by cupping on the loins, hip baths, buchu, pareira brava, and uva ursi, which may be of some use in alkalescence from volatile alkali, but will not be of any service in alkalescence from fixed alkali.

The alkalescence from volatile alkali, whether caused by injury of the spinal cord, or from any other cause, owes its origin generally, if not always, to inflammation of the mucous membrane of the urinary organs. This gives rise to altered mucus and pus. The mucus determines the decomposition of the urea, changing it into carbonate of ammonia, which neutralises the acidity of the urine, and finally precipitates the phosphate of lime, and forms phosphate of ammonia and magnesia, which afterwards crystallises out. The carbonate of ammonia lastly acts on the mucous and pus globules, making them adhesive, and forming the so-called ropy mucus, or, as it often had better be called, ropy pus, which is seen by the microscope to consist of crystals of phosphate of ammonia and magnesia, and of granules of phosphate of lime as well as of adhering mucous or pus cells.

The causes of the inflammation of the mucous membrane of the urinary organs are innumerable. I should weary you by relating cases of acute or chronic inflammation of the bladder or kidneys from foreign bodies irritating the membrane, from injuries, whether cutting or crushing, from pressure caused by stricture or prostatic disease, from idiopathic or specific inflammation, as the extension of gonorrhœa; the action of strongly stimulating medicines; from the secondary effects of many other diseases, as scarlet fever, Bright's disease, malignant diseases, scrofulous diseases. Moreover, when speaking of irritable bladder, I shall bring before you some of the most interesting cases of inflammation of the mucous membrane which I have met with.

The ultimate results of alkalescence from volatile alkali are the formation of a fusible calculus and an irritable bladder.

Instances of the former result appear in very many of the calculi in the Museum. The white deposit, scarcely in a single instance is succeeded by any other deposit; that is, the inflammation of the bladder, when once it is set up, does not yield to treatment as long as the cause of the inflammation (the foreign body in the bladder) remains.

From whatever cause inflammation of the bladder arises it must be treated in the acute stage, as you would treat acute bronchitis, remembering that the urine is to the inflamed bladder what the air is to the inflamed bronchial tubes. The acidity of the urine must be lessened in order to lessen its irritating property. In doing this the opposite extreme must be carefully avoided, because the tendency is to alkalescence of the urine, and if this is produced a greater degree of irritation results.

Special remedies are generally to be used only when the inflammation becomes more chronic. Judging, however, from the treatment of acute gonorrhœa and acute conjunctivitis, it is possible that the early use of astringent remedies might be beneficial; but as yet I can give you no exact information on this treatment.

Some of the special remedies for chronic inflammation of the bladder are, buchu, pareira brava, turpentine, cubebs, copaibæ. The properties of the three last-mentioned substances are so well known that I shall not dwell on them here. But, regarding the use of the two first named remedies, I think there is some uncertainty. At least, I remember well the time when I was unable to determine the rules which might guide me in prescribing buchu, pareira, and uva ursi. The last medicine, you will remember, has been already mentioned in these lectures. It is an astringent. It acts like gallic and tannic acids, and therein is its use and distinction from the other two medicines. It has been said buchu does good when pus is present in the urine, and pareira brava is good when there is ropy mucus. From what I have said in this lecture, you will immediately see that this rule says, buchu is good when the urine is acid; pareira when it is alka-

(a) Mr. Witt, at the College of Chemistry, has lately, at my request, made a complete analysis of the ash of lemon-juice. An ounce of the juice contained—

Inorganic Constituents of Lemon-Juice in 1 *oz. Troy (480 grs.)*

	Grains.		Grains.
Potash	·767	Carbonic acid ..	·339
Soda..	·038	Phosphoric acid ..	·130
Lime..	·131	Phosphate of sesquioxide of iron ..	·018
Magnesia	·058	Silicic acid	·010
Sulphuric acid ..	·215		
Chlorine	·022		

Total, 1·728 grains.

line. Now, there is nothing in the composition of the active ingredients of the two medicines which would make this a good reason for the rule. The buchu contains a peculiar extractive and a volatile aromatic oil; this last brings it into the class with camphor, turpentine, cubebs, etc.; while pareira brava contains starch, nitre, and a peculiar tonic extractive matter. Now, from this it would result, that it is more a demulcent than a stimulant; and the reason for the rule may be contained in this,—that, for the most part, when the pus is ropy from alkalescence, there is more irritability of the bladder than when the urine is acid and the pus globules separate. And, in accordance with this, I find, that pareira brava is of more service than buchu when there is much irriation. When there is a languid, sluggish state, without much irritation, the buchu is then the most useful remedy. Shortly, then, the rule which I propose to you is this:—When you want a stimulant, give buchu; when you want a demulcent, give pareira brava; when you want an astringent, give uva ursi.

Here are some concentrated infusions of buchu and pareira brava prepared by Mr. Kent, and kept by many druggists, which perhaps may sometimes be more convenient than the Pharmacopœia preparations. The dose of each is one-eighth part of the ordinary dose.

Thus much, then, for medicines which act chiefly by passing out of the body in the urine, whereby they come in contact with the mucous membrane of the bladder; but there is a far more immediate and direct method of acting on the mucous membrane than by the stomach.

If the urine is foul, in consequence of retention of the residue on making water, the practice of emptying the bladder once or twice daily is too well known and understood to require any mention here. But the use of dilute injections has not been sufficiently tried. The following case of chronic inflammation of the mucous membrane shows the benefit that may be obtained by perseverance.

A lady, 37 years of age, consulted me June 21, 1851. She had returned from India four years. Six years previously, some excrescences in the urethra were removed. She had occasional frequency in making water, and the urine was very pale. About a year ago there was some hæmorrhage from the bladder, and a rather hard piece of concretion was passed. The urine passed in the morning, examined by me soon after, was cloudy and alkaline from ammonia. On finishing making water, a few drops of blood came. If she rides in a carriage, blood comes in quantity. Tongue was white; bowels confined; catamenia regular. She has passed the catheter occasionally for ten years. She was advised to take a pint of buchu-tea daily with lemon-juice, and to use an injection of dilute acid.

Oct. 31.—Disturbed three times at night. If she walks, the frequency is increased to ten or twelve times a day; sometimes only two or three times; generally more. Has used an injection of 10 drops of hydrochloric acid to a pint of water since June; now uses 10 drops to half a pint; cannot bear half a pint at once. Occasionally fishes out pieces of phosphatic stone. Always passes blood at the end of making water. Takes a pint of buchu-tea daily. Can now go for three or four hours without making water. General health better; but she thinks that there has been more blood, and the urine now is more offensive. I advised her to persevere, using the injection less strong.

Oct., 1852.—She returned again; she had continued the injection daily. The urine passed shortly before her visit was acid, contained no phosphatic deposit, scarcely any pus, no blood. The irritation has greatly diminished, and she speaks of herself as cured.

Unqualified Medical Practice.—An inquest was held by Mr. Baker, on a child who had died under the treatment of a Mr. Johnson, an herbalist, who has a diploma from the Reformed College of Surgeons at New York. Juror: I suppose you paid some fees for your diploma? The witness declined to answer the question. The Coroner remarked, that a short time ago an agent of Dr. Coffin was prosecuted by the Apothecaries' Company for practising as an unqualified man. That trial cost the Company near 40*l.*; so that their resources would be exhausted if they proceeded against all unqualified persons. There ought to be a summary conviction of such persons before a police magistrate. A Medical Bill was now in Parliament, which, he hoped, would meet the case, as a great deal of mischief was done by ignorant and unqualified persons practising medically. Verdict, "Visitation of God."

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVIII.

ON THE MEDICAL PREPARATIONS FOR NAVAL ACTIONS, AND ON THE CASUALTIES AT THE BATTLE OF NAVARINO, 1827.

By SIR JOHN LIDDELL, M.D.
Inspector-General of Naval Hospitals.

(Continued from page 345.)

A seaman, T. M., had a canister-ball pass through the body of the sartorius and thigh-bone, about its middle, crushing it into a number of fragments, the ball escaping at the corresponding part of the opposite side of the thigh. As this was a case that is admitted by most Surgeons to require amputation, the propriety of amputating the thigh was mentioned to him, to which he was averse; and as there existed no immediate necessity for urging the operation, the loose splinters of bone were removed, the ragged flaps of flesh laid smoothly down, and the thigh placed in as easy a position as possible, high above the level of the trunk, to favour the return of the venous blood; and cold irrigation kept up. At the end of three days warm fomentations and poultices were substituted, and his sufferings continued moderate. As he could not bear the application of splints even for the purpose of gently steadying the limb, we tried to do without them during the whole progress of the cure, by placing a sheet smoothly laid under the thigh, and firmly rolled up on either side, so as to support it. We used an unstitched many-tailed bandage, that enabled us to remove any one of the legs that happened to be soiled, without disturbing the position of the limb. In this manner we proceeded, and by the observance of low diet for a while, and the assistance of occasional purgatives and anodines, he went on tolerably well. The suppuration was moderate, numerous fragments of bone were separated or removed, and at the end of two months the external wounds had healed. Soon after which the skin of the thigh became tense and shining, a deep seated and most acute throbbing pain throughout the limb, but particularly around the fracture, with sharp constitutional excitement, ensued. These symptoms yielded to the liberal and assiduous application of leeches, sometimes three dozen at a time, purgatives, and sedatives. In about a month he was free from pain, and began to use crutches, and has no appearance now of any further interruption to his recovery, which, with a stiff knee-joint, a dangling leg three inches shorter than the other, is more perfect than could have been expected under the circumstances of his original wound.

It is difficult to understand how the elasticity of the blood-vessels will allow them, as in this case, to recede before a ball that passes among them, or in other cases along or across them, and sometimes even apparently passing directly through them, without wounding them. The coats of the vessels, however, are sometimes so seriously bruised by the ball glancing past them, that sloughing will afterwards take place, and secondary hæmorrhage ensue on the separation of the eschar; or a fragment or sharp edge of a splintered bone is placed in the neighbourhood of an artery, and the pressure which it exercises on its walls cuts it or produces ulceration, and thus becomes a cause of hæmorrhage. It is chiefly in the thigh or leg that this occurs, which is easily understood from the size of the bones and the difficulty we have in keeping them immovable.

As I consider M.'s escape an exception to what is likely to occur in similar wounds, I may relate two other cases of compound fracture, where the result was different, and followed the usual course of such severe injuries to bones.

An officer (G.) of the Talbot had a crushed compound fracture of both bones of the leg, produced by a splinter of wood that had been driven against it with great violence three inches below the knee, which went on well for three weeks after its infliction, when sharp hæmorrhage occurred, that was suppressed by the tourniquet and compression. It recurred a few days after,

and he fell under my care. I endeavoured to secure the artery, while the blood was bubbling up through a confused mass of broken bone, flabby granulations, and the clots left from preceding hæmorrhage; and, on tightening the ligature around what I considered the anterior tibial artery, the bleeding ceased. The leg was enormously swollen, tense, and livid. Profuse suppuration of a bad character and general constitutional disturbance followed, that left no chance of saving the limb, which was amputated. The anterior tibial artery, surrounded by fragments of bone, putrid blood, and black fetid matter, was quite entire. The posterior tibial was found lying in contact with a lancet-shaped spiculum of the tibia, that had either induced ulceration or cut the coats of the artery across, leaving a small shred undivided that prevented its retraction.

A young carpenter of the Albion had a compound, comminuted fracture of both bones of the leg from a splinter, about 3 inches above the ankle. Profuse suppuration soon came on; large abscesses formed in the calf of the leg; the bones became denuded for some distance above and below the fracture, followed by cough, dyspnœa, and hectic fever. In this condition he became my patient; and, as the removal of the limb seemed to afford the only chance of saving his life, I amputated the thigh by the flap operation. He bore the operation well, and soon began to gain flesh. strength, and the appearance of health. His pectoral complaint, too, had disappeared, and I was flattering both him and myself with the prospect of speedy and perfect recovery, when he complained afresh, on the 30th of December, of rigors, sharp pain in the chest, and fever, soon after which a large, colourless, and very painful tumour occurred below the clavicle, and he suffered a good deal from pain in the stump; hectic wasting ensued, the soft parts over the sacrum sloughed, and he died on the 28th of January. On examining the body, a large abscess was found in the cavity of the chest, between the adhering pleuræ, at the inferior part of the lung, the substance of which near the abscess was hepatised. The abscess under the clavicle, which had been opened a week before his death, was found to occupy a prodigious extent, implicating the head, and part of the body of the humerus; the inner surface of the scapula and the glenoid cavity denuded, the abscess stretching downwards between the latissimus dorsi and the serratus major anticus, leaving the bodies of the sixth and seventh ribs bare and carious. An abscess extended from the extremity of the stump to the trochanter, and the femur was carious in its whole length. The following is a general statement of the result of the primary and secondary amputations performed in the English and Russian squadrons, after the battle and up to the present time :—

	Primary Amputations.	Of which No. died.	Secondary Amputations.	Of which No. died.
English Squadron	22 ...	4 ...	2 ...	1
Russian Squadron	22 ...	14 ...	3 ...	1

The only instances of amputation where fissures occurred, extending up and down the fractured limb, that fell to my lot were those of the marine C., already related, where there was no choice left as to the place of selection, and the officer (G.) of the Talbot, whose leg I have prepared and sent to the museum at Haslar. As similar examples would afford an argument against amputating the limb in which the fracture has occurred, when it can well be avoided, I may mention another case where it was adopted with perfect success. A young midshipman (B.), whose right arm was shattered to pieces from the wrist more than half way up the arm, the ulna fissured, and the flesh torn up to the elbow. As it was deemed to be a great advantage to preserve the joint of the elbow, though at some risk, amputation was performed immediately below it, making flaps of the torn integuments, which united readily and without any unfavourable occurrence. Indeed, I know that this was the first stump of the Fleet that healed. This leads me to remark, that union by the first intention after our amputations was an occurrence that I never once witnessed. We had partial adhesion on each side of the stump, of more or less extent; but the centre was sure to gape and heal by granulations. And I never saw any of the stumps look so well at the first dressing as they usually do after amputation, where the patient has been reduced by the continuance of a long disease. The proportion of exfoliations, too, was greater than usually happens in other cases, and I should say that about every third case of amputation in the English fleet was followed by exfoliation, more or less extensive. Occasionally a scale of bone only came away; sometimes a thin ring of the extremity, and in a few instances an entire piece of the whole cylinder of the bone. These separations took place at various periods of the cure, from one to three months; nor did they seem to me to depend always, or even generally, on the manner in which the operation had been performed. One case was sufficiently remarkable. The subject of it was a stout young Russian seaman, who had a a compound fracture of the leg, for which amputation was immediately performed, about four inches below the knee. The operation was done by cutting directly down on the bones, and sawing them off, which was succeeded by violent inflammation, and a sucession of large abscesses in the neighbourhood of the knee-joint. As one of his companions had died under exactly similar circumstances, I proposed to amputate again, but he stoutly refused his consent. He continued to suffer in this way for three months, when the tibia separated from its head at the epiphysis, and came away, the same thing having a few days previously taken place with the fibula. The space occupied by the rotten bones is now being filled up with healthy granulations, and promises, eventually, to make a neater stump than if it had united by the first intention. Another Russian seaman, who had the arm amputated, and where the humerus projected about three inches, the base of the projection being surrounded by inflamed and ulcerated edges, the irritation of which extended to the axillary glands and plexus, and occasioned great suffering, I dissected back the loose covering of the projecting bone, and sawed it off afresh. Healthy granulations soon shot out of the medullary canal, and cicatrization was speedily accomplished. From the immediate relief from irritation experienced in this case, and its favourable termination, I should be inclined to saw off the bone in all similar cases, instead of waiting for the tedious process of ossific separation. A circumstance occurred here, which, as it exemplifies the inconvenience that sometimes attends the use of the fine metacarpal saw in cutting the bones of the carpus, may be worth relating. One of the Russian Surgeons, to whom I recommended the removal of the projecting bone, began, in my absence, to saw it off with a good, but very fine, metacarpal saw; and he had got half way through the bone, but had gone rather obliquely, when the saw became so completely locked that he could neither move it backwards nor forwards, nor, in short, extricate it in any way, and it was not till after some time, and great suffering to the patient from the efforts at extrication, that we succeeded in disengaging it, by sawing the bone through, with an ordinary saw, higher up.

EXPLANATORY OBSERVATIONS ON THE TREATMENT OF URETHRAL STRICTURE.

By ROBERT WADE, F.R.C.S.
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In the entire range of surgical therapeutics, there is probably no subject presenting greater difficulties in its investigation than that of the treatment of the more aggravated forms of urethral stricture. Although the subject has of late occupied so much attention, there are some practical points connected with it upon which I shall venture to offer a few additional remarks.

Of the three surgical methods of treating stricture,—dilatation, division by the knife, and caustic,—scarcely any difference of opinion exists as to the first being the one which should commonly be employed; indeed, many surgeons of high character adopt no other, contending, that no better plan can be had recourse to. When skilfully conducted, I believe that dilatation, in the great majority of strictures, will succeed in affording satisfactory relief to the patient; but it will not do so in all. The most ardent advocate for confining the treatment of urethral obstructions to simple dilatation, must, at all events, admit, that however satisfactory the proceeding may prove to the Surgeon, there are many cases of stricture in which it will not be equally so to the patient, who, finding his life miserable, notwithstanding the aid of the bougie, will eagerly avail himself of any means likely to produce further relief. In such cases, the patient must chiefly depend for any considerable improvement in his condition upon one of two methods, either the application of caustic to his stricture, or on its division by some cutting instrument.

Each of these methods has had many able advocates. From the evidence adduced in support of both, every unprejudiced mind must admit that each has proved highly useful in many instances. The difficulty is, the selection of the one most advantageous for the patient, a question to be decided by the peculiarities of each individual case. Before adopting either, there is, however, a primary consideration of the greatest importance,—are all these methods equally free from danger, or if none are without their perils, is one less hazardous than another?

Internal division has been much practised by many eminent

surgeons, both French and English. External division, or perinæal section, has commonly been confined to impermeable strictures, and has been resorted to only in cases of the very worst kind. Latterly, a modification of this operation, external division on a grooved sound, has been recommended as the mode, *par excellence*, which should be had recourse to on all occasions in which dilatation has proved unsatisfactory. Notwithstanding all that may have been said or written to the contrary, I believe it will eventually be found, that in whatever manner a stricture may be divided, to preserve the advantage gained by its division, it will be necessary, in a great majority of the cases, to continue the regular use of the sound for a considerable length of time, at intervals varying according to circumstances. In some instances, it will be found necessary to continue the use of the bougie, or sound, during life. The tendency to recontraction, when divison has been effected by the knife, cannot rationally be denied in face of the facts which are constantly forced upon our attention, although it is highly probable that the disposition to recontraction will be less after external division on a grooved sound, than when the obstruction is incised by the lancetted catheter. When the stricture exists anterior to the urethral curve, where the direction of the lancetted catheter can be accurately ascertained, the chance of any danger to life is so very slight, that, should a cutting operation be thought desirable, I cannot but think that the effect of internal division ought to be tried before submitting the patient to perinæal section, which has certainly, in London, been attended with most disastrous results. The statistics of internal division of strictures of the bulbous and membranous portions of the urethra, prove that fatal effects have occasionally resulted from infiltration of urine. External division of strictures, whether performed according to the old method, or Professor Syme's, has been attended with so much fatality, especially when had recourse to in the Metropolis, that its performance, as it appears to me, can be justifiable only as a last resource for the relief of extreme suffering. The freedom from fatal results, in the great number of cases operated upon by Professor Syme himself, forms, however, a remarkable exception to the general statistics of this operation in the hands of other able Surgeons.

The operations of opening the urethra and puncture of the bladder are seldom resorted to for the cure of stricture, except in urgent cases of retention of urine.

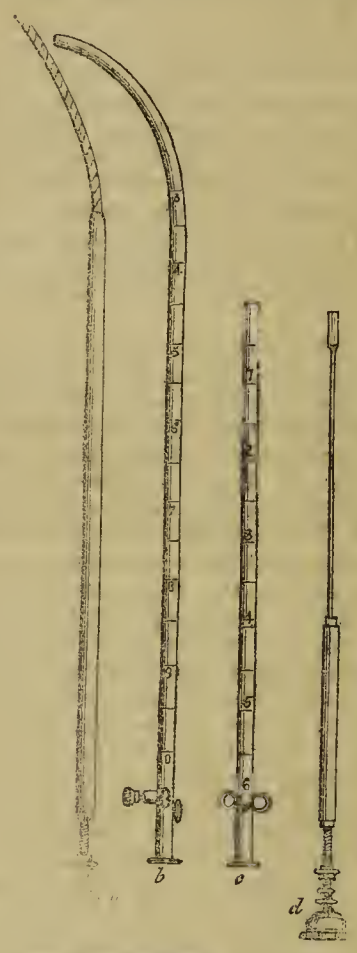
Each of these operations, however, by relieving irritation caused by the pressure of the urine, may render dilatable an obstruction which had previously resisted the bougie.

The application of caustic as a remedial agent in the more aggravated forms of stricture, has been much less had recourse to by modern Surgeons than the methods previously described. The inefficient action of this agent upon the diseased tissue forming the obstruction is the principal reason assigned by those who, entirely discarding its use in such cases, prefer resorting to internal or external division.

However inefficient, the lunar caustic, the one commonly used, may prove in the more intractable forms of urethral stricture, the same objection is inapplicable to the caustic potass, which, if properly employed, will be found most efficient in some of the worst cases of that disease. I am certain that the judicious application of the caustic alkali in the more aggravated forms of stricture, will prevent the necessity of having recourse to the knife in the great majority of such cases. It is well known, that to Mr. Whately we are indebted for the introduction of this caustic into practice, as a valuable remedy in many forms of urethral obstruction.

The treatment by potassa fusa, when employed with due caution, is unattended with the slightest hazard, which cannot be truly said of the division of strictures, especially by perinæal section. I cannot but think, therefore, that in cases not requiring an immediate operation for their relief, the former method should first be fairly tried, when, if found inefficient, division can be had recourse to.

The ample evidence afforded by myself and others of the value of the caustic potass as a remedial agent in urethral stricture has induced many to resort to its use, with very great advantage to their patients, as I am frequently assured. There are some surgeons, however, who object to the employment of the potassa fusa, from the fear that the common bougie is not a safe conductor for the caustic. To gentlemen who entertain such fears, I recommend the use of the tubes which I have devised for the conveyance of the potass to the seat of disease. These tubes, or portes caustiques, afford a completely safe and, I should imagine, an unobjectionable method of employing the potassa fusa in urethral stricture. There is much in a name;



a The stilette.
b The canula.
c The straight stilette.
d The straight canula.

and the very mention of the armed bougie, as it is commonly called, being suggestive of all sorts of mischief, is enough to alarm a timid patient. It should be entirely discarded from surgical nomenclature.

The portes caustiques consist of a straight and curved canula, each having a stilette with a cup at its end for the conveyance of the caustic. The largest canula I employ is of the size of No. 10, until within an inch and a half of its point, and gradually tapers to No. 8 at its vesical extremity, which is well rounded off, so as to pass freely along the urethra. The portes caustiques are graduated and made of silver, with the exception of about an inch from their points, which are of palladium. It will be necessary to have two smaller tubes of the size of No. 8 in the shaft, gradually tapering like the others to No. 6 at their points. A considerable portion of the stilette of the curved canula is made of flexible spiral silver wire, so that it may adapt itself to the bend of the instrument. The curved canula is about 10½ inches in length, and the straight one 6½. I find the best and a very simple method of fixing the potassa fusa is to fill the cup with a piece of rather soft bougie, in which a hole can be made of the size of the piece of caustic to be used, and the potass then inserted, as in the ordinary method when the bougie is used as the conductor. The cup containing the caustic can be so adjusted by a screw attached to the lower part of the stilette as either to be confined on a level with the end of the tube or to project a little from it.

I have lately added to my canula, close to its handle, a small screw, which, being turned down when the caustic is pressed forward to the stricture, keeps it steady in its position. Previous to this addition, it was necessary to keep the thumb against the handle to prevent any gliding motion of the stilette when pressed against the obstruction. Before using the porte caustique, the distance of the stricture from the external urethral orifice should be accurately ascertained. Previous to insertion, the instrument should be well oiled, and the cup containing the caustic withdrawn a little way within the canula, the end of the tube being filled with lard. It should then be passed down to the stricture and the potass pressed gently against the obstruction, if impermeable, and, if permeable, moved lightly backwards and forwards along its entire length.

It appeared to me, that the description of these canulæ in a public Journal might probably be the means of removing the fears of many, in having recourse to the application of potassa fusa, in the more intractable forms of urethral stricture, so that a perfectly safe and most valuable method of treatment may be fairly tried before the employment of other measures attended with more or less danger to life. I do not assert, and never have asserted, that the application of the caustic potass will prove successful in all the worst forms of stricture. I am well convinced, however, that when used with proper care and perseverance, tho surgeon will find, by its assistance, he will generally be able to effect a satisfactory dilatation of the obstruction; and that the cases of failure will be comparatively but few, more especially when the stricture is at the bulbous or membranous portion of the urethra.

After having faithfully communicated to the Profession the results of many years' experience of the effects of the caustic potass in urethral stricture, it might be thought unnecessary to write another word upon its efficiency as a valuable curative agent in that disease, especially as my testimony accords with

the experience of many other surgeons who have fairly tested its remedial powers in a variety of cases in which simple dilatation had failed. The inefficiency of the caustic potass in the relief of the more intractable forms of stricture has, however, been so confidently asserted by some high surgical authorities, and as confidently re-asserted by those who place implicit confidence in their infallibility, that I take the present opportunity of repeating my assurance of its efficiency, when properly used, in the hope that others may be induced to give the remedy a fair trial; at all events, before submitting the patient to the undoubtedly hazardous operation of external division.

It is the misfortune of all who strongly recommend any particular method of treatment, to have their views either misunderstood or misrepresented. They are all supposed, in vulgar parlance, "to ride their hobby." My only preference for the treatment by potassa fusa of the more intractable forms of stricture, is simply, that I have found it generally to answer my purpose in effecting their satisfactory dilatation, besides being so entirely free from injurious effects as never, in a single instance, to have caused me the slightest anxiety for the safety of a patient. With my knowledge of the efficiency of the potassa fusa in some of the worst forms of stricture, I certainly could not conscientiously resort to external division until the potass had failed after a proper trial, unless the case was one in which the caustic was evidently inadmissible.

With regard to the highly important question of the chance of effecting a permanent cure of stricture, I have good reason to believe, that, after the obstruction has been sufficiently acted upon by the potassa fusa so as to admit the introduction of a full-sized instrument, there will, in general, be not more, if, indeed, so much tendency to recontraction as when division has been effected by perinæal section on a grooved sound. In both cases, the precaution of continuing for a long time the regular introduction of a full-sized dilating instrument cannot be too strongly enforced. It is true, that, in some instances, the contractile tendency may be little, or, possibly, nothing; yet the precaution is, at all events, a wise one. As a case in point, I have now under my care a Dispensary patient, who, about eighteen months ago, had his stricture divided by perinæal section on a grooved sound, according to Mr. Syme's method. The division was effected by a Surgeon of great operative skill. A No. 9 sound was introduced occasionally, for about three months after the operation; but, the introduction of instruments being very painful, the man would not have them any longer passed. What was the consequence? When he came under my care, twelve months after the division of his stricture, the perinæal wound was still open, through which the greater part of his urine was passed; and he expressed himself as being in a much worse state than before the operation. I had considerable difficulty in getting a very small sound into the bladder. The urethra was extremely sensitive, and had an irregular gristly hardness in several places. I succeeded in very gradually effecting sufficient dilatation to be able to pass a No. 8 sound, by which time the perinæal wound had almost closed, nearly the whole of the urine passing by its natural channel. The introduction of the sound was always very painful. From the hardness and irregularity of the urethra, a bougie could not be introduced.

It is the great advantage of combining safety with efficiency possessed by the potassa fusa, in many of the worst forms of strictured urethra, which has induced me, for many years, to persevere in calling the attention of the Profession to the singular efficacy of that remedy in a disease which very often bids defiance to the ordinary method of treatment.

Well knowing that nothing is so injurious to any remedial measure as the recommendation of its indiscriminate employment, I have taken especial care to ascertain in what particular cases the caustic potass will be found advantageous, which may be thus stated:—1. Strictures having a cartilaginous hardness, and impervious to instruments. 2. Strictures of long standing, which, although admitting the passage of a small bougie, bleed more or less freely on its introduction, 3. Irritable strictures, and such as have a marked disposition to spasm.

Even in the above-mentioned cases, in which the application of potassa fusa is recommended, I discontinue the use of the caustic as soon as the strictures will yield to simple dilatation, considering the former remedy only as an auxiliary to the latter.

As an instance among many of the manner in which my views have been misunderstood, I may mention that in a late work on stricture, which professes to contain a summary of the opinions of different writers on that disease, it is stated that I regard the potassa fusa as a remedy for all cases of stricture except the mildest. In the preface to the work in question it is also stated that direct reference is made to the page and edition of the books of those writers whose opinions are quoted. In accordance with so fair a statement, it surely might have been expected that my views on the treatment of urethral stricture would have been either unnoticed by the author, or, if noticed, that reference would have been made to the particular part of my work containing a description of the cases in which I have recommended the application of potassa fusa; whereas, not only is there no such reference, but not even the slightest allusion to the title of the work itself. So far from advocating the employment of potassa fusa in all but the mildest forms of urethral stricture, it is well known that I have recourse to that remedy only in the more intractable forms of the disease, and then only after having fairly tried the effects of simple dilatation; unless that process had previously failed in good hands, or the case was one in which the caustic would evidently prove unsatisfactory. I have stated in my work that the potassa fusa may be advantageously employed, either in very small quantities, for the relief of irritation, inflammation, and spasm, for which its admissibility with lard renders it peculiarly adapted, or as a caustic, for the solution of the hardened tissue of a stricture.

If the potassa fusa is to be employed as a remedy for the more obstinate forms of hard, gristly strictures, I need scarcely observe that it must be as an escharotic, although an opinion has lately been very confidently, and somewhat presumptuously expressed, that it should never be used as a caustic. I say presumptuously, because the opinion so authoritatively given comes from a gentleman whose practical experience of the effects of the application of potassa fusa in stricture is evidently most limited. I do not hesitate to assert, that it is the powerful *solvent* properties of the potassa fusa which render it especially valuable as a remedial agent in the worst forms of stricture, the old hard, gristly, undilatable obstructions. As one fact, however, is worth a thousand assertions, I shall briefly, in conclusion, relate a single case as an example of those in which the caustic properties of the potassa fusa will be found highly serviceable. I select this particular example because it was acknowledged by the experienced and very able Surgeon who had charge of the case prior to my being consulted, to be as good a test for the powers of the caustic potass in urethral stricture as could well be selected.

J. C. F., Esq., about 47 years of age, first consulted me Sep. 28, 1853. Has had obstruction in voiding his urine from the age of 21. Instruments have been passed for him at various times with more or less benefit. For the last few years his sufferings have gradually increased, and the introduction of instruments has generally caused so much irritation that but little relief has been afforded by them, it being seldom possible to pass any but very small ones. For some length of time before his application to me it had been found impossible to pass an instrument of any kind through the stricture, although attempts to do so have been made by skilful Surgeons. Very free bleeding has followed some of these attempts. The difficulty of micturition has latterly much increased, a few teaspoonsful only of urine being voided in drops, after prolonged and painful straining, attended with considerable prolapsus ani. Occasionally attacks of complete retention of urine have occurred. For a long time this gentleman's life has been so miserable from the severity of his sufferings that he is willing to undergo any operation likely to afford him a chance of relief. Under these circumstances, he was informed that division of his stricture by perinæal section was the only means likely to improve his condition. Before submitting to that operation he consulted me as to the probability of the application of the caustic potass being likely to prevent the necessity of so severe a measure. At the time of his application to me Mr. F. was constantly disturbed, both night and day, by an urgent desire to pass his urine, which could be voided only by drops, and a very small quantity at a time. On examination, I found an obstruction at five and a quarter inches, into which the point of a small bougie just entered, but no instrument of any kind could be passed through the stricture. It required seventeen applications of potassa fusa before a No. 3 bougie could be got through the stricture. The bougie went on into the bladder. The irritability of the bladder had been gradually subsiding after the fourth application of potassa fusa, and had entirely ceased by the time the bougie went on into the bladder. On attempting shortly afterwards to pass a larger bougie, it was stopped by a second stricture at six and three-quarter inches, which proved of such gristly hardness, and so extensive, that it required fifteen applications of the potassa fusa before it yielded sufficiently to permit the introduction of a No. 7 sound into the bladder. It may be as well to state, that from its greater hardness, the second obstruction required a much more free application of caustic than the first. My patient left town on November 19, at

which time I could pass a full-sized sound. He then voided his urine in a full stream, and was perfectly restored to health. During the whole of the treatment he came to my house to have the potassa fusa applied, never having been confined to his room a single day. Although, as has been stated, it was necessary to apply the caustic very freely to the second obstruction before it yielded, the patient declared that he had suffered much more from one attempt to force an instrument through his stricture than from the whole of the applications of potassa fusa. This gentleman wrote to me a short time ago, and stated that he continues to pass his urine in a full stream, and was never in better health. He was, of course, advised, when he left London, to have a full-sized sound introduced occasionally.

ILLUSTRATIONS

OF THE

PROPAGATION OF ASIATIC CHOLERA BY HUMAN INTERCOURSE.

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[Read before the Pathological Society of Newcastle and Gateshead, January 12, 1854.]

The question of the contagion of Asiatic cholera has been again brought before us by the recent severe visitation of the disease in Newcastle. On this subject, as on many others, the Profession is divided in opinion. One party repudiates entirely the possibility of cholera being communicated from one individual to another; they regard the disease as being dependent wholly on an atmospheric or telluric influence, or else as arising solely from local causes. The other party takes the opposite extreme, and believes that cholera, like small-pox, scarlet fever, or the plague, is propagated from place to place by human intercourse alone. A third party is inclined to adopt a "*juste-milieu*" theory, viz., that the pestilence is very frequently conveyed from place to place by individuals, but that the restricted idea of contagion is not adequate to explain the extreme rapidity of its progress in certain localities, and that the poison must be diffused to a certain extent through the atmosphere under these peculiar circumstances.

We purpose to lay before the Society a few facts, which we have given ourselves some trouble to ascertain and verify, illustrating the mode in which the pestilence apparently is spread. Some of these facts occurred under our own observation, and the rest have been communicated to us by individuals in whom we could place the fullest confidence, and the more so as some of the narrators were decidedly opposed to the idea of cholera being propagated by human intercourse.

During the past summer, cholera raged with great severity in Copenhagen, Norway, and in the southern parts of Sweden; and in the latter country it attacked several towns that had entirely escaped the visitations of 1834 and 1850. Both parties, contagionists and non-contagionists, naturally looked for a speedy outbreak of the pestilence on our eastern coasts; the former, because they believed that the sea-ports which had most frequent intercourse with the Baltic would be the first into which the pestilence would be introduced; the latter, in accordance with the theory they held of a miasm travelling across Europe in a north-westerly direction. This opinion is, however, not now insisted upon as it formerly was, the many examples of the pestilence taking an opposite direction have so much weakened its force.

The fears of both parties were verified at length by the simultaneous appearance of cholera in Newcastle and London, two of the ports that had most frequent intercourse with the infected cities of the Baltic and of Northern Germany. Almost at the same time—viz., on August 30, 1853—the pestilence showed itself in Liverpool, in the person of a Dane, who had come in a vessel from Hamburg. In 1848, Liverpool remained free from cholera for three months after the disease had appeared at Hull; but now emigrants are conveyed direct from Hamburg and Bremen to Liverpool, to take their passage from that port to America. According to Dr. Gee's able report, the malady was for a considerable time confined to the German emigrants, and seemed to be renewed by fresh importations from the infected districts of Germany and Silesia. Cholera had, however, been in the near neighbourhood of Newcastle some days before its final outbreak there; for the able Report of Dr. Brown, of Sunderland, informs us, that a man of the name of Joseph Laidman landed in that town, sick of the cholera, from Hamburg, on the 21st of August. In Gateshead, the earliest case on record is that of Mary Tait, in Victoria-street, Barnclose, on the 26th of August; and, about the same period, a fatal case occurred in the Forth-banks in Newcastle. It is, to say the least of it, a suspicious circumstance, that cholera should exhibit such a decided preference for those sea-ports which have the most frequent communication with the infected towns and districts on the eastern side of the German Ocean, while the towns and fishing villages on our eastern coasts, which have little or no foreign trade, have never been the first attacked, and have often escaped altogether.

The first great outbreak of the pestilence occurred at Bill Quay, a village on the banks of the Tyne, about three miles below Newcastle. This was about the 30th of August, and, by the next week, the disease was fully established in Newcastle, but had as yet spread very little into the surrounding villages. On Saturday, Sept. 10, though the cholera was then prevailing more or less in the town, and had shown itself in almost every part thereof, the influx of country people was little less than usual on that day, when they flock in to make their purchases for the ensuing week. Within eight days after this date, the pestilence broke out in many of the villages around, either in the form of painless diarrhœa, which was too often neglected, or as genuine cholera. The autumnal diarrhœas and dysenteries, which were so remarkably frequent in the autumn of 1852, were, in 1853, much less prevalent, and, until the arrival of the cholera, a great many villages and hamlets were entirely exempt from them. In Liverpool, too, as has been remarked by Dr. Gee, autumnal diarrhœa was this year very seldom observed. (*Vide* Dr. Gee's Report, p. 15.)

In its radiation from Newcastle, after the visits of the country people on Saturday, Sept. 10, cholera pursued no definite course. To the westward, it appeared at Broomhaugh, at Hexham, at Corbridge, and elsewhere; to the north, it showed itself at Whalton and at Broomhill, near Warkworth; to the east and north-east, at Burradon, at Seghill, and the various Colliery villages in that populous district. Down the river, below Newcastle, cases were imported and spread the disease in Jarrow and in South Shields; while Walker and the Felling, in the close vicinity of Bill Quay, were not ravaged till a later period. Sunderland, as will be seen by Dr. Brown's Report, received the disease afresh by importations from Bill Quay and from Newcastle.

It is not our design to give here a history of the epidemic in Newcastle; we shall only endeavour to trace the mode by which the disease seems to have been conveyed to distant villages; for, in great towns, from the enormous influx of travellers, and the many means by which the disorder may be introduced, it is extremely difficult to prove or to deny its importation. Where, however, communication is rare, and the persons visiting the infected localities and returning from thence are well known, the task is much more easy. Even in the case of those maladies that by general consent are regarded as contagious, such as small-pox and scarlet fever, the line of communication can often not be made out at all, when these disorders break out in large communities. Dr. Gregory, of the London Small-pox Hospital, has stated, that nineteen out of twenty of the patients that came under his care in that Institution, were unable to point out the source from whence they became infected with variola.

It has been repeatedly urged by the advocates of the atmospheric or local origin of cholera, that medical men, nurses, and the friends employed about the sick, have generally escaped the disease. Our own experience, and we may venture to say the experience of others during the late visitation did not by any means confirm this opinion. Of the medical attendants on those attacked with cholera, a large proportion were affected with the characteristic diarrhœa and sickness, and one gentleman, Mr. Irons, fell a victim to the malady, while at least two others narrowly escaped. Almost all of us experienced at times the peculiar nausea, resembling the commencement of sea sickness, and which seems totally different from the depression consequent on great fatigue, or as the result of exposure to the contagion of fever. Of the house-to-house visiters, students, etc., many suffered from diarrhœa, and the same may certainly be said of the male and female attendants on the sick. Of the funeral furnishers and undertakers several died, and many more were ill. Of the four regular hearse drivers employed by Mrs. Johnstone, of Orchard Street, three took the disease and two died. We have collected much information on this point; but where cholera prevailed so extensively as it did in Newcastle, we can only regard these facts as probable, but not certain, evidence in favour of the propagation of the disease by intercourse with the

sick. We pass, therefore, to the spread of the pestilence into the more distant villages and hamlets, for it is in these that the transportation of the malady by individuals can be most satisfactorily demonstrated.

It is no proof positive of contagion when an individual visiting a tainted district is seized with the disorder either while there or on his return home. He may be said to have been within the limits of the miasm floating in the atmosphere, or rising from the foul sewers or open drains, which, as some maintain, will actually generate the pestilence. The Tuscan peasant who descends to the marshes and fields of the Campo Morto is attacked with ague if he passes a night in that poisonous district, but we should not on that account argue that intermittent fever is a contagious disease. But if an individual inhabits a village or hamlet where no signs of cholera have previously existed, and if, on his return from an infected locality, he is the first to suffer from cholera, which spreads among those who visit and attend upon him, but who themselves had not been exposed to the disease elsewhere, we may fairly, by the ordinary rules of reasoning, regard this as a proof of the importation of the malady.

Among the localities where the cholera appeared in distant and unexpected spots, the village of Whalton presents a remarkable instance. Whalton lies about four miles to the west of Morpeth, and is about fourteen miles, by the direct road, distant from Newcastle. The village is situated on an eminence sloping to the south, and commands an extensive prospect over the counties of Northumberland and Durham. It consists of a single street running east and west, through which passes a broad turnpike-road. The majority of the houses are situated on the north side of this turnpike-road, and are elevated several feet above the carriage-way. The rock on which the village stands is freestone, and, on the north side of some of the houses, the stone crops out to the day. To the south of the road a large space is occupied by the churchyard, and by the rectory, and its gardens and glebe; and, west of the church, there is, on that side of the road, a row of cottages occupied chiefly by labourers and small tradesmen. These cottages, though somewhat low externally, are most of them roomy, and few of them are ceiled, canvass or matting being stretched across the rafters, allowing of a free circulation of air both above and below. In addition to this, almost all have both a front and a back door opening into a garden or the fields, so that they admit of being perfectly ventilated. On the north side of the turnpike-road, the number of houses of a superior class is very much above the average of the Northumbrian villages. Most of these are inhabited by persons in easy and even in affluent circumstances. They are situated in gardens of considerable size, and are thus more or less isolated from each other. The few inferior cottages in the village are by no means the worst specimens of labourers' dwellings in this county; and, it may be observed, that it was not in these cottages that the virulence of the disease manifested itself. The township of Whalton contains 350 inhabitants; the village itself has 224. The supply of good and wholesome water is most abundant. With the exception of Corbridge, we hardly know any village in Northumberland where wells are so abundant and so excellent in quality as at Whalton. The best well is at the west end of the village, perfectly clear of all contamination from the houses or drains. There is another in the centre of the village, and a strong spring issues from the roadside at the bottom of the church-yard. This last is but little used except by the school-children, none of whom were affected with cholera. It is, however, an excellent spring, and in no way connected with the drainage from the church-yard, which is carried off by a separate channel. The spring rises straight up through a fissure in the sandstone rock, and is supposed to be chiefly fed from the moist land on the other side of the road, in the Rectory grounds. We are particular in referring to this spring, because it has been more than once alluded to as a probable cause of the outbreak of cholera at Whalton; but, even if it did come from the church-yard, it is not the popular spring in the village, and is but little used, as it is at some distance from the houses. Whalton is peculiarly well situated for efficient drainage, from its lying on the slope of a hill, and, in regard to this important sanitary arrangement, it is decidedly far above the average of the Northumbrian villages. A large and well-covered main drain runs down the street under the turnpike-road, and through this there is, winter and summer, a constant runner of water, supplied by springs from the fields to the north of the village. Some of the better class of houses on the north side, as for instance the late Mrs. Moore's, have runners of spring-water passing through the privies attached to their houses. Each house in the village, with the exception of six, has a separate privy. Whalton has been generally considered one of the healthiest villages in Northumberland. The inhabitants usually attain a ripe old age, and appear to preserve their vigour much longer than in many other places. Since the year 1815, there has been no epidemic of fever in the village; isolated cases of catarrhal fever, probably connected with influenza, have rarely occurred; and the testimony of the intelligent Medical Practitioner of the village, Mr. Robert Vardy, who has practised there for nearly forty years, amply confirms this statement.

The first case of cholera in Whalton occurred in the person of William Womack, aged 19, the carrier from that village to Newcastle. This young man was in Newcastle on Saturday, Sep. 10, on his usual business. He returned from Newcastle to Whalton on Saturday evening in his usual health, and, on the next day, Sunday, the 11th, was seized with vomiting and diarrhœa. Previous to this date, diarrhœa had not been prevalent in Whalton; on the contrary, few, if any, cases of autumnal diarrhœa had occurred. Womack continued to suffer from these symptoms until Wednesday, the 14th Sep., when they assumed the character of genuine Asiatic cholera, and he died on the 15th. During his illness he was visited by many of the inhabitants of the village. The house where he resided is an airy one, of modern construction, on the north side of the turnpike-road.

On the day that Womack died, Thursday, Sep. 15, Mrs. Nicholson, the wife of Mrs. Moore's man-servant, was attacked with cholera. Mrs. Nicholson had been in Womack's house while he was ill. Her own house is a single-roomed cottage, of good size, situated on the north side of the road, and about the same distance west of Mrs. Moore's house as Womack's is to the east. Mr. Vardy attended both Womack and Mrs. Nicholson, and the latter, who narrowly escaped with her life, was nursed by her husband, Mrs. Moore's man-servant, who repeatedly passed from the one house to the other. Neither Mrs. Moore, however, nor Mrs. Vardy, who were the two next sufferers, ever visited either Womack or Mrs. Nicholson.

Mrs. Moore was a widow lady, aged 65, in affluent circumstances, residing in a large, isolated, well-drained and ventilated house. She was seized with cholera during the night of Thursday, 15th Sep., and, almost at the same time, Mrs. Vardy, wife of Mr. Vardy, the surgeon, was attacked with the disease in its most virulent form. Mrs. Moore had not, as we have stated before, visited either of the preceding cholera patients, the only communication she had with them was an indirect one, through Nicholson, her man-servant, who was in constant attendance upon his wife. Early in the morning of the 16th, Nicholson rode into Newcastle to seek Medical aid for his mistress. He was then much depressed, but did not complain of any diarrhœa. Mrs. Moore died that evening, Sep. 16, at 7 p.m. The house occupied by Mrs. Vardy is an old one, of two storeys in height, and is built on the north side of the turnpike-road. The rooms are low for their size, and, there being no window to the back, the upstairs rooms, at least, are not easily ventilated. The house is drained into the main sewer. Mrs. Vardy was not in strong health previous to the attack, but she had not left the house for some time before. Her husband was, however, in constant attendance upon Mrs. Nicholson and Womack, and this indirect communication was the only one that can be traced. Mr. Vardy himself entirely escaped the disease, but two of his daughters, residing in the same house, were attacked with the preliminary symptoms on the 16th and 17th. Mrs. Vardy died on the 16th Sep., at 4 p.m. Mr. Vardy's son, a Medical Practitioner, residing at Shaftoe Moor, about five miles west of Whalton, came to that village on the 16th to assist his father, and on that day visited repeatedly several cases of cholera and diarrhœa. After his mother's death he returned home on the same day, and, on Sunday, the 18th, he was seized with severe vomiting and purging, but recovered after taking large doses of calomel. Some members of his family, at Shaftoe Moor, who had not visited Whalton, were attacked in like manner, but to a less degree.

Two or three houses to the east of Womack's cottage was the residence of William Crawford, aged 33, a farmer and cattle dealer, of remarkably powerful frame and constitution. Crawford had visited Womack when he was ill, but when we entered his house, on the 16th, he did not allow himself to be indisposed, though he had a depressed look, which we attributed to the anxiety he felt about his wife, who had that morning been attacked with cholera. Mrs. Crawford had not visited the Womacks or Mrs. Nicolson's. She was almost in a state of collapse when we first saw her, but, after taking, at intervals of about four hours, two doses of calomel, each of thirty grains, reaction set in, and she soon recovered. Crawford himself was attacked that evening, and died on the following day.

[To be continued.]

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

CASES ILLUSTRATIVE OF THE COURSE, TREATMENT, AND TERMINATIONS OF TETANUS.

In commencing this week a somewhat extended series of cases bearing on the natural history and treatment of tetanus, a few words explanatory of our proposed object in doing so may be advantageously premised. When, some few years ago, anæsthetic inhalations first came into use, and their wonderful effects in diminishing the excitability of the entire cerebro-spinal system were observed, great hopes were entertained that a remedy had now been found for a most terrible disease, the very essence of which, as far as pathology could show, consisted in undue nervous irritability. A considerable number of experiments have since been tried, and hasty and very different opinions have been pronounced respecting their result. By some it has been declared, that the only influence exerted by chloroform over the course of tetanus is that of modifying symptoms, and making death less painful; while, by others, the verdict has been recorded, that, whether in the treatment of the spontaneous or traumatic form, "immense services" have been rendered by it.(a)

As far as we are aware, no attempt has yet been made to collect the facts bearing on this very important question, and from which alone a trustworthy conclusion can be arrived at; and it has seemed, therefore, that in thus putting together such evidence (although confessedly imperfect) as it may be in our power to produce, some slight service to science might perhaps be rendered. We shall not, however, by any means confine our attention to the subject, but shall detail in the following series all cases which exhibit anything of unusual interest, either in regard to the causes, symptoms, treatment, or events of this singular and ill-understood disease. Among those in which recovery took place will be found several of the more severe traumatic form. These latter are well worthy of attentive study; the comparison of them with others which ended fatally will, we think, tend to support the opinion, that the recovery was not a matter of accident, but a direct result of the measures of treatment adopted. It is very desirable that an opinion—we fear too prevalent—as to the all but inevitable fatality of traumatic tetanus should be counteracted. It is certain that we possess several remedies capable of exerting great influence over the symptoms and course of the disease; and though recoveries may as yet be extremely rare, there is no ground whatever for loss of faith in their probability—a condition of mind which could only tend to insure their permanent infrequency.

Before beginning those which must be reported in detail, we will very briefly mention the leading points in some which have already found a place in our hospital records.

Case 1.—A girl, aged 13, under the care of Mr. De Morgan, in the Middlesex Hospital, on account of a severe lacerated and contused injury to the leg. Sore throat occurred on the eighth day after the accident, trismus and opisthotonos followed on the ninth. The symptoms were very violent, and caused death on the third day. The treatment consisted in the exhibition of tincture of aconite. The bowels had been obstinately costive, but acted under the influence of medicine. At the autopsy spots of ecchymosis were found in one or two places within the sheaths of the nerves of the injured leg. (See *Medical Times and Gazette* for 1851, p. 109, reported by Mr. Sibley.)

Case 2.—A labourer, aged 44, under Mr. Lawrence's care in St. Bartholomew's, for tetanus, which had supervened on the fourteenth day after the receipt of a slight and forgotten wound of the heel. Purging, the use of opium, and of cold affusion were the means put in practice, but in spite of them the disease ran an unimpeded course, and death ensued on the fifth day. Nothing particular was discovered at the *post-mortem*. (See *Medical Times and Gazette* for May 18, 1854, reported by Mr. Coote.)

UNIVERSITY COLLEGE HOSPITAL.

CASES OF TETANUS.

[Under the care of Mr. QUAIN and Mr. ERICHSEN.]

Case 3.—Elizabeth W., aged 36, admitted under the care of Mr. Quain, on October 7, 1853, for a superficial, but rather extensive, burn on the right buttock. The following notes were taken by Mr. J. Z. Lawrence, the House-Surgeon then in office. She seemed a woman of average health, but was stated to have been subject to epileptic fits, and to have displayed indications of mental weakness. On October 19, the surface of the burn had cleared of slough, was healthily granulating, and had in part cicatrised, when Mr. Lawrence's attention was attracted to her complaints of a choking sensation about the throat, and of difficulty in swallowing. As these symptoms were not persistent, they were at first regarded as hysterical. The woman, however, passed a very restless night, and was worse on the following morning. In the afternoon of the 20th, the symptoms of trismus had become well-marked; the jaws were fixed, the eye-brows elevated, and the trapezii and sterno-mastoids slightly rigid. Her faculties were perfect, and there was no fever. She could swallow fluids, and treatment was at once commenced by the exhibition of a grain of opium every four hours, with a free allowance of milk and beef-tea. On the morning of the 21st she appeared much weaker, was unable to raise herself in bed; pulse 140; respirations 24, laboured. In the afternoon and evening, however, she improved, and became able for a time to open the mouth, although still complaining of stiffness in the neck. The opium treatment was continued. In the night a sudden failure of power took place, and on being called to her at 1 a.m., Mr. Lawrence found her deadly pale, skin covered with clammy sweat, muscles of neck relaxed. The breathing was carried on by short spasmodic inspirations, followed by much lengthened expirations, which latter were attended by a tracheal râle. Mustard plasters were applied to the nape and calves, and a dose of croton-oil given. About an hour later she seemed moribund, the whole muscular system being in a state of relaxation. In the hope of rousing her, trial was made of galvanism for a few minutes, but without effect, and subsequently a dose of strychnia was given with the same object (gr. $\frac{1}{4}$ ex aq. ʒi.). After the strychnia was swallowed no effect was at first observed; the limbs when raised fell as dead weight, and the entire muscular system seemed without power. In about ten minutes the respirations were observed to be increased, and almost immediately after the patient was seized with most violent convulsions, the back being bent forwards, the arms raised, and the features contorted. After a time, these spasms ceased for the space of about a minute; they then recurred with extreme violence, and continued until death took place, about a quarter to three in the morning. A very minute examination of the body on the following day failed to detect any evidence of cerebral or spinal lesion.

We have thus a patient attacked, on the twelfth day after a burn, by acute trismus, and dying within three days of the first symptoms, in spite of efficient opium treatment. The case is instructive, as showing that extreme collapse may supervene in this affection independent of either starvation or the exhaustion of violent tetanic convulsions, since the woman had, excepting during the last half-hour of life, when they were no doubt due to the strychnia given, suffered no affection excepting of the muscles of the jaw and neck. It must be remembered that she was at first of but feeble power, and had been no doubt much weakened by confinement to bed and the suppuration and sloughing from the burnt surface.

Burns are not prominently mentioned by the writers on tetanus as exciting causes of that disease. The next instance we have to mention is one, however, in which such was again the case.

Case 4.—*Extensive Burn on the Back.—Acute Tetanus on the Twelfth Day.—Death in Sixty-four Hours.—Autopsy.*—Richard Walker, aged 12, was admitted, under Mr. Erichsen's care, on January 22, 1854. He had just before suffered a very extensive burn, which had involved the upper half of the back, the right axilla and right arm, the skin, cellular tissue, and in one part a portion of the trapezius muscle having been destroyed. The affected surface was dressed with Carron oil, and he did fairly for the first twelve days.

On Feb. 3, he was noticed to be feverish, and a saline draught was accordingly prescribed for him. In the evening, the nurse noticed that he could not swallow easily. His bowels had then been confined for two days, and a dose of castor-oil was therefore administered.

On the morning of the 4th, the House-Surgeon, Mr. Turle, was for the first time informed of his difficulty in swallowing; and, on examination, found that he could not open the mouth; there was also some tendency to opisthotonos, and the forehead was drawn upwards. There had been during the night some convulsive movements; the carotids beat forcibly, but the pulse at the wrist was so extremely feeble that it could scarcely be counted. The symptoms rapidly increased in severity, and the opisthotonos and general muscular spasms became more violent. At eleven a.m., Mr. Hillier, the resident Medical officer administered chloroform, and, under its influence, the spasms ceased,

(a) See *Gazette Médicale*, for March 25, p. 177.

and the pulse became more firm; the spasms returned, however, as soon as it was omitted. At one o'clock, Mr. Erichsen saw him, and ordered half a drop of croton oil to be given every hour until the bowels should act, also twenty minims of the tincture of Indian hemp out of mucilage every twenty minutes. These remedies availed nothing in mitigation of the disease; the convulsive spasms continued; and at about six in the morning of the 5th the boy died, within sixty-four hours of the occurrence of the first premonitory symptoms. We have taken this statement from the notes made by Mr. Michael, the dresser to the patient.

On the following day, a careful *post-mortem* inspection was instituted, but no notable lesions were detected in any viscus, with the exception that the trunk of one of the intercostal nerves, which was traced into the sore, was markedly congested.

Case 5.—*Severe Injury to both Legs, necessitating Amputation of One.—Acute Tetanus on the Eighth Day, preceded by Several Days of Severe Pain in the Bruised Leg.—Death after Twenty-Eight Hours' Symptoms.—Autopsy.*—Stephen Davage, aged 15, was admitted on February 3, having just previously had both his legs run over by a luggage-train. His left leg had sustained a very severe compound fracture just above the ankle, and the right leg was much bruised and lacerated; the laceration extended to the front of the tibia, but there was no fracture of that bone. He was in a condition of extreme collapse. Some wine with a dose of laudanum having been given, he rallied sufficiently to allow of amputation of left leg being performed, which was done by the flap method in the upper third of the limb. A poultice was applied to the bruises of the right leg. We will follow the progress of the case, as noted by Mr. Lang, one of Mr. Erichsen's dressers.

Feb. 4.—Is thirsty, and takes no food; otherwise comfortable.

6th.—Is fully rallied from the effects both of injury and operation. Pulse strong and full, 120; the stump looks well.

7th.—Did not sleep last night, on account of severe pain in the right leg, which he described as being most severe about the contused parts.

8th.—Has passed another bad night. Pulse 118, bounding; the stump has not united by adhesion, but is granulating well; the edges of the flaps are a little sloughy. An opiate lotion is to be applied to the painful bruises, and a dose of opium given at bed-time.

9th.—Has slept well. Pulse 124, less bounding; there is free suppuration from the stump and from the lacerated parts of the other leg.

10th.—During the night, trismus came on. He is now quite conscious and quiet. The sterno-mastoids are rigid; the head thrown back, the mouth fixed, and the lower jaw retracted. 3 p.m.—The symptoms have increased; he has now general spasms and well-marked opisthotonos; the mouth is obstinately closed. The tincture of conium in drachm doses is to be administered by the rectum. 8 p.m.—Still worse; the spasms are more frequent but less powerful; ice is to be applied to the spine. Through the night he continued, notwithstanding the remedies employed, to suffer from paroxysms of violent opisthotonos, in one of which death occurred, at 8·30 a.m. on the 11th.

At the *post-mortem* the stump appeared to be in a healthy condition; the nerves of the contused parts in opposite leg were found to have been lacerated in several parts. No morbid appearances of importance were discovered.

ST. MARY'S HOSPITAL.

CASE OF TETANUS.

[Under the care of Mr. URE.]

Case 6.—*Severe Contusion of the Hand.—Amputation of the Fingers on the Second Day.—Acute Tetanus on the Ninth Day.—Death from Exhaustion in Four Days.—Autopsy.*—Michael Leary, aged 40, a strongly-built Irish labourer, was admitted on October 3, 1853, having just before had his right hand severely crushed in an accident with some bricks. He was an intemperate man, and intoxicated at the time the injury was received. The parts were much torn, the knuckle-joints of all the fingers more or less damaged, and the bones in several places exposed in the wound. Mr. Ure advised immediate amputation of the injured portion of the hand, but to this the man peremptorily refused to submit. On the second day after the accident, the parts having become sloughy, and, looking ill, the man consented to the operation, and was accordingly put under chloroform, and the whole of the fingers were then removed at the carpo-metacarpal joints, the thumb and stump of hand alone remaining. After the operation, the wound did not immediately take on healthy suppuration, but continued to discharge an offensive ichor; the man was feverish, and had to take repeated doses of purgatives in order to keep the bowels open. The appearance of the wound had much improved, and it was suppurating freely when, on the morning of the ninth day, symptoms of tetanus set in.

Oct. 12, 9 a.m.—The man complains of uneasiness in the throat, with a sensation as if the tongue were drawn back into the gullet; he has experienced some spasmodic twitching of the affected arm, and is unable to open his mouth more than for about a quarter of an inch. Pulse 96, soft; wound looks fairly; all the ligatures except one have come away; the bowels have been freely open. To take a drachm of laudanum and half a drachm of ether immediately. 4 p.m.—Skin covered with clammy sweat; pulse 108, small. He states, that he feels better, and is able to separate his teeth a little. To repeat the draught, and have a blister applied to the nape.

13th, 1 p.m.—About midnight, last night, he had a sudden attack of what seemed to be spasm of the glottis, and was for a while in urgent danger of suffocation, but soon after rallied. During the morning he slept soundly. At noon to-day he had a sudden paroxysm of opisthotonos, and the opiate draught was again given. He now complains of pain behind the sternum, and sense of difficulty in drawing breath. The bowels are open under the influence of castor oil; the jaw is still almost fixed; the pulse 120. Two grains of the muriate of morphia are to be applied to the blistered surface; a pill, containing the extract of belladonna, is to be given every two hours.

14th.—Has had a restless night, and early this morning suffered from violent spasm of the muscles of deglutition, being unable to swallow fluids. Inhalation of chloroform having been practised, the spasm abated, and he became more comfortable. He thought himself able to drink, and expressed a wish for porter; every attempt at swallowing, however, brought on great distress of breathing, and a sense of impending suffocation. To have enemata of beef-tea with brandy, in each 20 minims of laudanum, given frequently.

15th.—Jaw still clenched; pulse 120; the abdominal muscles are rigid and fixed. The enemata are to be given every hour, and an epithem of turpentine applied to the epigastrium.

16th.—During the night, Mr. Baker, the resident Medical officer in charge, again found it necessary to administer chloroform. During the inhalation the muscles became more relaxed, and for some time afterwards he was able to swallow and to articulate better than before. His pulse, however, got more feeble, and rose to 130. Chloroform was for a third time administered in the course of the early morning, but as its effect passed, two or three attacks of spasm occurred, and it was evident that it produced no lasting benefit. The man had now become extremely exhausted, he sank rapidly, and died at 11·30 a.m.

At the *post-mortem*, no important visceral disease was discovered. The nerves of the affected arm were carefully dissected, and appeared to be in a natural condition. The cord was not examined, on account of the objections to mutilation on the part of his friends.

In some comments on the above, Mr. Ure directed the attention of the students to Dr. Lawrie's excellent and very elaborate paper on Tetanus recently published in the *Glasgow Medical Journal*, remarking that several statements of the Glasgow Professor had been well verified by the progress of the case. Thus there had been present the whole list of symptoms reputed to denote an impending fatal issue—the appearance of the disease within nine days of the accident; the rapid implication of several sets of muscles; a pulse, at first slow, very quickly becoming frequent; a sense of impending suffocation produced by attempts at swallowing. Mr. Ure stated, that as to treatment he put no faith in any of the so-called specifics, but thought that all which could be done was to contend against exhaustion by the use of tonics and nourishment, to allay by means of opium morbid irritability, to clear the intestines of any collected fæces, and if the spasmodic contractions became very violent and painful, to exhibit chloroform for their mitigation. The last-mentioned remedy he used only as an alleviant, and without expecting permanent benefit. With regard to the cause in this particular instance, Mr. Ure was afraid that he must suspect that the man, from the position of his bed in relation to the doors of the ward, had been much exposed to draughts of cold air,—an influence proved by experience to be efficient in exciting tetanus. The weather at the time was heavy and foggy, the air saturated with moisture, and south-westerly winds prevalent. The month was also the one (October) in which, according to Dr. Laurie, the greatest proportion of tetanus cases occur.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE NOTTINGHAM GENERAL HOSPITAL.

CASES OF TETANUS.—TREATMENT BY BELLADONNA.

[Under the care of Mr. EDDISON and Mr. THOMAS WRIGHT.]

For the particulars of the two following cases we are indebted to Dr. Sloane, one of the House-Surgeons to the Hospital.

Case 7.—Compound Fracture of the Forearm, requiring Amputation, with other Injuries.—Acute Tetanus on the Seventh Day.—Treatment by Belladonna.—Death.—Elizabeth Riley, aged 31, of excellent health, the wife of a pointsman, was admitted on July 12, 1853, having been run over by a railway train. Her injuries were, a shattered left hand, a severe contused wound of the left foot, the little toe of which was crushed, and bruises in various parts of the body. Mr. Wright at once performed amputation of the hand and of the toe, the stump being afterwards dressed with plaster in the usual way, and the foot placed in a large poultice. During the following days the patient seemed to do pretty well; but there was some sloughing of the edges of the wound on the foot, and inflammation of cellular tissue of the forearm. All the ligatures had come away on the sixth day. On the 19th (seventh day) she complained of some stiffness and slight loss of power in moving her lower jaw; and, on the morning of the 20th, these symptoms had so much increased, that she was only able to open her mouth to a very small extent.

July 20.—Spasms occur occasionally, during which, for the space of about ten minutes at a time, the head is drawn backwards. She complains of but little pain, excepting during the act of swallowing. Pulse 132, feeble and soft. The bowels have been freely acted on by an aperient draught. She has taken half a drachm of laudanum, and is to have administered an enema, containing a grain of extract of belladonna, immediately, and afterwards repeated every four hours. In addition to this, the same drug is to be given in mixture in quarter-grain doses every three hours, the dose being doubled at each visit until effect is apparent.

July 21.—The discharge from the sores is of laudable pus, but sloughing over the arch of the foot has a little extended. She slept very little last night, and complains much of an aching heaviness behind the lower part of the sternum, which, every ten minutes, is exaggerated into a very painful spasm, attended by "twitchings all over her." Copious perspiration; pulse fuller and harder, 120; pupils not dilated; she swallows with difficulty, and is much troubled with mucus adhering about the throat. To take a grain of the belladonna every four hours; continue the injections, and have as much beef-tea and brandy as she can swallow.

22nd.—Between ten and eleven last night she became much worse, and Mr. White, the House-Surgeon, administered chloroform, which had the effect of inducing complete cessation of the spasms, and she afterwards slept quietly for upwards of three-quarters of an hour. The bowels are loose, and have acted twice during the night. The patient anxiously desires chloroform to relieve her sufferings, and, after its use, generally sleeps for about forty minutes; it is exhibited about every third hour. The teeth being now so firmly clenched that medicine cannot be given by the mouth, the belladonna is given solely by injection in two grain doses every two hours. The pupils are but slightly dilated; pulse 128, full and soft; inspirations 52 in the minute, almost constant; very painful diaphragmatic spasms; no opisthotonos. The urine contains a large quantity of pink lithates.

23rd.—About five yesterday evening sinking began; it increased through the night, and death took place at ten this morning. The remedies had been perseveringly continued, and, within the last twelve hours, the pupils had become considerably dilated. As exhaustion increased, the muscles became less rigid, and the paroxysms less frequent; but the plaintive cries of the patient continued to manifest the pain she suffered up to the time of death. No *post-mortem* permitted by her friends.

Case 8.—Lacerated Wound of the Thigh.—Sub-acute Tetanus Supervening on the Fourteenth Day.—Free Employment of Belladonna.—Recovery.—John Bilton, aged 19, a horse-dealer, healthy, of temperate habits, was admitted, under the care of Mr. Eddison, on July 21, 1853. The only previous illness of which any account could be obtained was, that two years ago, he had suffered from worms, of which he believed he had cured himself by eating raw carrots. On the day of his admission he had sustained a severe injury in consequence of his horse falling, a lacerated wound of crescentic form having been inflicted on the left thigh; a large flap of soft parts, including also the periosteum, had been torn up. The wound contained much sand and small gravel. After careful washing, its edges were brought together with isinglass plaster, and the limb placed in an elevated position in a trough.

He progressed favourably until August 4, (14th day), when he noticed a stiffness about his jaws, became unable to open his mouth, and had clonic spasms in the affected leg, commencing in the hip and passing down to the toes. These spasms recurred at various intervals, but, on an average, one every hour. He complained much that his throat was obstructed with phlegm; the sterno-mastoids were contracted, and in strong action.

Ordered: Extract of belladonna, half a-grain to be taken every two hours, and the dose gradually increased.

Aug. 8.—The symptoms have not increased in severity; he has generally slept fairly, and has not suffered pain, excepting during the paroxysms. The jaws are still fixed. He is now taking a grain of the belladonna every two hours.

12th.—Is much the same, and still subject to recurring paroxysms of tetanic spasm of the affected limb, attended by much pain. He has good appetite, but cannot eat, owing to the fixity of his jaws. The pupils are dilated; the pulse is still quick, but soft and compressible, 120; the bowels have acted freely; respirations hurried—28 in the minute. He is now taking a grain and a-half of the belladonna for a dose, and using three grains as a suppository, alternating the doses every four hours.

15th.—Much the same; respirations, 44; pulse, 120. The suppositories are omitted, but the mixture continued.

18th.—The wound looks better, and has begun to cicatrise in all parts since the 16th; the tetanic symptoms have much abated.

19th.—Sleeps much, and has had no spasms to-day; expression of countenance much improved; pulse, 84; respirations, 28; he now protrudes his tongue well. The medicine is continued every four hours.

26th.—Is much better; no pain or cramps, but still cannot open his mouth wider than to admit one finger between the teeth. Pulse, 88; respirations, 32. To continue the medicine, taking the dose only twice daily.

29th.—To omit the belladonna altogether.

31st.—The pupils contract when stimulated by light, and do not appear inordinately dilated. The wound is healing.

Sept. 17.—The wound is now almost healed, and he is made an out-patient at his own request, the only remains of the trismus being a little stiffness about the jaws.

These two cases are of great and rare interest, inasmuch as they exhibit the persevering trial of an almost uncomplicated plan of treatment, and, in this respect, we must beg to recommend them to the attention of those who are in the habit of trying either together or in rapid succession a great variety of drugs. There is no reason for believing that individual patients gain anything by the latter plan; while the loss to therapeutical science, and therefore to humanity in the long run, is very great.

The last case is very encouraging as to the effect of belladonna on the disease; and the first, if it shows no advantage, at least proves that the remedy may be freely pushed without risk. Respecting the recovered case, however, it must be borne in mind, that it was not one of the most severe form. Although its symptoms set in sharply and so early as the fourteenth day, yet they ran ever afterwards a chronic course, and scarcely, if at all, increased in severity. Did this arrest of symptom result from the prompt and early administration of the remedy? or was it, from the first, a peculiarity of the disease, and a mark of its mildness? On this point opinions will probably differ.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	April 15.—	ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture XVIII.:—"Ungulata, or Hoofed Quadrupeds." By Professor R. OWEN, F.R.S. Four o'Clock.
———	———	MEDICAL SOCIETY OF LONDON. *Subject:*—"On the Non-transmissibility of the Secondary Symptoms of Syphilis." By Mr. DE MERIC. Eight o'Clock.
Monday,	April 17.—	CHEMICAL SOCIETY. Eight o'Clock.
———	———	STATISTICAL SOCIETY. Eight o'Clock.
Tuesday,	April 18.—	ROYAL COLLEGE OF SURGEONS. *Hunterian Lectures.* Lecture XIX.:—"Ungulata, or Hoofed Quadrupeds." By Professor R. OWEN, F.R.S. Four o'Clock.
———	———	PATHOLOGICAL SOCIETY. Eight o'Clock.
———	———	LINNÆAN SOCIETY. Eight o'Clock.

Wednesday,	April 19.—	Microscopic Society. Eight o'Clock.
Thursday,	April 20.—	Royal College of Surgeons. *Hunterian Lectures.* Lecture XX. :—"Insectivora." By Professor R. Owen, F.R.S. Four o'Clock.
———	———	Harveian Society. *Subject :*—"On Saccharine Urine with Head Symptoms." By Dr. Goolden. Eight o'Clock.
Friday,	April 21.—	Western Medical and Surgical Society. *Subject :* — "On Some of the Therapeutical Effects of Gold." By Mr. Chatterley. Eight o'Clock.
Saturday,	April 22.—	Royal College of Surgeons. *Hunterian Lectures.* Lecture XXI. : — "Cheiroptera." By Professor R. Owen, F.R.S. Four o'Clock.
———	———	Medical Society of London. *Subject :*—"On Metastasis." By Mr. Hunt. Eight o'Clock.
———	———	Royal Botanic Society. Four o'Clock.

Medical Times & Gazette.

SATURDAY, APRIL 15.

INCREASE OF THE STAFF AT ST. BARTHOLOMEW'S.

We have so frequently of late advocated the necessity for increasing the Medical and Surgical Staff of the Metropolitan Hospitals, that we have experienced great gratification in learning that our repeated recommendations have been again effectual. Last year we first opened this subject in connexion with the election of Surgeon to St. Thomas's Hospital, (*Medical Times and Gazette*, July 2, 1853,) advising that the number of Surgeons should be raised to five by the appointment of Mr. Clark and Mr. Simon to new offices. The election of these gentlemen very shortly afterwards took place. We also showed the necessity of doing full justice to the out-patients by the appointment of five Assistant-Surgeons, and, although this point has not yet been conceded by the Governors, the evils of the present regulation of the out-patient department of this Hospital, under the present system, are daily becoming so glaring that no very long time can pass before so desirable an object be attained.

Again, on the 3rd of September, 1853, we entered at greater length into this important subject, pointing out the inadequacy of the staff in every one of our hospitals, but especially so in St. Bartholomew's. With regard to the latter Hospital, our remarks have been strengthened by several letters we have published at different times from able correspondents; and so lately as last week, when referring to one of those letters, and to the necessity of reforming the system of clinical teaching in London, we again showed the imperative necessity of a large increase in the staff of St. Bartholomew's. The very able letter of "C." we publish to-day, exposes various faults of management which we now have every confidence will be redressed; for one most important step has just been decided upon, namely, an increase of the Medical and Surgical Staff. An additional Surgeon and Physician is to be appointed, with one assistant each. Mr. Skey will become Surgeon, as a matter of course; and we understand that Mr. Holmes Coote and Mr. M'Whinnie are candidates for the office of Assistant-Surgeon. Dr. F. Farre becomes Physician, Dr. Baly and Dr. Kirkes contending for the post of Assistant-Physician.

While hailing this increase of Staff as a move in advance, as evidence of a better spirit being about to prevail in this the largest of our Hospitals, and, in some degree, as a reply to the question we put last week,—"Why should it stand in the rear, and not in the van, of the army of Reform?"—it must not be concealed, that the increase is quite inadequate to the demand. Four hundred and twenty beds will still be divided among four Surgeons only, and 90,000 out-patients will still be treated by eight Assistant Officers,—upwards of 11,000 patients for each of these officers. If the staff of junior officers remains as it is, then 15,000 patients fall to the share of each. Without stopping now to point out the deplorable results of such excess of labour, if the labour be really performed, and the still worse effects of its unavoidable neglect, we must again draw attention to the effects of the system upon the old-established institutions in the words of a non-professional Contemporary, (*Daily News*, January 20):—"When a Physician or Surgeon gets into office, he monopolizes more patients than he should do; and this monopoly drives those who ought naturally to be upon the staff of some established hospital, *to start useless hospitals for the sake of getting appointments within their walls.*" If no Physician or Surgeon were allowed to have charge of more than forty beds in any hospital,—and we do not hesitate to say, that no man can give the attention really due to patients and students to a larger number,—not only would the public be spared a great deal of charitable dunning, but a free and fair field would be open to numbers of aspiring members of our Profession, who now long in vain for the opportunity of benefiting medicine and mankind by their talents and industry.

If special wards and out-patient departments were arranged in our ancient, wealthy-endowed establishments for diseases of women, of children, of the skin, of the eyes, of the ear, and a special officer were appointed to each ward and department, can any one doubt that the advantage to science would be enormous? Does any one believe, that half the little special institutions now in existence would have sprung up? We confidently answer, No; and may add, that the Governors of that Hospital which first carries into effect the reforms here indicated will render good service to the poor and to Medical science, and receive the hearty commendation of a large majority of the Medical Profession.

MR. FARR'S NEW LIFE TABLE.

It is now nearly ten years since Mr. Farr published his English Life Table, which appeared in the Sixth Report of the Registrar-General. By means of that invaluable document, the Actuary is enabled to base his calculations on data which afford to Assurance Companies and to the Public the best possible means of adjusting their relative claims. It is no disparagement of the merit of Dr. Price, that the observations on which he based his Table were confined to the town of Northampton, or to Mr. Milne, that his statistics were limited to the city of Carlisle; each of these eminent authorities used the best means at his disposal. It was most essential, however, that, as soon as the laws of mortality could be ascertained for the whole of England and Wales, we should have the advantage of an English Life Table based thereon; and, no sooner did that document appear than its claims were acknowledged, being extensively employed as a test with which to try the Tables in use, while in several New Life Offices it was adopted as a standard. It was some deduction from the value of this first English Life Table, that the deaths on which it was founded were limited to one year (1841). To remedy this deficiency of observation, we are now furnished with a second English Life Table for males, founded on the mortality of seven years—1838-44. It is gratifying to find that the resulting variations are very trifling. Dividing the ages into decades, in the first four periods the after-life time is found to be longer than at first given, while in the fifth and sixth (40—50) it is a little shorter, and in the seventh and eighth a little longer. We scarcely need direct the attention of Life Offices, whose calculations are based on the English Table, to these variations, which call for some slight modifications in the case of annuitants and the assured. Offices which have hitherto been satisfied with the standards of Northampton, Carlisle, or the Experience Tables, and have neglected

the valuable aid afforded to them by the labours of the Registrar-General, under the plea that they included the mortality of but one year, will, we hope, feel themselves called upon to regulate their future transactions by the invaluable contributions to statistical science which are now placed before them. We need employ no arguments to induce the members of the Medical Profession to employ their influence with the different Life Offices with which they are connected in favour of the only standard which is worthy of being applied in this country. On this important question, the Medical Officers of an Assurance Company are entitled to be heard. The value of their reports on the lives submitted to their examination is materially affected by the standard adopted by the Office. Lives may be taken with the greatest possible care during the proper cycle of a Life Office, and yet, at its close, the discovery may be made, that the assured have been overcharged for the benefits they sought for; or else, as in the case of the Friendly Societies, the concern is bankrupt for want of correct Medical data. It would be a most important service to the public, and to the good cause of Life Assurance, if the Faculty generally were to employ their legitimate influence for the purpose of securing the adoption of a catholic standard, and that immediately rather than by gradual approximation, as it is well to correct an error as soon as it is discovered, by immediate abandonment, rather than try to atone for it by a slow and protracted penance.

There is, in the Twelfth Annual Report of the Registrar-General, a striking illustration of the great value of the New Table, which we quote for the purpose of confirming the opinion we have expressed on its value as compared with others:—

"By the Table which Mr. Finlaison deduced from the records of Government annuitants, the expectation of Life among females at the age of 20 exceeds that of males by 5½ years; while, by the Experience Table, which was constructed with equal care by a Committee of Actuaries, females of 20 live for a less time by four years than males of the same age."

The differences in these Tables are also very important at other ages:—

Age.		Male.		Female.	
20	...	38·39	...	43·99	Government.
	...	37·84	...	45·86	Experience.
30	...	33·17	...	37·57	Government.
	...	33·17	...	31·73	Experience.
40	...	27·02	...	31·12	Government.
	...	26·06	...	26·36	Experience.

Now, if we take the average of these conflicting figures, we find them agreeing with the English Life Table:—

Age.		Male.		Female.	
20	...	39·12	...	39·92	Mean.
	...	39·88	...	40·80	English.
30	...	33·07	...	34·65	Mean.
	...	33·13	...	34·24	English.
40	...	26·54	...	28·74	Mean.
	...	26·57	...	27·72	English.

A similar test would furnish a strong confirmation of the claims of the Table under consideration, if, indeed, any confirmation were needed.

THE NEW NURSING SCHEME.

The various sanitary measures which have been or are being introduced, with a view to preventing or anticipating disease, are among the greatest boons which modern science has conferred upon mankind. But however perfect our machinery for insuring a thorough cleansing of our streets, complete ventilation and warming of our houses and rooms, an adequate supply of water to every family, and the like, there will always remain a large amount of sickness not amenable to such preventive treatment. We may diminish the mortality of epidemics, and raise the average duration of life in the community; yet innumerable morbific agencies will still continue to abridge life or to entail misery upon the sufferers or their survivors. The question is, whether we might not, in grappling with the actual disease after its appearance in the individual member of the community, do something more than has yet been done to weaken its power and diminish its blighting effects. Every Medical man who has practised much among the poorer classes will say that he is not allowed a fair chance at present, in the majority of instances, to cure the disease he is called to treat in the heads of families. Living as they do from hand to mouth, it is not till nature is taxed far beyond her real powers of endurance that they consent to forego their daily earnings, and throw themselves on a sick bed. The seeds of disease are deeply laid; if they are eradicated, it is after a long struggle; but too often they cannot be removed, and sooner or later the flower of life withers under the blighting shadow of death. The Medical man in these cases but too often laments the absence of that aid which a nurse alone can give,—a nurse who shall not merely see that his directions regarding the patient be duly carried out, and thus materially promote the good effect of his remedies; but a nurse who, while not neglecting these special duties, shall at the same time relieve the wife or the husband of household cares, which in times of sickness press doubly upon them; a nurse who, by taking such responsibility upon herself, shall allow one or more members of the little household to continue their ordinary avocations, and thus prevent in a measure that arrest of earnings which now almost invariably treads upon the heels of disease when it enters the labourer's cottage. Long experience enables us to assert axiomatically, that illness is a far more grievous burden to the lower orders than it is to those who are placed above the necessity of living by their daily earnings; and that much of its danger to the individual families, and of its indirect influence upon the health, and well-being, and—a point that to the political economist may appear of more importance—upon the purse of the community, might be removed by supplying to the labouring classes, at the outset of disease, nursing assistants. We are led to these remarks by a paper read on this subject(a) at the last meeting of the Epidemiological Society; and we would the more urge the point upon the attention of our legislators, as the author of the paper proposes a scheme which appears based upon sound principles of political economy, intended to meet the defect in our social organisation. We answer for the Medical advantages to be derived from the adoption of this or some analogous system; it is for the Guardians of the Poor and the Poor-law Board to adapt it to existing circumstances. The plan proposed is intended to benefit not only the labouring classes in sickness, but also to give useful employment to a large number of persons who now seem cast out of the pale of society by becoming inmates of the workhouse. We learn, that in each of the 553 Unions of England, there are, on an average, fifteen able-bodied men and twenty-three able-bodied women; and we have good authority for stating, that many of these individuals are capable of well and creditably discharging the duties of nurse. Some are already trained to those duties in the workhouse infirmaries, and are even occasionally employed out of the house for such purposes. Why not, then, we ask with Dr. Sieveking, organise for the whole country a system which shall materially diminish the ravages of sickness, raise the position of a large body of persons now almost lost to all feeling of self-respect, and diminish—by diminishing disease and its consequences—the present amount of Poor and County-rates? We are unable in the limits of an article like the present to enter into detailed argument on so extensive a subject; but it is one well deserving the serious consideration of our legislators and

(a) "On the Importance of Providing the Labouring Classes in Time of Epidemic and other Sickness with Nurses, with a Scheme by which it may be Done." By Edward H. Sieveking, M.D., F.R.C.P., etc.

philanthropists. The scheme only contemplates the adaptation of existing machinery, which is as wide-spread as the evils to be combated. We see no reason why it should not be effectually realised, while we are assured that to carry out the principles upon which it is based would be in accordance with those of sound Political Economy, of scientific Medicine, and practical Christianity.

PRESENT STATE OF THE MEDICAL BILLS.

It will be seen, by our Parliamentary Intelligence, that on Monday night, in answer to a question put by Mr. Craufurd, Lord Palmerston stated, that "he had received a great many objections to the Medical Practitioners Bill, and he should feel it his duty to object to certain provisions of the Bill. With regard to registration, that was a subject which would form part of a general measure." How this is to be interpreted we hardly know. If his Lordship merely purposes to modify some of the Clauses of Mr. Brady's Bill before assisting him to pass it, his intentions are just what we had been led to expect. We supported the Registration Bill, because we thought it was all we could get, and that, by checking illegal practice, it would do great good both to the public and the Profession. If, by the latter part of Lord Palmerston's speech, we are to understand that he is inclined to grant us, in addition to an efficient registration, some good measure of Medical Reform, our satisfaction will be still greater; but our readers must be on their guard, that the Reforms proposed are such as are really needed, and that they are not accompanied by injustice to any class of the Profession.

We understand, that at a meeting of the College of Physicians, on Monday last, it was agreed to oppose Mr. Brady's Bill. We content ourselves with a simple statement of the fact, without analysis of the motives which led to the decision.

REVIEWS.

A Clinical Introduction to the Practice of Auscultation and other Modes of Physical Diagnosis in Diseases of the Lungs and Heart. By H. M. Hughes, M.D., F.R.C.P., Assistant-Physician to Guy's Hospital, etc. Second Edition. Small 8vo. Pp. 302. London. 1854.

This is a very useful work. It is really what it professes to be —an introduction to the practice of auscultation and percussion, etc., in the diagnosis of diseases of the chest, suited for the use of the student.

In the preface, Dr. Hughes says of the present edition :—

"It has been carefully revised throughout. Some small portions have been erased; much has been, I trust, amended; and a great deal of new matter has been added; so that, though fundamentally it is the same book, it is in many respects a new work."

Skoda's peculiar views are, in Dr. Hughes's opinion, incorrect; and therefore he has omitted all particular notice of them, "fearing that it might add to the perplexity rather than to the instruction of the student."

The book is divided into six chapters. The first is occupied with preliminary observations and directions, such as the position of the patient, the divisions of the chest into regions, etc.; the second is on inspection, the third palpation, the fourth percussion, the fifth auscultation, and the sixth mensuration.

The following is a good specimen of the general style in which the work is executed :—

"The terms used in percussion need be only very few and simple. For ordinary occasions and common circumstances, the words natural or normal, dull, resonant, or clear, and tympanitic, appear to be amply sufficient. For though, when full is opposed to empty, clear to dull, tympanitic to non-tympanitic, and high to low, there is no difficulty in appreciating the distinction; yet, when an attempt has been made by words to explain the difference between empty and clear, or high, so far as regards the results of percussion, it has, as it appears to me, signally failed. For the student and learner, therefore, I think it far preferable to confine his attention to common terms and well recognised distinctions."—P. 57.

Although we can recommend this work to our readers as one of the best of its class which has appeared in this country, yet we must observe that our own views differ in many points from those expressed by Dr. Hughes.

For example. Is pressure upon a vein essential for the development of the venous hum? Dr. Hughes says :—"Without pressure directly or indirectly applied, it is, I believe, never heard."—P. 270. To this we would answer: In several cases of intense anæmia we have heard, as others have, a loud venous hum on applying the stethoscope on the occipital bone over the situation of the torcular herophili. What could pressure have had to do with its production in these cases?

Dr. Hughes says, that it is exceedingly questionable if moist sounds are ever produced in the pleura without the presence of air as well as fluid in that cavity. Our own experience, clinical and *post-mortem*, fully confirms the statement of Dr. Walshe, that a sound scarcely if at all to be distinguished from gurgling may be generated in the pleura when not a bubble of gas is in that cavity; and we are satisfied further, from our own observations, that almost every variety of mucous and crepitating rattles may be simulated by friction ronchi.

The following sentences should be borne in mind by every student of his Profession :—

"Sounds must be heard to be appreciated; no description, however exact, and however minute, can render them practically available to the uninitiated. Auscultation cannot be learned by book, except for the purpose of passing an examination. The student must go to the bed-side, must go frequently, stay long, and work hard. Without this he cannot become a practical auscultator; without this he cannot become a skilful practitioner; without this his opinion will be ever of little value in the diagnosis of diseases of the chest."—P. 178.

Reminiscences of a Medical Life: with Cases and Practical Illustrations. By Jonathan Toogood, Extra-Licentiate of the Royal College of Physicians, Fellow of the Royal College of Surgeons, late Surgeon to the Bridgewater Infirmary. Pp. 177. Taunton, 1853.

The following extract from Dr. Toogood's Preface will explain the motives which have induced him to write the present work :

"If Medical Practitioners generally kept a register of important cases and remarkable incidents of their lives, how much valuable information would be added to our present fund of knowledge. But, from various causes, there are comparatively few who give to the Profession the benefit of their experience; some never acquire the habit, others cannot afford the time, and some have a disinclination to appear before the public. My object, in making this attempt to detail some of the results of an extensive country practice, is to induce others, possessing more materials and greater ability, to give the Profession something better worth their acceptance. The life of a Medical man is not long enough to become a master of every branch of his Profession; hence arises the sub-division of labour, which chiefly obtains in cities, where some confine themselves to specialties only; but this course cannot be followed in the country. There the Practitioner, who is desirous of discharging his duty faithfully to his patients, and acquitting his conscience most satisfactorily to himself, must be prepared for every emergency, and ready to act on his own responsibility on every occasion. In order to keep pace with the improvement of the times, he must preserve a teachable state of mind, still consider himself a student, and not despise information, from whatever quarter it may come, more especially if it be the result of observation, always remembering that the old see afar, that they stand on the height of experience, as a warder on the crown of a tower; and the old must not forget, that if they see further than those who went before them, they stand on their shoulders, and escape many disadvantages under which they laboured."

Actuated by these very excellent sentiments, the venerable Dr. Toogood gives to the Medical world the results of his long experience. We have read his book with great pleasure, and highly commend the truthful spirit in which it is written. Its subjects are taken from the whole range of professional duties, and must be interesting to all who are engaged in the multifarious duties of general practice. Dr. Toogood's *forte* is evidently not speculation or theory, nor does he discuss any recondite or disputed points in Medicine or Surgery; he belongs to the old school of practice, but has modified and enlarged his views by the help of the discoveries of modern science and the wide field of investigation which his extensive experience has expanded before him.

We should be happy to extract several practical observations

from this useful record; but our space will permit us only to quote the following passage on the subject of instrumental midwifery, in the spirit of which we cordially join :—

"This instrument (the perforator) is seldom required; and that it has been often employed unnecessarily is too true. When I first began to practise in Bridgewater, I found to my astonishment that it was had recourse to in all cases of difficulty, and that the forceps or vectis had never been applied in any case. It is undoubtedly sometimes necessary in cases of sudden and immediate danger, and in great deformity; but I have been present at many labours which have terminated naturally in women who had been delivered in former ones by the older Practitioners, by the crotchet. Young Practitioners are sometimes induced, by the importunities of the patient and her friends, to employ this fatal instrument, when, if left to their own judgment and discretion, they would patiently wait until other means of delivery were applicable. This is an error which I, in common with others, fell into, in the early part of my practice."

We consider Dr. Toogood's book, abounding as it does in facts collected by himself during a long and honourable professional career, as a valuable legacy to the present and future members of our Profession, and we heartily applaud the dignified manner in which he upholds our common interests as men of science and as friends of suffering humanity.

NEW EDITIONS.

The Anatomy and Diseases of the Prostate Gland. By John Adams, Surgeon to the London Hospital, etc. London. 1853. 8vo. Pp. 178. Second Edition.

The Elements of Natural Philosophy; or, an Introduction to the Study of the Physical Sciences. By Golding Bird, M.D., F.R.S., etc., and Charles Brooke, M.B., F.R.S., etc. London. 8vo. Pp. 626. Fourth Edition.

Hooper's Physician's Vade Mecum. By W. A. Guy, M.B. Cantab. Physician to King's College Hospital, etc. London. 1854. 8vo. Pp. 660. Fourth Edition.

The Modern Treatment of Syphilitic Diseases, both Primary and Secondary. By Langston Parker, Surgeon to the Queen's Hospital, Birmingham. London. 1854. 8vo. Pp. 345. Third Edition.

The Eye in Health and Disease. By Alfred Smee, F.R.S. London. 1854. 8vo. Pp. 99. Second Edition.

Mr. Adams has added to the first edition of his work on the Prostate Gland, "such further observations as an extended experience has enabled" him to make. The book in its present form may be strongly recommended as sound, judicious, and practical.

The excellent Manual of Natural Philosophy, by Dr. Golding Bird, has now been revised and greatly enlarged, with the assistance of Mr. Charles Brooke. "The entire department of mechanical philosophy has been remodelled, and in a great measure rewritten, as well as the more theoretical portions of plane and physical optics. An entire chapter has been devoted to the principles of mechanism, which, it is hoped, will be found useful in conveying correct ideas with regard to those elementary principles on which the construction of all kinds of machinery depends. The chapter on magnetism has also been considerably enlarged, and the whole work has been illustrated by upwards of 240 new diagrams." The work is highly creditable to its authors, and calculated to prove most useful to its readers.

Dr. Guy's well-known version of "Hooper's Vade Mecum" has again received additions to the amount of nearly 100 pages, and has been very much improved, especially in the chapter on the examination of the heart and lungs. Two new chapters on parasitic animals, and the symptoms and treatment of poisoning, are added, but they are very scanty. "The formulæ, and the list of preparations of the 'London Pharmacopœia,' have been revised, and the antidotes for the poisons have been added." The original glossary of terms has also been restored.

Mr. Langston Parker's new edition might almost be called a new work, as additions have been made amounting to "more than one-half of the entire work;" and portions have been re-written where the author's opinions have "undergone any change." As the result of twenty years' experience, during which time, besides the field a large Hospital affords, the author has treated more than 8000 cases, his opinions are worthy of the most attentive consideration. Our space does not permit us to make anything like a critical analysis of the work at present, but we may in the mean time recommend it very strongly to our readers.

All we need say of Mr. Smee's new edition, is, that, in addition to the former contents of the work, it contains a section on the stereoscope, and binocular perspective. It is a book which appears rather adapted to attract the attention of the public, than to inform the Profession, although it contains much with which many members ought to be acquainted more thoroughly than they are supposed to be.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

OBSERVATIONS UPON GANGRENE OF THE LUNG, TREATED WITH SUCCESS BY INHALATIONS OF THE VAPOUR OF TURPENTINE.

By Professor J. SKODA, of Vienna.

Four cases of gangrene of the lung have been treated by Professor Skoda in the following manner:—The essence of turpentine is poured upon boiling water, and the patient is directed to inhale the vapour for fifteen minutes every two hours. Sulphate of quinine is administered also in the usual doses. The first case was that of a servant affected with limited gangrene of the superior lobe of the right lung. After six weeks of this treatment, it became impossible to detect either infiltration or gangrene of the organ. On the contrary, the respiratory murmur had returned over the whole region. Three months afterwards the patient was seen in good health.

In the second case, an inn-keeper of mature age and strong constitution, became the subject of a gangrenous cavity in the lower lobe of the right lung, consequent upon disease commencing March 11, 1852. On March 21, the patient commenced the inhalations of the vapour of turpentine: he continued, without repugnance, for five or ten minutes every two hours, taking, at the same time, the usual doses of quinine.

At the end of three weeks, the expectoration, which had been extremely abundant, (a pint and a-half daily,) became reduced to a quarter of a pint. The inspirations had been employed four times a-day. At the end of six weeks, the patient could quit his bed. His strength was returning, the appetite was improved, and his general aspect favourable; but the expectoration continued to be fetid from time to time, and was always sanious. The right side of the chest was painful, and respiration laboured, but the air entered the circumference of the lower lobe; the respiration being uncertain and accompanied by feeble râles and sibilance. The patient went into the country, where he continued the turpentine inspirations twice a-day up to the middle of July, when both cough and expectoration had entirely disappeared.

In the month of December, 1852, he came to M. Skoda for a certificate of health. There was no pain, nor oppression, nor cough. He had recovered his *embonpoint* and his strength; there was no retraction of the thorax; vesicular respiration everywhere.

In the third case it was not in the Professor's power to persist in the plan. The fourth case is still under treatment. A butcher, of strong constitution, had a gangrenous cavity in the inferior lobe of the left lung. He fell ill about the end of May, 1852. The inspirations of turpentine were commenced June 4. At the end of a week, the fetid expectoration, which daily equalled two pints, had entirely disappeared, and the patient considered himself well, because the pain and the oppression in breathing had diminished, the appetite was returned, and the sleep was tranquil. He therefore left off inhaling the turpentine, which was extremely disagreeable to him.

On June 19 there came on a severe shivering fit, with cough and dyspnœa, and during the following night the patient expectorated several pints of extremely fetid sanies of dirty brown colour. The inspirations were recommended, but the patient used them as little as possible, on account of the irritation which they produced in the air-passages. In eight days the quantity of matter brought up had greatly diminished, and the pulse was normal, but there was pain in the chest. The patient lay immovable upon his back in a state of great weakness and prostration; there was no appetite. The lower lobe of the left lung was impervious to air. The inspirations were again suspended, but again recommenced on account of recurrence of the bad symptoms; the disagreeable odour of the turpentine being partly rectified by a few drops of the essence of rose. About the middle of October he was able to go into the country, having recovered strength sufficient to leave his bed; nevertheless there remained a sense of oppression and pain

under the left scapula. At the end of January he considered himself well. There was a sudden expectoration of two ounces of blood, after a slight fit of coughing, on February 10, probably proceeding from the callous walls of a former gangrenous cavity; but there are no signs of further infiltration, and the case seems likely to terminate well.—*Zeitschrift für k. k. Geselschafft der Aertze zu Wien*, 1853, *t.* ix., *p.* 445.

UPON WOUNDS OF ARTERIES.

By Professor LUIGI PORTA, Pavia.

The author performed 130 experiments upon the larger arteries of dogs, to observe the processes by which hæmorrhage was arrested, and the parts repaired.

Punctured wounds (single or double punctures by a trochar of two lines diameter into the aorta or the carotid) were followed by coagulation of the effused blood in the course of a few seconds, and by speedy immediate union. In the recent state the wound was indicated by a red spot, which ultimately disappeared, leaving no trace and producing no change in the elasticity of the walls of the vessel. Sometimes the surrounding areolar tissue formed an eschar, and, concurrently, a layer of lymph was poured forth between the edges of the wound, to become converted into a pseudo-membrane, generally thinner than the natural structures and translucent. Union by lymph is, however, the exception; the greater number of cases are healed by the lateral thrombus. The blood retained by the external parts (the fibrous sheath?) becomes coagulated in a layer parallel to the artery lying between the edges of the wound and forming a plug. This constitutes in lower animals a sufficiently strong process of repair, but in man most authors agree that it is often followed by aneurism.

Incised wounds, (longitudinal and transverse, with the tenotome, or with Beer's knife into the aorta, carotid, external iliac, and femoral arteries,) produced fatal hæmorrhage, when the incision exceeded 3 millimetres ($1\frac{1}{2}$ line) in length. Cæteris paribus, a longitudinal cut, is followed by a less degree of hæmorrhage than a transverse one; the blood, retained by the integument, etc., forms a voluminous clot, which, left to itself, becomes speedily absorbed, and in the course of a few weeks leaves scarcely a trace in the body. The aneurism, described by Jones in a dog eighteen days after a transverse wound of the carotid, was most likely a cyst containing blood—an occurrence which the author has often witnessed. The thrombus lateralis is the readiest mode by which nature closes the arterial wound. The stream prevents the coagulation of the blood within the vessel; except in so far that a thin layer is prolonged for a short distance over the lining membrane, thus directly closing the opening. The lateral thrombus rarely extends into the vessel, being attached to the outer wall, and about the shape and size of a small hazel nut. In a few weeks it becomes smaller, of pale red colour, of fleshy consistence, and adherent to adjacent tissues as if organised. To those who deny the organisation of blood, the author says that he has watched this hard knot for above a year, and found it still adherent. He does not know whether it ultimately disappears; but he has traced blood vessels into it by the aid of the microscope. The neighbouring parts of the artery show less sympathy after wounds than after the application of a ligature. In these experiments the areolar tissue alone presented signs of inflammation, but it soon returned to its normal state. The edges of the inner coat speedily became united. In a few days after the injury there was neither injection nor exudation, but only a slight swelling covering the wound and the base of the thrombus, formed of a gelatinous matter, coated by a kind of epithelium, resembling that seen lining a healthy artery. This may ensue in a week. The middle coat undergoes no speedy change; it is closed either by mechanical approximation of its fibres, or by the formation of an adventitious membrane. Should, however, the clot be permanent, then the aperture in the middle coat remains, shut up by it. Of 100 wounds in arteries, the author found 91 closed by the lateral thrombus, the remainder by a coagulum of lymph. This latter is first yellow, or yellowish-red, glutinous, and forms a cement, which solders the opening. It belongs to the middle coat, but never exhibits the peculiar circular fibres of this structure. In many cases both processes are combined, the wound being first closed by the thrombus, then by the effusion of lymph. Thus it appears, that after incised wounds of arteries, the external areolar coat is healed by immediate union, the internal coat by the formation of a tissue precisely similar to the normal: the middle coat is closed by the lateral thrombus, or in fault of that, by a new areolo-ligamentous tissue. The direction of the wound does not influence the mode of repair.

Wounds caused by heat were inflicted by nails and metallic wires. The artery was exposed, and then touched with the heated instrument until the blood spurted out; this usually occurred in a few seconds, and fatal hæmorrhage ensued, unless the aperture were small. In some instances, an internal thrombus formed, or the whole diameter of the vessel became gangrenous. Extensive suppuration ensued in consequence of the extravasation of blood, and death resulted from secondary hæmorrhage; but, when the experiment was performed with proper precautions, union *per primam intentionem* rapidly followed. In the first days, lymph was effused in the sheath, or occasionally within the tube; but the ordinary means of closure was the lateral thrombus, as in the case of incised wounds.

It has long since been known, that, in man, wounds of arteries may heal without obliteration of their calibre; but it is affirmed, that such an occurrence is liable to be followed by aneurism. This is not always the case. Should active hæmorrhage ensue, an internal clot forms, either from the patient's fainting, or in consequence of compression. The author relates an instance of copious hæmorrhage from the brachial artery, consequent upon a wound with a knife, which ceased after syncope, and the patient recovered, with loss of pulsation down to the elbow. He affirms, that the lateral thrombus may be, in man, a means of union, not only in arteries of the second and third size, but even in the aorta, near its origin. By examining the pathological results, as obtained from man, two sets of cases may be established. In the first, the wound is closed by a small sacculated aneurism filled by a coagulum; the opening in the walls of the vessel is then permanent, and any exertion may force out the clot, and lead to enlargement of the swelling. In the second, the lateral thrombus closes the opening, becomes organised, and forms a cicatrix sufficiently firm to resist further change.—*Delle Ferite delle Arterie. Milano.* 1852.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

EDINBURGH, April 8.

The meeting of the

MEDICO-CHIRURGICAL SOCIETY

was held last Wednesday. One communication only was read,—a case of

SPURIOUS PREGNANCY,

by Dr. Keiller, Lecturer on Midwifery. The case, an interesting one in itself, had that interest heightened by the humour with which it was narrated; and it was followed up by a well sustained conversation, in which Dr. Simpson narrated many instructive cases of a similar kind. Several of the accoucheurs present referred to the remarkable powers of chloroform as a means of diagnosis in these affections, but no one would volunteer any explanation of its action. It would appear that, when a patient is put deeply under chloroform, the distended abdomen rapidly becomes flaccid. It having been suggested, that this might be caused by the escape of flatus from the bowels, Dr. Simpson stated, that he had introduced a pipe into the bowels, and put the other end into a basin of water before giving the chloroform, but that no gas escaped.

Sometimes it would appear that real pregnancy can be mistaken for spurious, as there is at present in the Surgical Hospital a patient in whom

TAPPING THE UTERUS

and drawing off the liquor amnii was tried, by the advice of eminent accoucheurs, for the purpose of discovering the nature of a tumour, which was alleged to have baffled the ordinary means of diagnosis.

The question of

MEDICAL REFORM

has been much agitated in the Colleges here, but out of them, we believe few of the Profession care much about it.

Our talented young townsman,

DR. MACKENZIE,

who is equally a favourite with the Profession and the public, makes no secret of his intention of accompanying our army to the East as an amateur. Of course he takes this step at a considerable sacrifice of present emolument; but there is no question that ultimately it will more than repay him, if not in a pecuniary sense, in reputation.

FOREIGN CORRESPONDENCE.

MEDICAL SKETCHES.

No. IV.—SWISS SCHOOLS.

The Medical Schools of Switzerland have many points of resemblance in common with those of Germany; and as, moreover, interchanges constantly take place in the professional circles of the two countries, a German physiologist or pathologist receiving a vocation to a Swiss school, and *vice versâ*, a few words on the leading features of the chief schools in this country, as they are now constituted, may not be unacceptable to our readers.

Much of the best and most advanced physiological and pathological literature of recent days has emanated from the schools of Bern, Zürich, Bâle, or Geneva; and if in all cases those connected with Swiss Universities whose names are known in their departments of science are not Swiss by birth, yet, at least, the country of their adoption, which also furnishes them with laboratories and other aids for prosecuting scientific research, deserves no small share of the honour of their successful labours. But Switzerland need not depend for scientific reputation on the foreign ability and talent which she has invited now or at any other time to fill vacancies in her professional circles. Swiss names have already been inscribed on the roll of fame which any country in Europe might be proud to own, and in the science of Medicine as well as in other departments. We need only mention the names of Albert von Haller and John George Zimmermann.

In the space allotted to these cursive sketches, it would be impossible to give anything like a complete account of all the Swiss schools, and we shall, therefore, at present notice but two, those of Berne and Zürich, which, perhaps, may be taken as the best examples, though names of great merit are to be met with at both Geneva and Bâle. As the capital of the Confederation, Berne might naturally be expected to present the best example of a well-ordered Medical School; but, in many respects, it certainly must yield the palm to Zürich. The internal affairs of each Canton being under the local cantonal administration, the schools, and even the Universities, are, in a very considerable degree, dependent for their extension and the means of advancing the cause of science on the enlightenment and liberal spirit of the authorities under which they happen to be placed; and it is to be regretted, that in Berne there is no very active enthusiasm to forward the views of the Medical Faculty by liberal grants from the Treasury. A visit to the "Anatomie" soon convinces one of this. The collections are but indifferent; and, though we feel great reluctance in speaking unfavourably of any place where we have been kindly received as visiters, we must say, that it is lamentable to see the manner in which they are kept. The Medical School possesses a very excellent, well-constructed modern building, with considerable accommodation in the way of lecture and museum-rooms, etc.; but the "*res angustæ*" are only too apparent in the actual condition of the specimens. This is much to be regretted, as certainly a School which possesses such men as Valentin and Gerber, would require only moderate pecuniary aids to raise it to a first-rate position. Of the labours of Professor Valentin, it is quite unnecessary for us to speak, as a leading authority in physiology, and especially in the department of *physiological physics*, his works are known and translated in every language in Europe. Professor Gerber has, for a considerable time, been connected with the department of Veterinary Medicine; and it is to be regretted, that the distinguished author of the "General Anatomy," (edited and translated by Gulliver,) who was one of the pioneers in this branch of Medical Science, should now but little occupy himself with a method of research in which he had been so successful. The department of Practical Anatomy is under the direction of Dr. Theile. The labours of the Bernese as well as of the other Swiss Schools become known to us principally through the medium of the properly German periodicals: the monographs are to be found in the *Archives* or the *Zeitschrift*, and when they pass into the pages of the *Jahrsberichts*, or annuals, being, even originally, written in the German language, it is but seldom that the place of their birth is known, and they go to refill the already crowded lists of German literature, while the name of the country which, as we have already remarked, has no inconsiderable claim to the honour of their success is almost entirely disconnected from them. Valentin and Ludwig are constant contributors to *Canstatt*, but few, at least of English readers, are aware that they work in Switzerland.

The school of Zürich at present offers many features of interest. Though much more may well be looked for from the Administration, it must be admitted that a far more liberal spirit prevails here than in Berne, and, as a natural consequence, the collections are both richer and in much better keeping, and, if not so extensive as those of many German or English schools, yet to the physiologist and pathologist this, like any other well-ordered museum, however small, always furnishes objects of interest and attraction. No pathological specimens are ever identical; and physiological collections, however alike on the whole, always have sufficient points of difference to render them worth a visit. The medical department, or "Anatomie," of Zürich, is in immediate connexion with the very fine and commodious cantonal hospital. This building, constructed some ten or twelve years since, occupies a most favourable site on a hill to the north of the city, commanding a southern aspect, and a beautiful view of the lake of Zürich. It is a building of two storeys, is all disposed in one line, and, for excellence of internal accommodation, and convenience in all its arrangements, is superior to any hospital of its size with which we are acquainted. The wards are spacious and well ventilated, being furnished with a system of tubes for supplying artificial heat in winter. The wards are separated from each other by an interspace, which is used advantageously to afford accommodation for necessaries, communicating by doors with the ward. Each ward has thus four necessaries, sufficiently convenient, and at the same time sufficiently shut off from it, to answer all purposes of propriety and freedom from offensive smells. We have not seen any precisely similar arrangement elsewhere, and we think the hint may be worth the attention of those who happen to be engaged in building or projecting hospitals. The medical school is, we have said, in direct connexion with the hospital, being situated at the extreme eastern end of the building; it possesses a spacious and well-lit amphitheatre, dissecting-rooms, and museum, and also a number of rooms employed as chemical, physiological, and pathological laboratories. In all well-ordered continental schools, laboratories for the two latter departments are considered quite as essential as for the chemical. The present staff of professors in the Medical School of Zürich is a most efficient one, and there is every reason to believe that, with the energy and vigour with which the several branches are now prosecuted here (many of the Professors being still very young men, though already well known in literature), the reputation of this school, already very considerable, will in a few years attain a status second to few, if any, in Europe. In the department of physiology, we find Professor Carl Ludwig, a leader in physiologico-physical researches, one who has already done much to place this branch of science on a positive base. We have already spoken of his cymographion; we had the pleasure to see it worked by himself, and we are still more convinced of its utility and applicability as the only accurate method of making researches on the movements of the vascular system. In other hands, it has been already applied to, if possible, still more delicate investigations, as, for instance, describing the curve of a muscular contraction excited by electricity (*helmholz.*) We have seldom had the good fortune to meet one with a purer "geist" for the science of medicine than Professor Ludwig; it is impossible to over-estimate the influence of such a man on the medical mind of a school. The department of practical anatomy is under the direction of M. Fick (Prosector), a young man only now in the commencement of his career, but who has already given promise of ability of the highest order. General anatomy and the study of development of tissues and organs (*entwicklungs-geschichte*) are under the charge of Professor H. Frey, who, also, on three days in the week, gives microscopic demonstrations. The study of pathology is well provided for in this school; though Zürich has to regret the loss of Professor Hasse, whose labours had so long been devoted to this school, and with such eminent success; yet, on his being called to Heidelberg, he found a most worthy successor in the person of M. Henri Lebert, so well known by his pathological and microscopical researches, and his works on cancer. M. Lebert now occupies the post of Director of the Medical Clinique, and Professor of Pathology; in M. Herman Meyer he has an able assistant. The department of pathology is thus divided between these two observers: General Pathology, Professor Meyer; Special Pathology and Therapeutics, Professor Lebert; Special Pathology and Therapeutics of the Circulatory and Respiratory Apparatus, Professor Lebert. This distribution of this important branch of Medical science shows that the Medical Faculty of Zürich are fully alive to its real value, and the extent of the labour which it requires. Pathology, including under this general term general pathology and pathological anatomy, has now become so large and extensive a branch of

medicine, that, for the proper conduct of anything at all pretending to be an efficient course, the special services of at least one competent Professor are required. As we have just seen to be the case in Zürich, two Professors are occasionally deemed necessary, and, in a complete establishment, as a great University, they no doubt are required, and each will find that he has ample occupation for the time allotted to his course. It is singular, that while the importance of this branch is thus fully recognised in all the Continental schools, with but a few honourable exceptions, the study of pathology is not included in the curricula of the Medical Educational Institutions of Great Britain or Ireland, and the student is allowed to trust to chance for a knowledge of what must be considered by all well-educated men as the basis of any rational system of therapeutics. Exceptions, as we have said, do exist; but, in too many hospitals, pathological investigations are left in the hands of the first half-educated student who volunteers to make them. The curricula of Colleges and Universities require no courses of lectures on pathology, and the new-fledged Medical Graduate of an English or Irish University is launched into the world without having undergone any systematic teachings as to the nature and proximate cause of the symptoms of disease which he is henceforth licensed to treat. How empirical, and how far short of anything like an efficient system of medical education this must be, is at once apparent, when we consider the extent to which this department of pathological science has reached of late. We trust that this system of things has nearly seen its last days. The little University of Zürich may, in this respect, lend us an example, in following which we shall best shew that we can appreciate the actual state and requirements of scientific Medicine.

GENERAL CORRESPONDENCE.

ST. BARTHOLOMEW'S GRIEVANCES.

[To the Editor of the Medical Times and Gazette.]

Sir,—I have read with great interest your recent leaders on the subject of Hospital Reform. There is in all of them an earnestness and a steady aim at the practical, which have given me the greatest pleasure. You scorn to waste time and space in oratorical display, when the subject in hand is one which can be served only by the calm, business-like consideration of facts. Instead of the well-rounded periods of empty but imposing verbiage, which are but too commonly all that can be found in the editorial departments of journalism, you give us at every turn suggestions and plans admirably fitted for practice. In so doing you pay a not undeserved compliment to those whom mainly your labours on this subject concern, and show that you have a kindly faith that the evils now surrounding our English system of Medical education are those rather of thoughtlessness and inaptitude than of cold indifference. Will you permit me, then, to borrow a little from your example, and allow me, through the medium of your paper, to bring under the notice of those interested in the question, a few simple suggestions, such as have occurred to my own mind during a long period of observation, in which it has been my lot to see much of many Hospitals? In doing so, it will be convenient to take an example on which to make one's criticisms; and as you have usually, I notice, selected the noblest of our metropolitan Hospitals for that purpose, partly, I suppose, on account of its nobility and prominence, and partly because it has not hitherto been one of the most vigorous in the race of reform, I will, by permission, do likewise, at the same time avowing openly another motive, viz., that I am a St. Bartholomew's man, and more familiar with its system of management than with that of any of its sister institutions. In enumerating *seriatim* what appear to my humble judgment the chief grievances in the Bartholomew's system, I have little doubt but I shall touch on many points in which other Hospitals are equally or even yet more deeply in fault.

Inadequacy of Staff.—Your own writings, Sir, and the letter of your last week's Correspondent, "Zeno," have dwelt so forcibly on this topic, as it regards the absurdly small number who hold appointments as Physicians or Surgeons, and the crying injustice to younger men involved in the monopoly, that I need not more than allude to it. There is a principle, however, in regard to the class of what may be termed "student officials," to which I desire to attract attention, which is but too much neglected in professional education. It may be asserted, without fear of contradiction from men of experience, that that Hospital will be the most successful as a practical school which can find employment in responsible and stated duties for the largest proportion of its pupils. Now, it is inconceivable the amount of opportunity in this direction which is wasted at St. Bartholomew's. In but one-third of the Physicians' practice is anything like an adequate system of clinical note-taking enforced; among the score of surgical wards there is not one single appointed reporter; there are no assistants in the out-patients' rooms, either Surgical or Medical; no official notes are made in the pathological theatre. It is manifest, that at least fifty offices might here be at once created, to occupy which the students would press with the greatest avidity. The effect would be, that these fifty would at once be put in training in habits of careful observation; they would lose that most disagreeable, and to many very depressing, feeling of being mere lookers-on, which those who have held no office seldom completely overcome; they would save much trouble and time to those above them; and, under supervision of the latter, be engaged in accumulating materials of great prospective value to science. I could enlarge on this subject, but brevity forbids, and more than the simple statement can scarcely be needed on a question so patent to every one.

Fees for Dresserships, etc.—I believe St. Bartholomew's is the only Hospital in London where Dresserships, House-Surgeoncies, etc., are procurable only by money. Fifteen guineas for the privilege of six months' dressing! One hundred guineas for a years' House-Surgeoncy!! Where, then, is the chance for the meritorious and persevering, who has incurred the sin of being poor? And this, too, in an Institution whose officers are wealthy, and where the fees go not to those who are struggling upward, it may be, against the retarding influences of a crippled exchequer, but to senior men who have long enjoyed large and lucrative practices. Let this crying abuse be at once abrogated, and let there be free competition permitted for these most valuable appointments. Let the Surgeons have a staff of reporters appointed, and from the most diligent of these let the Dressers be selected, without fee or reward; and in like manner from the most assiduous and advanced of the Dressers (with diplomas) let the House-Surgeons be chosen.

Neglect of Common Things.—There is no one at St. Bartholomew's whose duty it is to give instruction in, and *to see that the students really are acquainted with* the following subjects:—Auscultation, etc., in the healthy condition; urinary analysis and diagnosis; practical microscopy; the use of surgical appliances, (bandaging, etc.) No such instrument as a microscope is to be found in any one of the wards, in either of the out-patients' rooms, or in the pathological theatre! There is no "Microscope-room"! The subjects I have enumerated, are not those which it is desirable that clinical Professors should have to teach; they are rather those which every student should be made familiar with before he goes into the wards. Who would wish a Physician of such knowledge in practical medicine as Dr. Burrows, and whose every word at the patients' bed-side is so valuable, to be compelled to expend his time in instructing his class in the first principles of auscultation. And so of the others. What is wanted, is a much wider development of the tutorial system, and the institution of appointments, with small salaries, paid out of the general funds, in which the young and talented hangers-on of the Hospital might be employed in giving colloquial instruction in the several subjects named. Certificates of having passed through these preparatory classes should be requisite to the obtaining of clinical clerkships, etc. With regard to the shameful neglect of histology, in the very Institution which boasts a name in that department so great as that of a Paget, the remedy is apparent, and has already been adopted in almost every other London Hospital.

Neglect of Clinical Instruction.—Here, Sir, I must beg to protest earnestly against an insinuation which has been implied by some statements which have found place in your Journal, as to the comparative neglect of clinical teaching at this Hospital. Probably there is not in London a more efficient or zealous teacher of practical surgery than Mr. Stanley; and high praise on this head should also be accorded to several of his colleagues. Stated clinical lectures, of excellent quality and, *me judice*, in abundant number, are regularly delivered. It is not, however, by much talking and frequent adjournments to the theatre, that the details of our Profession are best taught. There is an innate love of knowledge in the human mind, and its simple exhibition is by far the best way of inducing to its pursuit. He is the best teacher of clinical surgery, whose extended knowledge and acute perceptions enable him to detect at a glance all deviations from the usual course, and to thus throw over almost every case brought before him the charm of novelty and importance, enlisting the interest of all in the watching of its progress and

events. Those who have been round with Mr. Stanley can be at no loss for an illustration of the truth of this remark. You will see, then, that I am no advocate for the appointment of "Clinical Professors," believing the Physicians and Surgeons to be *ex-officio* in that duty. On what, then, if such be my satisfaction with present doings, do I ground the charge implied in the heading on this count. In the first place, the staff is too small to permit of sufficient time being devoted to ward visits; secondly, the hours of visit are badly arranged, so that a student cannot go round with more than one Professor in the day; thirdly, the cases are not classified, the enormous advantages to the learner from special wards being entirely lost; fourthly, categorical teaching, so successfully pursued on the Continent and in Edinburgh, is scarcely known; fifthly and lastly, (I allude to this latter subject with extreme pain; but truth must be spoken,) the advanced in years, however venerable, are seldom efficient instructors, and when a man has been famed for near half a century, it is surely time to retire from active duties, and take the more dignified and less laborious post of commandant-in-chief. A word on "Consulting Officers." Let not these duties be either nominal or unremunerated; let a stated day and hour be appointed for the attendance of those who have resigned their former posts and been elected to the rank of Consultees, and on such occasions let the investigation of any intricate cases that may be in the Hospital be proceeded with in the most open manner. An open consultation, in which the opinions of several are expressed and the points of the case discussed, is of more value to the student privileged to listen than half a dozen clinical lectures.

I must here, Sir, stay my pen, and apologise for having at such length trespassed on your space. Having long, as a spectator and amateur, taken an almost enthusiastic interest in these subjects, wishing most ardently well to my Profession and to my Alma Mater, I must beg you will excuse the liberty taken by one who has the honour to be yours, &c. C.

April, 1854.

CHOLERA AND PREMONITORY DIARRHŒA.

[To the Registrar-General.]

Sir,—When cases of cholera began to appear in August last, you were so good as to call the attention of medical informants to the necessity there was, where death had resulted from an attack of cholera, to state in the certificate of death, whether the patient had laboured under an attack of diarrhœa previous to the attack of spasms, vomiting, purging, etc., previous in fact, to an attack of cholera; and if so, for how many days, and how many weeks, had the patient laboured under the diarrhœa, previous to the attack of cholera. And you also were so good as to request them to state distinctly those cases where spasms, vomiting, purging, etc., had come on suddenly; the patient being in perfect health, and free from any premonitory diarrhœa.

You are aware that I had made it my duty to see the relatives and the medical attendants on the last moments of those reported to you as cases of cholera without any premonitory diarrhœa, and to ascertain whether these cases of cholera did take place without any premonitory diarrhœa.

Now that cases of cholera have ceased to occur, and now that we may consider the epidemic to have passed away, I take the liberty to place before you the result of my inquiries.

Since July last, to the 11th of February, 1854, 278 deaths from cholera have been registered.

Out of this number, twenty cases were reported to you as cases of cholera without any premonitory diarrhœa,—that is, that twenty persons said to be in perfect health, free from diarrhœa, were suddenly seized with cholera,—that is, with spasms, vomiting, purging, etc., and carried off in a few hours after.

I have seen the relatives and the Medical attendants on these twenty cases; and I found, as you will see by taking the trouble to cast your eye on the first fourteen cases, that these fourteen individuals had a diarrhœa for some hours or some days previous to the attack of spasms.

The fifteenth case in this report is that of the mate of the Anna Christianna. You will please remark, that the captain of this vessel acknowledged, the day before the mate was taken ill, that he had on board several severe cases of diarrhœa, but that he would not call in medical advice, as he was recommended to do by Messrs. Totti and Co., Swedish Consuls, lest he should be deprived of a clean bill of health on his vessel leaving London, and be obliged to perform quarantine on arriving in Norway.

When the mate was taken ill, the same motive which prompted him to refuse medical advice the day before, prompted him, no doubt, to declare to the Medical attendant, Dr. Banes, that the mate was perfectly well up to the moment he was seized wth spasms, vomiting, purging, etc. with cholera, in fact.

Therefore, as the captain had a strong motive not to speak the truth, we cannot take his word that the mate was in perfect health up to the time of being seized with cramps, vomiting, purging, etc.

And as Dr. Banes speaks only from what the captain and some of the crew, who had the same motive to mislead as the captain, what the Doctor reports cannot be taken as evidence.

To resume. We have the certainty that there were, the day before the mate was taken ill, cases of severe diarrhœa on board the Anna Christianna; and we have also the certainty that the captain had a motive to conceal the truth.

Consequently, the collateral circumstances force us to conclude that the mate had a diarrhœa previous to the moment he was seized with spasms, vomiting, etc.

You will see that, in the 16th case, the Medical gentleman could not make himself understood to the parents of the child, nor they to him; and that he, in consequence of not being able to get any information about his patient's case, concluded that it was a case of cholera without any premonitory diarrhœa.

In the 17th case, we have the certainty that this woman was ill when she went to bed; but with what, neither her husband nor her mother could tell, nor did the Medical attendant inquire.

Therefore we are left only with the certainty that she was ill when she went to bed; and if we cannot say that it was with diarrhœa, the Medical attendant is not justified to assert that it was not with a diarrhœa, as he made no inquiry into his patient's previous state of health.

The 18th case is one of hypercatharsis, in consequence of an over-dose of purgative medicines, and not one of cholera.

The 19th case is one of retrocedent gout, without one symptom of cholera.

The 20th case is one of strangulated hernia.

Consequently, you have the proof before you, that, during this last outbreak of cholera in London, no fatal case of the disease has occurred without the patient having a diarrhœa for some hours or some days previous to the attack of spasms, vomiting, etc.; or, in other words, that no one in perfect health has been in this outbreak of cholera in London suddenly seized with spasms, vomiting, purging, etc.—with cholera, in fact—and carried off in a few hours.

I may here add, that this is not the first severe outbreak of cholera in which I have endeavoured to find out sudden attacks of cholera without a premonitory diarrhœa. I have, with as much care as I was able, sought for such cases—in 1832 in the Paris Hospital, in 1848-49 in this country—but in vain.

I have made the same inquiry from hundreds of Medical gentlemen, both abroad and in this country, but with the same result.

It is true that many well-informed Medical gentlemen have asserted that they had cases of sudden seizure of spasms, vomiting, purging, etc., without any premonitory diarrhœa; but uniformly those who asserted this either could not give any satisfactory account of their cases, or those that did allow me to examine for myself in their presence were satisfied that they had not made a careful inquiry into the state of health of their patients previous to the attack of spasms, vomiting, etc.

I have the honour to be, Sir, your obedient servant,

D. Macloughlin, M.D.,
Member of the Legion of Honour of France.

34, Bruton-street, Berkeley-square, London,
April 3, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

April 8, 1854.

The President, E. Headland, Esq., in the Chair.

Several gentlemen were proposed as Fellows of the Society.

Dr. E. Smith related a case of

POISONING FROM 1-20TH OF GRAIN OF OPIUM.

He attended an Italian lady in her accouchement, on Monday, March 27. The child, a male, was well developed, and in good health. During the four succeeding nights, the infant cried much; and, to prevent it, Dr. Smith was requested to prescribe a composing remedy. He declined to do so, but directed an

occasional dose of castor-oil to be administered. On the Saturday following—that is, on the 5th day of its birth—the French nurse requested a French Pharmacien and Traiteur, with whom she was acquainted, to give that which Dr. Smith had refused to give, stating, at the same time, the age of the infant. He gave some syrup to her, and directed her to administer half a teaspoonful every two or three hours. No label of any kind was placed upon the bottle. The nurse gave half a teaspooonful at half-past ten p.m. In half an hour the cries ceased, the respiration became interrupted, the jaw fell, and coma was soon established. This state of things continued, with some intermission, during the whole of the night; and at half-past nine on the following (Sunday) morning, eleven hours after the administration of the poison, Dr. Smith saw the little patient. He found it perfectly comatose, insensible to pinching, the conjunctiva insensible to the touch, and the pupil contracted and motionless. Tickling the soles of the feet caused no reflex action. The mouth was open, the eyelids closed, the face pale, and the features undisturbed. When the eyelids were raised by the finger, they remained open; and on one or two occasions the infant raised them itself, as if from convulsive action. The muscles of the limbs were relaxed, but occasionally there was slight spasmodic movement. There were one or two slight and ineffectual attempts to cry. The function of deglutition was almost, if not entirely lost. The breathing was very irregular, alternating between periods of rapid respiration and of suspended respiration. The former were about 40 per minute, not catching, and accompanied by a short, shrill, stridulous noise; the latter were prolonged during two or more minutes, when the pulsations of the heart ceased, and the child appeared to be dead. The period of suspension was terminated by a deep sigh or gasp, which, on being renewed, excited the action of the heart, so that the vessels were seen heavily pulsating at the base of the neck. The little patient had passed both urine and fæces while comatose. This state of things was continued until five p.m., that is 18 hours after having taken the poison, and on the 7th day of its birth, when he died. The syrup was of a light straw colour, and, as tested by the taste and smell, evidently contained opium. This opinion of Dr. Smith was corroborated by Dr. Snow Beck, who saw the case with him. At the inquest, the Pharmacien stated that the syrup was the ordinary French syrup of opium, only that he had prepared it with crude instead of the extract of opium. It contained 5 centigrammes of opium to the ounce; so that, assuming that the infant had taken half a drachm or half a teaspoonful of the syrup, as stated by the nurse, the dose was about the 1-20th part of a grain of opium, or the quantity contained in one drop of laudanum. The *post-mortem* examination, as is usual in such cases, gave but little information. The heart was greatly distended in all its cavities with thick, black, non-coagulated blood. The pericardium contained much coloured fluid. The blood universally was very thick, and non-coagulated. The lungs were collapsed and not congested. The brain was congested, but without any effusion into the ventricles or upon the surface. All other organs were quite healthy. The stomach contained about a teaspoonful of fluid, and the gall-bladder was full of bile. The foramen ovale was quite patent, as also were the umbilical arteries and the ductus venosus. This is not an unusual occurrence on the 7th day, but, since thus the systemic blood would not be pure, it might have increased the effect of the dose of opium. The case was offered in illustration of the impropriety of administering opium even in the minutest quantity to so young a child, and also of permitting druggists to prescribe remedies.

Mr. Rogers Harrison inquired if it would go forth to the world, that in the opinion of the Society this was a case of poisoning by opium. It appeared that the child had cried continuously, and as children do not cry for nothing, it is probable that there was organic disease.

Dr. Snow stated, that he had seen a case in which half a grain of Dover's powder, or the twentieth of a grain of opium had rendered an infant nearly comatose. It is better to administer a teaspoonful of gin or brandy to relieve the cries. The crying does not usually proceed from organic disease, but from spasmodic action in the bowels.

Mr. Dendy never prescribes Dover's powders to an infant. He was once guilty of prescribing the eighth of a grain of that drug, and nearly killed his patient. The powder was of a dark colour, and he thought it probable, that from defective trituration solid opium had been administered. The state of the pupil is a fallacious guide, being sometimes contracted and at others dilated, even in the same case. He had found the application of ice to the head most beneficial in such cases, and had observed that the pupil dilates immediately on its application.

Dr. E. Smith, in reply, stated, that in this case there was no organic disease to account for the cries or for the death, and as the proper symptoms of poisoning by opium had occurred within half an hour of the administration of the only dose of opium, and had continued until the death of the infant, he could not conceive of any doubt as to the cause of death.

CONCRETION OF LYMPH WITHIN THE HEART.

Mr. Richardson stated, that the patient from whom he had taken the heart had suffered much during the past nine years from a spasmodic affection of the chest. She had obtained relief by the application of leeches, and the administration of tartar emetic. Dropsy at length supervened, and, for a time, was removed by squills and mercury. Up to this period Mr. Richardson had not been able to detect any abnormal sound of the heart. On a return of the dropsy elaterium was administered with great benefit, but as symptoms resembling collapse from cholera set in, it was discontinued, and tapping was resorted to. About six weeks before her death, he first observed a *bruit de soufflet* at the point of the heart, proceeding, as he imagined, from disease of the mitral valve, and also an unusual sound at the base of the heart, characterised by a peculiar crepitant noise. Death occurred very gradually, and painfully. The pericardium was adherent to the lung; the heart was enlarged; the mitral valve was healthy, but there was a concretion of considerable size below it. The coats of the jejunum were very thick; and, in answer to an observation made by the President, the author stated, that only one-sixth of a grain of the elaterium had been administered, and that not within six months of the death.

Dr. Smith having been called upon by Mr. Richardson, stated, that he had examined the concretion in conjunction with Professor Quekett, and found it to consist of a mass of lymph-corpuscles entangled in meshes of a fibrous structure, and was, therefore, the result of inflammatory action, putting on the first evidences of organization. The mass was infiltrated with blood, but did not contain any blood-vessels.

Mr. Borlase Childs read an able paper on

OVARIOTOMY CONSIDERED IN RELATION TO ITS INTRODUCTION TO LEGITIMATE SURGERY.

He commenced his subject by an extended reference to the history and literature of the operation, beginning from an early period and terminating with the necrology, as he termed it, of Dr. Robert Lee. He then devoted much attention to the latter list of cases, and divided it into three classes: 1st. Those in which the operation was fully performed, and which recovered or died from the effects of it. 2nd. Those which died from other concomitant affections. 3rd. Those in which the operation was commenced, but abandoned, either from an incorrect diagnosis, or from the existence of adhesion or other obstacles to the completion of the operation. He thus reduced the first class of cases to 100, and considered that these were the only legitimate examples of the success or failure of the operation. He then proceeded to contrast the proportionate mortality from this operation with that of hernia, amputation, and other recognised capital operations in surgery, and found that it was not greater in the former than in the latter. He concluded his observations with a reference to two cases which had occurred in his own practice at the Metropolitan Free Hospital, one of which recovered, while the other died, not from the operation, but from intractable diarrhœa. On a review of the whole subject, he was of opinion, that the operation ought to be admitted into legitimate surgery.

Dr. Snow was indisposed to advocate the performance of the operation, and believed it to be far more fatal than had hitherto been admitted. He had seen four cases, and of these three had died, one within two days, and two within three days; and although the number was too few to warrant any general deduction, he was disposed to think the proportion of fatal cases was nearer the truth than that usually referred to in statistical tables. He criticised the accuracy of our present statistics, and thought them fallacious, not from the suppression of fatal cases, but from the silence of the operators in respect of them. The author had contrasted ovariotomy with other capital surgical operations, but he believed that no analogy existed between them, since, in the latter, the system was worn down, and about to sink under the effects of disease, while in the former the patient was in good health, and likely to live for years.

Dr. Winn regarded the operation favourably, but believed the evidence to be at present insufficient to fully establish it. He considered that very great care was requisite in the selection of

cases for operation. Wounds of the peritonæum are much less fatal than is usually admitted; and in illustration he quoted the cases mentioned by Sir G. Ballingall, in which perforation of that membrane, and also of the bladder, had occurred with some impunity.

Mr. Gay also criticised the accuracy of our statistical tables, and considered them to be exceedingly fallacious. He referred to the success which had followed the operation as a ground for encouragement in our investigation of the merits of the operation, and, upon the whole, was of opinion, that it ought now to take rank as a legitimate operation. The average duration of life in ovarian disease is said to be from three to four years, and it is also said that the operation tends to prolong life yet further; but he was of opinion that our present knowledge would not permit us to establish the latter statement. He dwelt upon the importance of accurately defining the cases which are fitted for operation, and was of opinion that the author's second case was not a favourable one, since it was complicated with ascites. He had seen both the cases, and bore testimony to the ability with which the operations were performed, and to the propriety of operation.

Mr. I. B. Brown entered at length into the discussion of the operation, chiefly dwelling upon the fact that clinical instruction upon this subject is still very defective, and the diagnosis of the disease made with too much carelessness. In illustration of the latter, he referred to a case which had been sent to him for operation, and which was evidently one of pregnancy, near to the full term of gestation. He urgently called upon the Fellows to study it with careful and thoughtful attention. His views had somewhat changed as to the necessity for the operation, for formerly he considered that the treatment by pressure ought to supersede it; but now, after having tried almost every plan, he had arrived at the conclusion that the operation was justifiable. He thought it no disparagement that it was so frequently fatal, since improved plans of treatment would remedy this evil, as it had done with regard to hernia, and other capital operations. The operation should be performed at an early period. He complained of the indisposition of Practitioners to place their unsuccessful cases upon record.

Dr. Murphy remarked, that Mr. Brown and he had somewhat changed sides; Mr. Brown having become an advocate of the operation, and he (Dr. Murphy) inclined to regard the efficacy of pressure with increased favour. He then referred to three cases in illustration of the different modes of cure. One occurred in a lady, aged 65, who had been sent from the country for a supposed liver complaint. He, with Mr. Erichsen, had diagnosed a partly solid and partly fluid ovarian cyst. Mr. Erichsen removed it, and the patient had returned to the country, six or seven months ago, quite cured. The second was met with in a girl, aged 18, and had now been cured six months by the application of pressure. The third was one quite unfitted for operation, on account of the existence of adhesions. The tumour descended so far into the pelvis as almost to cause the extrusion of the uterus. The cyst at length broke into the vagina, and the patient recovered. From these cases, he inferred, that statistics must be very fallacious, and that it is better to study each case separately and alone. He thought the disease to be curable by operation, although that operation be highly dangerous. He combatted Dr. Snow's objection, that the patient is in good health, and likely to live for years, without the operation, by stating, that, in aneurism, a dangerous operation is recommended, although the health may then be very good.

Mr. Pilcher called into question the validity of the statements indicating success, since he had known many cases of reported cures which nevertheless had died from the effects of the operation. One of these lived for a period of two years, and ultimately died from chronic abscess at the seat of the ligature. He expressed much surprise at the author's statement, that one-half of all capital operations in France, and one-third of those in England, are fatal. In reference to this operation, he believed that the whole of the facts are not before us, and was of opinion, that we have not sufficient evidence to show that the operation does really tend to prolong life.

Mr. Clarke remarked, that, on the great question of statistics, diagnosis, and duration of life, in ovarian disease, we know no more now than was known ten years ago. He believed the present attempt to discuss the subject in a paper to be the most impartial of any which had hitherto occurred.

The President intimated his belief, that Medical science now enables us to determine with certainty as to the malignancy of a disease, and therefore that Mr. Brown's observations on this subject had not been sufficiently precise.

The Author, in reply, stated his belief that statistics are cooked, and that Dr. Robert Lee had not prepared his Table with perfect impartiality. He had extracted his statistics of capital operations from Malgaigne. Dr. West had tapped the cyst from the vagina, and had injected iodine, but without success. He (Mr. Childs) had tapped one case fifty times within three years. The second case to which reference had been made did not die from peritonitis, so that the presence of the ascites had not rendered the case unfit for operation.

PATHOLOGICAL SOCIETY OF LONDON.

April 4, 1854.

Dr. Babington, President, in the Chair.

Dr. Bristowe read a Report on Mr. Part's specimens of supposed deposit of

CANCER IN THE KIDNEY AND MEDIASTINUM.

The deposits in the kidney did not resemble cancer to the naked eye; they were juiceless, of a pale greyish colour, and of the consistence of the other parts of the organ. Under the microscope, fibrous material, studded with large numbers of round or oval nuclei, was seen. The small tumours on the diaphragm were circumscribed, and some of them pedunculated; they consisted of fat cellular tissue, and a deposit exactly like that found in the kidney. Dr. Bristowe was in great doubt as to whether the disease was of malignant nature or not; but on consideration of all the facts, inclined to the opinion that it was. He referred to the Society's "Transactions" for an account of a precisely similar example exhibited by Dr. Peacock, and examined by himself.

Mr. Toynbee exhibited a specimen of

DISEASE OF THE EAR AND LATERAL SINUS.

Its interest consisted in its exemplifying the fact which Mr. Toynbee stated was not at all an unusual one,—that suppuration in the lateral sinus might occur, dependent on inflammation of of the external ear, without any ulceration of the latter, or direct disease of the intervening bone. The parts had been removed from the body of a girl, aged 15, who had suffered six months' inflammation of the external auditory canal, with polypoid growths, but no trace of ulceration. She died in St. Mary's Hospital, with symptoms of low fever and head affection. The lateral sinus, on the diseased side, contained a quantity of pus, and a large plug of fibrin; the temporal bone was nowise diseased, there were no secondary deposits or tubercle found in the body.

Dr. Quain showed for Dr. Armitage a

LOBULATED LIVER FROM A CHILD.

A boy, aged 3, had suffered from albuminuria, ascites, repeated attacks of erysipelas, and lastly fatal peritonitis. At the *post-mortem*, the kidneys were found much mottled, there was a purulent fluid in the abdominal cavity, and the liver presented the following singular condition:—It was contracted and very small, its left lobe much the larger; its outline in all parts much lobulated, so as to produce a resemblance to the lobed kidneys of young animals; its fibrous envelope was thickened, and its tissue firm under the microscope; the liver-cells were seen to be opaque, granular, and almost destitute of bile-colouring matter. Dr. Armitage believed the condition to have been congenital.

Dr. Sankey next illustrated to the Society his

MODE OF ASCERTAINING THE SPECIFIC GRAVITY OF THE BRAIN.

It consisted in having ready-prepared solutions of different and known densities, into which the portions of brain were to be put, that in which they slowly sank being of course the one to which their specific weight was equal. It resembled, in fact, the way which is habitually adopted with regard to consolidated lung. Practically it was only found necessary for the brain to have fluids ranging between 1·025 and 1·045. Very small portions of brain were sufficient. Dr. Sankey had brought down the prepared fluids and a diseased brain, with which he illustrated his remarks. The brain was that of a child who had died with symptoms of acute hydrocephalus, but at the autopsy on whom neither effusion nor tubercular deposit was found. The test showed increase of specific gravity in all parts not softened. The grey matter, which should have been according to average 1·033, weighed 1·040; the white matter, the average of which is 1·040, weighed 1·042. On the contrary, the fornix, which was softened, had a gravity of 1·023 instead of 1·040 according to the average.

In reply to a question from the President, Dr. Sankey stated

the saline fluid he had first used was a solution of common salt, but it had the inconvenience of being readily absorbed by the tissue, thus increasing its weight, unless the experiment were done quickly. In accordance with a suggestion from Dr. Bucknill, he had latterly used sulphate of magnesia, to which there was but little objection on this score.

Mr. Evans asked what advantage Dr. Sankey conceived his method to have over the old one of weighing first in air and then under water, to which Dr. Sankey replied that it was much less troublesome in practice.

Dr. Quain asked if Dr. Sankey had obtained any conclusions as to the physical cause of variation in specific gravity as in the brain exhibited, and queried if deposit of fatty matter had anything to do with it.

Dr. Sankey had as yet only arrived at the general fact, that increase in weight was common where indications of cerebral disease, as convulsions, symptomatic squinting, etc., had been present.

Dr. Gibbon then asked the opinion of the Society on the question as to the

OCCURRENCE OF CIRRHOSIS OF THE LIVER IN EARLY LIFE, AND IN TEMPERATE PERSONS.

Dr. Gibbon exhibited a small contracted nodulated liver, in a state of advanced cirrhosis, which he had removed from the body of a painter, known to have been of temperate habits, and aged only 22 years. The patient had been under care for ascites, and died of peritonitis, following the operation of paracentesis. The liver was found scarcely a fourth of its natural size, and the spleen enlarged to at least four times its ordinary bulk. The latter circumstance Dr. Gibbon alluded to as being what might be expected from the distribution of the portal tributaries, but quite contrary to the assertions of authors on the subject.

Mr. Hutchinson remarked, that according to his experience enlargement of the spleen was very commonly associated with cirrhosis of the liver, and stated that it had been so in every instance of the disease he had recently seen. He believed that cirrhosis did frequently occur, quite independently of the use of alcoholic liquors; and related the case of a boy aged 11, who had died of hæmatemesis, after many years' illness, and whose liver presented a most marked example of the contracted and hob-nailed form, and whose spleen was of enormous size. The boy had lived in comfortable circumstances, and been accustomed to a little wine regularly, but not to any abuse of spirits.

Mr. Henry remarked that, in London practice, the youth of the patient was no kind of guarantee that he was not a gin drinker.

Mr. William Adams stated that, from large experience, he had concluded that true cirrhosis had no connexion with intemperance. It consisted of disease of the capsule, whereas the changes caused by alcohol in the blood were in the secreting structure itself. He had examined many bodies of known topers without finding cirrhosis, and also the reverse. The best example of the true cirrhosis he had ever seen was taken from the body of a little girl, aged 5, who died in an orphan establishment, and had, of course, never taken spirits.

Dr. Snow Beck said, that his experience quite led him to agree with those who thought that the spleen usually became enlarged, and alluded to several instances illustrative of it.

The President remarked, that he could see no *à priori* reason for supposing that thickening of the parenchyma of the organ would be produced by alcohol in the blood.

Dr. Quain expressed his surprise at hearing "*varieties* of cirrhosis" spoken of, or "cirrhosis, as described by a recent authority," since, for more than twenty years, we had been familiar with the descriptions of cirrhosis, or "hob-nail liver." It was the result of a peculiar condition of the capsule of Glisson, which became thickened in its primary, secondary, and further divisions. This affection may be an inflammatory one or not, but it certainly depended on some morbid condition of the blood, which latter certainly might be induced by other causes besides gin drinking. He felt that, after what had been said, some opinion should be expressed by the Society as to what the term cirrhosis really implied.

Dr. Handfield Jones alluded to two forms of cirrhosis; the one, the hobnailed liver, dependent on thickening of the Glissonian capsule; and the other, in which the lobules themselves are involved in fibroid degeneration,—the abolition of tissue and of function being much more complete in the latter. He did not believe that either of them was, strictly speaking, inflammatory in its origin, and referred to repeated observations on this point which had been published by Dr. Ogle and himself during the last few years.

Dr. Handfield Jones next placed on the table some specimens of

DISEASE OF THE STOMACH.

The first was one of *mamillated stomach*. Dr. Jones confirmed Kölliker's assertion, that mamillation is not always disease. By immersing a stomach in dilute acid, or even in water, mamillations as large as finger-tips might readily be produced. It was doubtless dependent on contractions of the fibre-cells, or almost muscular fibres, which Kölliker has shown to exist in the layer of mucous tissue analogous to the corium of the skin. It had nothing whatever to do with the muscular tunic of the organ. The second specimen showed the *solitary glands of the stomach*. The viscus had been removed from a child, and, after maceration in dilute acid, very numerous scattered white spots—the solitary glands—became visible.

Mr. Haynes Walton brought forward a specimen of

LARGE ANEURISM OF ONE OF THE ARTERIES OF THE LEG.

The patient had died suddenly of disease of the heart, ten days after ligature of the femoral artery had been practised. In order to show the condition of the blood in the aneurismal sac, Mr. Walton had not dissected out the arteries of the limb, and could not state from which it arose. (The case to which this specimen belongs will shortly appear, in detail, in our Hospital Reports; we need not, therefore, describe it here.)

A discussion followed, in which the President, Mr. Prescott Hewett, Mr. Gay, Dr. H. Jones, and Dr. Quain took part; and the specimen was ultimately referred to Mr. William Adams for more complete examination.

Dr. Quain next read a note from Dr. Black, of Chesterfield, describing the microscopic peculiarities of some

VOMITED MATTERS,

which he believed to contain fragments of pneumogastric nerve-tubes, portions of Prussian blue, etc., etc. At the President's request Dr. Bence Jones undertook to examine the matters referred to, and report thereon.

Dr. Crisp showed specimens of two new species of

ENTOZOA FROM THE SPLEEN OF AN ALLIGATOR.

One of them was a cysticercus, and the other a tricocephalus; the latter about four inches long, and of threadlike tenuity. They were removed from the spleen of the same animal, a full-grown alligator. Dr. Crisp had little doubt but that they were new species, and had not before been observed. He had not yet named them.

Dr. Crisp also showed a

CANCEROUS GROWTH FROM THE SHOULDER OF A MOUSE.

The tumour was about the size of a hazel-nut; to the naked eye and under the microscope a good example of medullary cancer.

Dr. Ramsbotham brought forward an example of

CANCER OF THE UTERUS AND VAGINA.

The affection had been diagnosed, and the presence of a large tumour behind the symphysis pubis ascertained before death. The patient was a middle-aged woman, and died suddenly after having passed a good night, and without known cause. The whole vagina was seen to be occupied by the deposit, which, however, involved only the os and neck of the uterus, the cavity and entire body of that organ being in a state of perfect health. The lumbar glands were the seat of cancerous deposit. Both rectum and bladder were much thickened, being involved in the disease. Dr. Ramsbotham believed that the disease had begun in the neck of the uterus, and spread downwards and laterally instead of upwards. No microscopical examination having been made, at the request of the President, Mr. Hutchinson undertook to institute one, and report to the next meeting.

EPIDEMIOLOGICAL SOCIETY.

April 3, 1854.

Dr. Babington in the Chair.

A paper was read by Dr. Sieveking,

ON THE IMPORTANCE OF SUPPLYING THE LABOURING-CLASSES WITH NURSES IN THE TIME OF EPIDEMIC AND OTHER SICKNESS.

The author sought to show, that a large amount of poverty and destitution resulted from sickness among the labouring-classes not immediately dependent upon what are ordinarily

regarded as hygienic influences, but deducible from want of the necessary rest and seclusion at the outset of disease. He argued, that a large proportion of the Poor-rates are referrible to the item of disease, that might be prevented if some means were discovered of affording the lower orders the assistance of nurses, who would take charge of the patient under the direction of the Medical attendant, and thus allow the healthy individuals of the families to continue at their ordinary avocations. He wished to see a preventive staff of nurses organised throughout the country, and adduced various reasons for assuming that, if a scheme could be proposed which might be dovetailed into existing institutions, the eventual pecuniary saving alone would be of sufficient importance to secure the co-operation of the governing Bodies. His arguments were chiefly addressed to the political economist, on the ground, that no private charity could achieve an understanding which, to be effectual, must embrace the whole Kingdom. But, while basing his reasonings upon expediency and pecuniary advantages which would accrue to the commonwealth, he distinctly urged the large sphere of Christian charity and benevolence which might be brought to bear upon the system, by those who took higher views of philanthropy. Dr. Sieveking's proposal, by which he thought a nursing scheme might be realised, consisted in making the able-bodied inmates of workhouses available for such a purpose. They are now submitted to a species of training that would suit them for such an avocation, inasmuch as they are, at least in part, employed as nurses in the workhouse Infirmaries; and, as it appears from the Report of the Poor-Law Commissioners, that there are on an average fifteen able-bodied men, and twenty-three able-bodied women, inmates of every union in England—there is manifestly a staff to commence operations with. Dr. Sieveking did not enter into minute detail with regard to the mode of carrying out the plan, as the subject is manifestly one requiring ample deliberation; and as the author's wish was rather to establish a general principle than to erect on hypothetical structure. He expressed the opinion, that while the workhouses might in some such manner be made the nuclei of a preventive guard of nurses throughout the country, it would induce many females to devote themselves to nursing, as an honourable employment, and that the increased competition would tend to raise up a large body of nurses for all classes. He concluded by remarking that much would be gained by merely exciting a general interest in the condition of the pauper inmates of unions, if this subject were brought before the public; and that thus a further benefit would accrue to all classes by an interchange of kindly feeling between the different ranks of society. Finally, the author of the paper expressed an earnest desire that the Epidemiological Society might regard the question as one legitimately coming under its fostering care, and as one deserving the support and countenance which an Association, professing both the cause of science and philanthropy, could afford to it.

Mr. Rogers, while fully agreeing with the sentiments so ably supported by Dr. Sieveking, considered that the subject of the paper was not germane to the object for which the Society was formed.

The President said, that the Council of the Society had admitted the paper because, although not directly, it indirectly bore upon the object of the Society. He reminded the last speaker, that the Society had appointed a Lodging-house Committee.

Dr. James Bird considered that the paper was most valuable, and most aptly fitted for the close attention of the Society.

Mr. Lord said that, although he must agree with Mr. Rogers upon the question, as to whether the paper was of a nature that would fit it for discussion in the Society, yet he thought the suggestions thrown out in it were worthy of great attention. He could not, however, fully coincide with Dr. Sievcking's views, thinking that the character of the people generally in workhouses was not suited for this work.

Dr. Snow remarked, that one point of great importance mentioned in the paper, viz., that of cleanliness, had been but slightly touched upon. He considered that a vast number of the diseases under which the poor laboured were produced by the squalor and filth of their habitations; and if the appointment of nurses would tend to do away with this evil, he considered that such appointment would be a great boon to the labouring classes. Mr. Lord had said, that Union nurses were not fit for such employment; but why should not the idle children be trained from an early age for this work? Education would do wonders, and in a short time a legion of well-appointed attendants would be found, and be of great use to the community.

Dr. Camps remarked, that the question,—Whether the nurses should come from workhouses or not—was a matter of detail. He knew of one institution for the purpose of preparing monthly nurses which was very efficacious. From workhouses there would come many disreputable persons, and, in fact, few but disreputable persons ever went into the Union. He considered, however, in principle, the system recommended by Dr. Sieveking highly advantageous.

Dr. Hare considered that Dr. Sieveking's paper was highly creditable, and contained all the elements necessary for making it a subject for discussion in the Society.

Dr. Greenhow likewise supported Dr. Sieveking's opinion.

The Master of the Hampstead Workhouse, being introduced, bore his testimony to the merits of Dr. Sieveking's plan, considering it highly feasible. He supported the inmates of the workhouses from the sweeping attack made upon them by Dr. Camps. Their moral character was not generally so bad as described, and they made most excellent and attentive nurses.

Dr. Sieveking, in reply, thanked the Society for their kind judgment passed upon the paper. He had considered it quite fit for discussion in a Society which aimed at preventing the progress of disease.

ELECTION OF OFFICE-BEARERS.

The following gentlemen were elected as office-bearers, 1854-5:

President: Benjamin Guy Babington, M.D., F.R.S.

Vice-Presidents: Addison, Thomas, M.D.; Bright Richard, M.D., F.R.S.; Brodie, Sir B. C. Bart, F.R.S.; Burnett, Sir Wm., Knt., K.C.B., K.C.H., F.R.S.; Clarke, Sir C. M., Bart., M.D., F.R.S.; Dale, the Rev. Thomas, M.A., Canon Residentiary of St. Paul's; Grainger, R. D., Esq., F.R.S.; Hastings, Sir Chas., M.D., D.C.L., Worcester; Liddell, Sir John, C.B., M.D., F.R.S.; Nussey, John, Esq.; Propert, John, Esq.; Roupell, G.L., M.D., F.R.S.; Smith, Andrew, M.D., Director-General of the Army and Ordnance Medical Departments; Smith, Thomas Southwood, M.D.; Sykes, Colonel, V.P.R.S.; Watson, Thomas, M.D.

Treasurer: Thomas Addison, M.D., Vice-President.

Honorary Secretaries: J. O. McWilliam, M.D., F.R.S., R.N., and J. H. Tucker, Esq.

Foreign and Colonial Secretaries: Belgium, A. Sayer, M.D., 13, Upper Seymour Street, Portman Square; East Indies, James Bird, M.D., 27, Hyde Park Square, and C. Finch, M.D., Porchester Terrace, Bayswater; Egypt and Syria, William Camps, M.D., 52, Park Street, Grosvenor Square; France, Waller Lewis, M.B., F.G.S.; Germany and Russia, E. H. Sieveking, M.D., 3, Bentinck Street, Manchester Square, and W. E. Swaine, M.D., Scarborough; Greece and Italy, C. R. Walsh, Esq., 42, Half Moon Street, Piccadilly; Portugal and the Brazils, J. O. McWilliam, M.D., R.N., F.R.S., 14, Trinity Square, Tower Hill; Sweden, Norway, Denmark, and Iceland, R. Gordon Latham, M.D., F.R.S., 29, Upper Southwick Street, Hyde Park; West Indies, Gavin Milroy, M.D., 30, Fitzroy Square.

Other Members of Council: Aikin, C. A., Esq.; Bryson, A., M.D., R.N.; Carlill, Burford, M.D.; *Chowne, W. D., M.D.; Davis, J. Hall, M.D.; *Greenhow, Headlam, M.D.; Hawkins, Charles, Esq.; Headland, E., Esq.; Hunt, T., Esq.; *Kesteven, W.B., Esq.; Lord, C. F. J., Esq.; Marson, J. F., Esq.; Pilcher, G., Esq.; *Richardson, B. W., Esq.; Seaton, E. C., M.D.; Sibson, F., M.D., F.R.S.; Simonds, Professor, R.V.C.; Snow, J., M.D.

* Those gentlemen to whose names an asterisk is affixed were not on the Council last year.

NORTH LONDON MEDICAL SOCIETY.

WEDNESDAY, MARCH 8, 1854.

RICHARD QUAIN, Esq., F.R.S., President, in the Chair.

Dr. Ballard was announced Orator for 1855.

Mr. Hainworth related a

RARE CASE OF PELVIC ABSCESS

in the person of a woman, aged 40, the mother of eight children, the youngest being twelve months old. She had complained for several months of pain in the right side, and uneasiness in the lower part of the body, but prior to the fatal attacck had not suffered from any illness more serious than diarrhœa, for which she had been attended by Mr. Jefferys about a month before. On the evening of Tuesday, Feb. 14, she complained of a bearing down, and on that account retired to bed early, and shortly afterwards she was seized with severe pain over the whole body, and on the following morning the attendance of Mr. Jefferys was required. On his arrival, he found great pain and tenderness over the whole abdomen, which, however, was not tympanitic,

and extreme general prostration. Countenance anxious; skin hot; pulse 120, small and sharp. Appropriate remedies were prescribed, but at each subsequent visit the patient was found labouring under an aggravation of the same symptoms, and ultimately she expired on the morning of Friday, Feb. 17, about forty-eight hours after the first seizure.

Post-mortem examination revealed general inflammation of the peritonæum, which contained a considerable quantity of discoloured serum in the hollow of the sides, and a still larger quantity in the pelvic cavity, at the bottom of which was found six or eight ounces of pus. The source of this was traced through an aperture in the peritoneal membrane, between the uterus and rectum, to an abscess which had formed in adhesions which united the left Fallopian tube to the uterus. A probe was introduced, and the cavity laid open, when it appeared to be lined by a pyogenic membrane. The peritoneal covering of the dorsal aspect of the uterus was thickened, and the vessels in the posterior wall of that viscus were thickened and opaque, as if they had undergone atheromatous degeneration. Professor Rokitanski's 2nd Vol., pp. 324—326, Syd. Soc., affords a full explanation of the phenomena connected with the fatal termination of this disease. As he states, "Chronic catarrh, or blennorrhœa of the Fallopian tube, is a very common disease. By spreading to the fimbriated extremity, it gives rise to peritoneal inflammation in the vicinity of the orifice, and thus the free termination may become adherent to the neighbouring tissues, and be closed up, while the uterine orifice is obstructed and occluded by the catarrhal tumefaction of the mucous membrane. In extremely rare cases, chronic catarrh of the Fallopian tube becomes acute, and passes into suppuration. Its contents may then be either poured into the cavity of the peritonæum, which has been circumscribed by adhesive inflammation, or into the perforated intestine, which has been previously agglutinated to the tube." From these quotations, it would appear, that the Profession has not met with an instance in which the pus had escaped from the "circumscribed," into the general cavity of the peritonæum; whence we may conclude, that this case is so rare as almost to be unique.

Mr. Z. Lawrence exhibited a specimen of

ENCEPHALOID DISEASE SURROUNDING THE UPPER PART OF THE SHAFT OF THE FEMUR, AND IMPLICATING THE BONE.

The subject of the disease was a man aged 49, who had been under the care of Mr. Magennis, for pain in the region of the sciatic nerve of the right side, during the continuance of which his nights were sleepless, and he suffered profuse sweats and loss of appetite. After a time the pain abated, and a soft swelling appeared in Scarpa's triangle, which, after the lapse of a few days, suddenly subsided, and was followed by similar swelling at the ankle, which also abruptly disappeared, and the soft tumour in the upper part of the thigh returned, which increased in size, and pointed; and, in consequence of the extreme pain the patient suffered, and the night-sweats, it was opened, and a large quantity of serum emitted. The pain and profuse sweats were now relieved, and, for a fortnight, sero-purulent matter flowed from the opening, when the discharge began to diminish, and the swelling and pain to increase. On the 15th of February he died. Mr. Lawrence described very minutely the anatomical and microscopical characters of the disease; but, the case being referred to Dr. Hare and Mr. Lawrence for further investigation, these will be given in their report to the Society, at its next meeting.

Dr. Frazer exhibited a case of

SPINA BIFIDA.

An interesting paper was then read by Mr. Henry Thomson,

ON CERTAIN AFFECTIONS USUALLY DENOTED BY THE TERM "IRRITABILITY OF THE BLADDER;"

but our space does not permit us to give an account of it at present.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

April 7, 1854.

Mr. Martyn related a case of

SEVERE PNEUMONIA,

in which the whole of the right lung was affected throughout, even to dulness on percussion, and the left, to some extent, posteriorly and below, was dull, and characteristic small râle existed in it, and life was carried on at the labour of sixty respirations in a minute. To keep the patient alive, some active plan was demanded, and stimulants appeared to present the only hope. He thought the case goes far to establish that stimulants do not necessarily disagree with and aggravate all cases of pneumonia, but that it is confirmatory of the observations of some of the best authorities, of the high value of stimulants in some grave forms of inflammation. Upon the whole, perhaps, especially in inflammations of the chest, most men would be shy of stimulants; but in the case now related, not only were they borne well, but seemed directly to refresh and relieve the patient. At the outset of inflammations, especially of the chest, stimulants may be uncalled for; but it does not follow that the opposite plan is to be unduly persisted in. The time comes, in all cases of some duration, to regard the wants of the system. The general nutrition of the body must be attended to. We dare not exclude any elements of food essential to the economy for many days together, or the vital forces soon suffer.

Dr. Aldis exhibited the head of a new-born child, with a deformity of the mouth and nose, consisting of an entire absence of the palate, and the septum of the nose was prolonged into a rounded tubercle of the size of a raspberry.

At ten o'clock the meeting adjourned till the 21st instant, when the nomination of officers for the ensuing year will take place.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, April 6.

Petitions were presented, by Mr. Buck, from the whole of the Medical Profession at Bideford, Devon, in favour of the Medical Registration Bill; by Colonel Smyth, from the Medical botanists and other inhabitants of the City of York, against the Medical Registration Bill.

Lord Elcho moved for, and obtained, leave to bring in a Bill to provide for the better registration of births, deaths, and marriages in Scotland.

Friday, April 7.

Petitions were presented, by Lord Hotham, from Medical Practitioners of Hull against the Medical Registration Bill; by Mr. Sandars, from the Medical Practitioners of Wakefield, against the Medical Registration Bill; by Mr. T. Duncombe, from John Baker (Newcastle-on-Tyne), against the Medical Practitioners Bill; by Lord Elmley, from the Medical Practitioners of Malvern, county of Worcester, against the Medical Registration Bill.

Monday, April 10.

Petitions were presented by Mr. Foley from Pershore, against the Medical Practitioners Bill; by Mr. Gower from the Medical Practitioners of North Staffordshire in favour of Medical Reform, but against the Medical Practitioners Bill No. 2.

MEDICAL REGISTRATION BILL.

In answer to Mr. Craufurd,

Lord Palmerston said, that he had received a great many objections to the Medical Practitioners Bill, and he should feel it his duty to object to certain provisions of the Bill. With regard to registration, that was a subject which would form part of a general measure.

Tuesday, April 11.

Petitions were also presented by Mr. Hadfield, from Dunk-street, signed by 88 inhabitants, and from a public meeting, held at Freemasons'-hall, Great Queen-street, London, signed by 368 persons, in favour of the practice of botanic medicine, and praying for an investigation; by Mr. Craufurd, from members of the Provincial Medical and Surgical Association in Derbyshire, from members of the Royal College of Surgeons of England resident in Kington, Herefordshire, from members of the Medical Profession residing at Stratford-on-Avon, and from Medical Practitioners of Bletchingly, Croydon, and Mitcham, in Surrey, and of Westerham, in Kent, against the Medical Practitioners Bill.

MEDICAL NEWS.

Marischal College and University, Aberdeen.—On Friday, April 7th, the following gentlemen having undergone the prescribed Examinations, had the degree of Doctor of Medicine conferred upon them, viz.:—Thomas Barrett, Bath;

William Bradshaw, Torquay; Ebenezer John Brown, Edinburgh; John Cadenhead, Aberdeen; Andrew Clark, London Hospital; Richard D. T. Evans, Hertford; Walter Soper Gervis, Devonshire; William Robbs, Grantham; John Shaw Steel, Carlisle; Duncan Campbell Taylor, Ross-shire. And the degree of Bachelor of Medicine on the following, viz.:—George Alexander Burn, Aberdeen; John Macleod Cameron, Banffshire; John Charles Campbell, Aberdeen; John Chapman, Devizes; Thomas Dillon, H.E.I.C.S.; George Downing, Greenwich; Wafford Eve Richard, Deptford; William Grantt, Morayshire; Alexander Milne Humphrey, Aberdeen; John William Leacroft, Worcestershire; James Greig Leask, Aberdeen; John Vacy Lyle, Launceston; George Stewart Watson Ogg, Aberdeen; William Parker, Glasgow; Alexander Rothney Reid, Banffshire; Alexander Robb, Banffshire; Benjamin Williamson, Aberdeen. At the same time the degree of Doctor of Medicine was conferred on William B. Lyell Grant, M.B, of this University. At the same time, the Medical appointment offered by Dr. Smith, Director-General of the Medical Department of the Army, to the best Graduate of this year, was, after a separate competition, adjudged to A. R. Reid, M.B.

Royal College of Physicians.—At the usual quarterly meeting of the Comitia Majora, held on Monday, April 10, the following gentlemen, having undergone the necessary examinations for diploma, were admitted Members of the College:—

Francis, Dr., Albemarle Street.
Martin, Dr., Cambridge.
Thompson, Dr., South Molton Street.

Also Dr. Brown, Nottingham, and Dr. O'Neill, Manor Hamilton, County Leitrim, were admitted Extra-Licentiates.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 7th inst.:—

Bakewell, Robert Hall, Waltham Abbey.
Edmunds, James, Burnham, Bucks.
Day, Horace, H.E.I.C.S.
Haffenden, Dalton Adolphus, Hanwell.
Manley, John, Crediton, Devon.
Meadows, Robert Wyatt, Army.
Medd, William Henry, Stockport.
Ormerod, Lawrence, Rossendale, Lancashire.
Procter, William Birkett, Kirby Lonsdale.
Symons, Craft George, Royal Navy.
Waghorn, Albert Richard, H.E.I.C.S., Bengal.
Wilson, Charles C. W., H.E.I.C.S., Bengal.

The following gentlemen were admitted Members of the College at the meeting of the Court on the 10th inst.:—

Carter, Rowland Wimburn, Army.
Kilburn, William Byers, West Auckland, Durham.
Langston, John, Grantham.
Muscraft, Henry, Pontefract.
Parker, James Prestwood, Louth.
Treffry, Richard Baron, Nottingham.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 6:—

Bateson, Robert Sander, Lancaster.
Bakewell, Robert Hall, Waltham Abbey.
Barton, George Pigott, Hampshire.
Bellew, Patrick Francis, H.E.I.C.S., Bengal.
Bletchly, Edmund, Hoxton.
Clarkson, Frederick George, Whitby, Yorkshire.
Cutcliffe, Henry Charles, South Molton, Devon.
Dodge, William Henry, St. Austle, Cornwall.
Godfrey, Joseph John, London.
Handley, Joseph, Stansfield, Yorkshire.
Hichens, John, Redruth.
Hopkins, Nathaniel, Llandilo.
M'Oscar, John, Tyler Street, Regent-street.
Morris, John Penfold, Lewes, Sussex.
Parker, James Prestwood, Louth.
Procter, James Cooper, Rye, Sussex.
Rigby, John Morris, Chorley.
Ryding, George, Wakefield, Yorkshire.
Scott, William, London.
Waller, Edmund, Chesterfield.
Wilbe, Richard Haydock, Hessle, near Hull.
Weaver, James, Oswestry, Salop.
Webb, Randolph, Trowbridge, Wilts.

APPOINTMENTS.

Naval.—Surgeons: John H. Carruthers (1841) to the Algiers, 91, screw steamship, at Devonport; John Thomson, M.D. (c.), (1846), to the Eurydice, 26, at Portsmouth; David Thomson (b.), M.D. (1845) to the Gladiator, steam-frigate, at Portsmouth.

Military.—5th Regiment of Dragoon Guards: David Woods, gent., to be Assistant-Surgeon, vice D'Arcey, appointed to the Staff; 13th Light Dragoons: William Dumbreck, gent., to be Assistant-Surgeon, vice Woodman, promoted on the Staff; 21st Foot: Surgeon David Reid Mackinnon, from the Rifle Brigade, to be Surgeon, vice Fraser, appointed to the Rifle Brigade; 49th Foot: James Hannan, gent, to be Assistant-Surgeon, vice Weld, promoted in the 47th Foot; Rifle Brigade: Surgeon John Fraser, M.D., from the 21st Foot, to be Surgeon, vice Mackinnon, appointed to the 21st Foot; The Depôt Battalion at Parkhurst Barracks: Staff-Surgeon of the Second Class James Townsend Oswald Johnston, M.D., to be Surgeon; Hospital Staff: Assistant-Surgeon George Thomas Woodman, M.D., from the 13th Light Dragoons, to be Staff-Surgeon of the Second Class. To be Assistant-Surgeons to the Forces: Lancelot Armstrong, gent., vice Wall, appointed to the 89th Foot; James Ekin, M.B., vice Bleckley, appointed to the 14th Foot; Alfred Malpas Tippetts, gent., vice Young, appointed to the 62nd Foot; William Richards Grylls, gent., vice Smith, appointed to the 4th Foot; Andrew Risk, gent., vice Brice, appointed to the 28th Foot; James Frederick Steuart, M.D., vice Elkington, appointed to the Scots Fusilier Guards; David Milroy, M.D., vice Gibson, appointed to the 63rd Foot; Thomas Clark, gent.; William Younge Jeeves, gent.; Frederick Tydd Abbott, gent.; Alexander Maclean, gent.; Richard Lewise Butler, gent.; Samuel Athanasius Cusack, gent.; John Holmes Jephson, M.D.; George Frederick Davis, gent.; James M'Haffie Cowan, M.D.; Alexander Humfrey, gent.; Edward Louis Lundy, gent.; William Harris, gent.; William Henry Pollard, gent.; George Money Swinhoe, gent. Memorandum.—The promotion of Assistant-Surgeon Charles Frederick Stephenson, M.D., from the 81st Foot, to be Staff-Surgeon of the Second Class, as stated in the *Gazette* of the 28th of March, 1854, has been cancelled.

Militia.—Hertfordshire Militia: Francis Robinson, gent., to be Assistant-Surgeon; 2nd Regiment Royal Cheshire: Charles John Sanford, gent., to be Surgeon; 5th Regiment Royal Lancashire: George Smirthwaite, gent., to be Assistant-Surgeon.

DEATHS.

Beardmore.—Dec. 8, 1853, at West Maitland, New South Wales, aged 39, Frederick Joshua Beardmore, Esq., Surgeon.

Newport.—April 7, aged 51, George Newport, Esq. He was born in Canterbury. He was not originally destined for the Medical Profession. From early demonstration of a taste for natural history, he was appointed Curator to the Museum in his native city on its first institution,—an appointment which he only held a few years, his growing desire for natural knowledge making him anxious to belong to a Profession where this taste could be fully indulged. He was accordingly apprenticed to Mr. Weeks, a Surgeon of Sandwich, with whom he remained several years, cultivating, at the same time, medicine and natural history. On the expiration of his apprenticeship he came to London, and for several years attended the Medical Classes at University College, then called "The University of London." While continuing his Medical Studies, he devoted all his leisure time to his favourite pursuit of insect physiology; and it was at this time that his first paper was published in the "Transactions of the Royal Society," on the anatomy of the sphinx ligustri. Upon becoming a Member of the College of Surgeons, he obtained the office of House-Surgeon to the Chichester Infirmary, through the influence of Dr. Forbes, (now Sir John Forbes,) who was at that time one of the Physicians to the Infirmary, and whose friendship he retained to the end of his life. On leaving Chichester, he came to London, and entered into general practice, in which he continued for several years, with but little success, as his heart was in his purely scientific pursuits. After a few years, he resigned practice entirely, or only attended a few patients who were attached to him. In 1846, he was elected a Fellow of the Royal Society, and a year or two later a Fellow of the Linnean Society. To both these learned bodies, he contributed many valuable papers; and from the former he had the honour of receiving the Royal

Medal twice. He was acknowledged by all men of science as one of the most faithful of observers, and as most cautious in drawing his inferences. His reputation was fully as high among the naturalists and physiologists of the Continent as in his own country. He was, in private life, a man of the strictest probity and honour, and as rigidly honest in his dealings with the world as in his scientific investigations. He may be said to have fallen a martyr to science, as the fever of which he died originated in a severe cold caught in the marshy grounds about Shepherd's Bush, while procuring his annual supply of living animals for his physiological investigations. The following is a list of his titles and principal papers: —F.R.C.S. (Nom.) 1843; M.R.C.S.E. and L.S.A. 1835; F.R.S.; Fellow of the Linnean Society; Honorary Foreign Member of the American Agricultural Association; Corresponding Member of the Philomathic Society of Paris; Member of the Physical Society of Erlangen, and Linnean Society of Lyons. "On the Nervous System of the Sphinx ligustri," 1832 and 1834; "Respiration of Insects," 1836; "The Temperature of Insects," 1838; "The Organs of Reproduction and Development of Myriapoda," 1841; "The Nervous circulating System of Myriapoda and Arachnida," 1843; "Reproduction of lost parts in Insects and Myriapoda," 1844; "The Impregnation of Ovum in Amphibia," *Trans. of Roy. Soc.*, 1851; Monograph on the Myriapoda, Natural History and Development of the Oil Beetle, *Meloë*, 1842; "Generation of Aphides," 1846; "Formation and Use of the Air Sacs in Insects," 1847; "On the Vapour Expelled from Beehives," 1846; "On Anatomy of Pteronaveys regalis," 1848; "The Anatomy and Development of Chalcididæ and Ichneumonidæ," *Trans. Linnean So.*; article "Insecta," *Cyclop. of Anat. and Physiol.*

RAND.—April 8, at Hadleigh, Suffolk, Mr. Arthur Rand, aged 22, student at Guy's Hospital.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.—It will be seen from our Advertising columns, that the Annual Dinner of this Society is appointed to take place on Saturday the 22nd, instead of Saturday the 29th instant. This change has been made to avoid too close a proximity to the Festival Day of the Medical Benevolent College on the 28th, and will, no doubt, be advantageous to both of these excellent Institutions.

FORGING A DIPLOMA.—At the Central Criminal Court, on Saturday, Lewis Bossy surrendered to take his trial for a misdemeanour.—Mr. Bodkin and Mr. Poland were counsel for the prosecution; Mr. Clarkson and Mr. Hawkins, of the Home Circuit, appeared on behalf of the defendant.—Mr. Bodkin said, that the offence imputed to the defendant by this indictment was, having uttered as true a false diploma of the Royal College of Edinburgh, enabling him to practise and assume the title of a Doctor of Medicine. He understood that the defendant was really a Licentiate of the Apothecaries' Company, and he was entitled to that title; but he had no authority to practise as a Physician, which he professed to do, under the false certificate or diploma which was now the subject of inquiry. He thought it right to state, that the defendant had assumed to act as Medical referee to several Life Insurance Companies; and, in consequence of certain circumstances which on the present occasion he would not be justified in making a further allusion to, inquiries were made which resulted in the discovery, that, although the defendant professed to act as a Physician, he had no title whatever to that rank, and the present prosecution was in consequence instituted against him. — Mr. C. King deposed, that he was a Surgeon, practising at No. 3, Brunswick-place, Shoreditch. The defendant formerly practised at the same place, and he purchased the business of him in June, 1852. The defendant represented himself to him as a Physician of the University of Edinburgh, and the document now in question, which he said was his diploma, was hung up in a frame in the room where they used to see the patients. It was arranged that they should carry on the business together for twelve months, and the defendant then left, and shortly afterwards witness discovered that the diploma was a forgery. While the defendant and he were together, he frequently questioned him about the diploma, and he said distinctly, that he had been to Edinburgh to be examined, but that he was not there more than thirty-six hours. He likewise told him that he was examined by three gentlemen, and that they told him to retire, and shortly afterwards he was called into the room again and informed that he had passed. He said that he then paid 30*l.* for fees, and was told that the diploma would be sent to him by post, and that he subsequently received the document in question. Witness afterwards told the defendant that his diploma was a forgery, and he then said, "For God's sake don't mention it, as I have been deceived; but I could go at any time to Edinburgh and point out the house where I was examined." —In answer to questions put by Mr. Clarkson, the witness said he was aware that diplomas were advertised for sale, and especially that German diplomas were so advertised very commonly. These diplomas would enable any man to put M.D. after his name, if he was fool enough to do so. (A laugh.) Before any one could pass the Apothecaries Company, it was necessary that he should be nominally apprenticed for five years, and that he should study for three years at an Hospital. The witness further said that he had nothing to do with the present prosecution.—Evidence was then given that the defendant had represented himself to the conductors of a Medical Directory as an M.D., and the author of a work on diarrhœa. An agent for several Insurance Companies also proved that he had gone to Edinburgh for the purpose of making inquiries, and that he had ascertained that the story of the defendant was false.—Dr. Thomas Traile deposed that he was a Member of the Royal College of Edinburgh, and one of the Examiners. They issued diplomas conferring the rank of Physician; but the one now produced was a forgery in every respect. Their diplomas were in the Latin tongue, and were similar in form to this one; but the forged document in no other respect resembled a genuine one. In order to obtain such a diploma, it was necessary that the applicant should have studied four years; three in any College or acknowledged school of medicine, and one in Edinburgh. There was also always a personal examination of a very searching character before a diploma was granted. —Inspector Brennan deposed that he took the defendant into custody upon a warrant, and, on his telling him what he was charged with, he said, "Dear me, you surprise me," and asked if it was likely to be serious. Witness told him that he could not say anything, or give him advice, and the defendant then said he would tell him the whole truth of the matter, and that was, that while he was studying at Exeter-hall, a person, who was a stranger to him, asked him if he would like to have an M.D.-ship, and he told him he should very much, and the person then told him he must write a work upon some disease, and he did so, upon diarrhœa, and he then received the diploma from the party he referred to, and paid him 23*l.* for it. The defendant added, that he had no idea the document was forged, until Mr. King informed him of it, and he then wrote to the College authorities at Edinburgh, courting inquiry into his conduct, and that, as he had not received any answer, he thought they were satisfied. —Mr. Clarkson addressed the jury with a good deal of earnestness on behalf of the defendant, and he urged that they would be justified in coming to the conclusion that the defendant really had been deceived in the matter, and was therefore entitled to an acquittal. He said it was admitted that diplomas were advertised and sold, and that it was very possible that the defendant, actuated by the vanity of having M.D. attached to his name, had been foolish enough to purchase one, and this had brought him into his present difficulty. He called the attention of the jury to the fact, that the defendant had passed the examination of the Apothecaries' Company, and must have undergone a long course of study to enable him to do so, and he said he should show by the testimony of numerous witnesses that he really was a person of skill in his profession. He concluded by observing, that if the defendant had really been aware of any fraud, it was not likely that he would have suffered the document to have remained in the possession of Mr. King after he left; and that, under all the circumstances, the jury would be justified in saying, that he was not guilty. Dr. Guy Babington, Dr. Hanley, and a number of other gentlemen were then examined, and they gave the defendant a high character for honour and integrity. Mr. Baron Martin summed up, and the jury, after a litttle hesitation, returned a verdict of guilty, but with a strong recommendation to the merciful consideration of the Court. The learned Judge ordered the defendant to be called up for judgment, and said, that the jury had returned a very proper verdict, and he should have been very sorry if they had returned any other. It was undoubtedly an offence to utter a diploma like this, and the Medical world should understand, that if such a document was hung up in their houses where patients might see it, that it was an uttering in law, and rendered them liable to the consequences. He could conceive cases in connexion with insurance of lives where very great mischief might arise from an individual holding himself out falsely to be a Physician. No man ought to trade upon a false bottom, and undoubtedly the fact of a person professing to have a diploma from the College of Edinburgh, where it was known

that a very severe examination had to be undergone, was calculated to give a man a position and create a confidence which no man ought to possess unless he was really entitled to it. It was his intention on the present occasion merely to pass a nominal sentence, which was one of two days' imprisoument, and the defendant under that sentence would be entitled to his immediate discharge; but he hoped that the present proceeding would have the effect of putting a stop to such practices in future.

BERMUDA.—A MEDICAL COMMISSION.—Under the impression that many facts of iuterest to Medicine and to science at large must have been developed by the late epidemic, which could ouly be sufficiently recorded by Medical men themselves, a commission has been appointed by the Home Government, with a view of reducing within narrower limits those subjects which have hitherto beeu considered as matters of question. It will consist of Staff-Surgeon Logan, who may shortly be expected to arrive from the West Indies, aud whose late experience fully qualifies him for the task as President, and of Surgeons Parratt, O.M.D., Innes, 56th, Morgan, Medical Superinteudent of Convicts, and Assistant-Surgeon Monro, Medical Staff, as members.

MORTALITY NOTABILIA.—The weekly return indicates an improvement in the public health. The deaths registered in the week that euded on Saturday declined to 1149. The weekly average in March had been 1305. Average, 1228. The mean temperature, which in that month was, one week with another, 44·6°, in the first week of April rose to 49·9°. The return of last week is, therefore, less by 79 than the estimated amount. The predominant complaint in the zymotic class is still hooping-cough, which numbers 65 cases; measles has risen to 41. The deaths from diarrhœa are 22, with one from dysentery; but cholera has not appeared in the returns for two months, and in the present year there have been only 7 deaths assigned to this disease. Complaints of the respiratory organs gradually subside.

Births.—865 boys and 877 girls: 1742 children; average, 1466.

Meteorology.—Mean height of barometer, 30·253 in. The mean temperature of the week was 49·9°, which is 5·7° above the average of the same week in 38 years. The mean temperature of each day was above the average of the same day throughout the week, and on Saturday it rose to 9·2° above the average. Mean dew-point temperature, 42·4°; difference between mean air temperature, 7·5°. Wind variable. No rain. Horizontal movement of air, 305 miles.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 8, 1854.

CAUSES OF DEATH.	APRIL 8.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 aud upw.	All Ages.	
ALL CAUSES	556	353	228	1149	11162
SPECIFIED CAUSES	555	351	227	1133	11069
1. Zymotic (or Epidemic, Eudemic, and Contagious) Diseases	218	37	9	264	1889
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	6	20	21	47	514
3. Tubercular Diseases	78	105	11	194	1913
4. Diseases of the Brain, Spiual Marrow, Nerves, and Senses	55	42	39	136	1359
5. Diseases of the Heart and Blood-vessels	1	28	14	43	435
6. Diseases of the Lungs and of the other Orgaus of Respiration	103	58	58	219	2182
7. Diseases of the Stomach, Liver, and other Organs of Digestion	19	25	10	54	616
8. Diseases of the Kidneys, etc.	..	9	1	10	125
9. Childbirth, Diseases of the Uterus	..	7	..	7	95
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	2	2	7	91
11. Diseases of the Skin, Cellular, Tissue, etc.	1	..	1	2	21
12. Malformations	1	1	..	2	27
13. Premature Birth and Debility	28	1	..	29	262
14. Atrophy	29	2	10	41	245
15. Age	..	..	46	46	517
16. Sudden	2	2	1	5	234
17. Violeucc, Privation, Cold, and Intemperance	11	12	4	27	544
CAUSES NOT SPECIFIED	1	2	1	16	93

MORTALITY IN PUBLIC INSTITUTIONS for the week ending April 8 :—

	Males.	Females.	Total.
Workhouses	61	64	125
Military and Naval Asylums	9	...	9
General Hospitals	29	19	48
Hospitals for Special Diseases	6	1	7
Lying-in Hospitals	...	...	...
Lunatic Asylums	5	3	8
Military and Naval Hospitals	7	...	7
Hospitals for Foreigners, etc.	2	...	2
Prisons	2	...	2

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—To show you the annoyauce and insult we poor qualified couutry practitioners have to put up with from the waut of such protection as Mr. Brady's Bill would afford, let me give the following case:—

A few weeks ago, a patieut of mine, who through debility had become incapacitated for his work, asked me, as is usual, to write him a certificate that he might have the beuefit of his club. This I did, aud the certificate was duly presented at the next meeting of the club. But, imagine my surprise and chagrin, when my patient came to inform me that the certificate had been returned to him with au intimation, that as I was not a *qualified man*, they could, and would not, grant him any pecuuiary assistauce from the club.

Without stoppiug to describe the annoyance to myself, and incouvenience to my patient, resulting from this occurrence, I will proceed to the other part of the case.

In the same town there is a man doiug an extensive practice, and who, cousequeutly, writes many of these certificates for his patients, which are received by the various clubs *without any demur*; and yet this man has no qualification whatever. I am, &c.

A CONSTANT SUBSCRIBER.

Errata.—In the report of Mr. Hodgson's remarks at the Royal Medical aud Chirurgical Society last week, p. 357, for "the effect of lesseniug the size of the stone," read "the effect of lesseniug the irritatiou arising from the size of the stoue."

T. B., Esq.—Such letters are samples of quackery withiu our rauks which we fear are too common.

Mr. Tatum's cases of Heruia, and *Dr. Neale's* paper on Goitre, shall appear next week, if possible.

Caution.—A *chevalier d'industrie* has beeu levyiug coutributions on Medical men duriug the last few days. He is a German, about 5 feet 8 inches high, with keen eyes aud sandy whiskers, dresses shabbily, and usually calls in the afternoon, asks for the Physician or Surgeon, saying he wishes to see them very particularly, and will wait. He is probably shown iuto a waiting-room, from which he soon decamps with auything he cau carry off. He has stolen a silver snuff-box from Dr. Stewart, of Grosveuor-street; five cases of iustrumeuts from Mr. Spencer Wells, of Brook-street; some plate from Dr. Page, of Curzou-street; aud cases of instruments from Mr. Lane, of Grosveuor-place, and Dr. Edwards, of Bryauston-square. Our readers are requested to inform their servants that such a person is to be watched, and if they will detain him uutil a policeman can be sent for to identify him, they may further the ends of justice.

R. Griffin, Esq.—The case shall be inserted.

The report of the Physiological Meeting of the Medical Society of London is unavoidably postponed until uext week.

[To the Editor of the Medical Times aud Gazette.]

SIR,—Seeing by your number of April 8, that Mr. Macloughliu is of opiniou, that cholera is always preceded by diarrhœa or some other abdomiual derangement,—if such is the case, and this was publicly made known, much relief might be afforded to the community, aud the horrors of this fearful epidemic considerably alleviated. If diarrhœa does always exist, it must iu some cases be so slight and so transieut as to be inappreciable to the patient, aud, consequently, of uo practical importance as regards the appliance of remedial agents.

Of four fatal cases that I attended last week, in uone of them did diarrhœa previously exist, so as to be noticed by the patient; and, on questioning the patieut closely, the ouly couclusiou to be derived from his evidence was, that there had been, previously to the attack, uo abdomiual derangement of any kiud whatever.

In conclusion, I may add, that as regards treatment, I have found Dr. Graves's treatmeut (plumbi acet. and pulv. opii) to be attended with the happiest effects in the first aud secoud stages, and even iu the third. Chloric ether, in fifteen minim doses, checked vomiting in ouc case, and so prepared the way for the exhibitiou of other remedies.

In the four cases alluded to, death took place at periods varying from twelve to thirty-six hours. I am, &c.

Upton, Birkenhead. WILLIAM HEWITT, M.R.C.S.E., L.S.A.

W. F. Cleveland, Esq.—We shall be obliged by the cases alluded to.

COMMUNICATIONS have been received from—

JOHN LIZARS, Esq.; WM. ADAMS, Esq.; Dr. BUDD; EDITOR OF MEDICAL EXAMINER; Dr. NEALE; JOHN PROPERT, Esq.; Dr. SIEVEKING; G. B. CHILDS, Esq.; H. Y. BRACE, Esq.; SECRETARY OF WHITTINGTON CLUB; A. MARKWICK, Esq.; THOS. BROWN, Esq.; Dr. SNOW; Dr. KENDRICK; Dr. FALSHAW; T. B., Esq.; A CONSTANT SUBSCRIBER; Sir JOHN LIDDELL; Dr. E. CHARLTON; H. T. CHAPMAN, Esq.; Mr. SOUTHAM; Mr. SMITH; Mr. TUNALEY; B. W. RICHARDSON, Esq.; Mr. ANDERSON; Dr. OGILVIE; W. F. CLEVELAND; R. RENNIE, Esq.; CHARLES ROYSTON, Esq.; JOHN BIRKETT, Esq.; TYRWHITT SMITH, Esq.; HARVEY B. HOLL, Esq.; SYDNEY JONES, Esq.; J. HILLIER, Esq.

ORIGINAL LECTURES.

CLINICAL LECTURE,

DELIVERED AT

University College Hospital.

By E. A. PARKES, M.D.
Professor of Clinical Medicine.

Experiments on the Urine in Two Cases of Bright's Disease.—Amount of Albumen and of Non-Albuminous Solids excreted by the Kidneys.—Influence of Food on the Albumen.—Examination of Urine in a Case of Albuminuria, not caused by Kidney Disease.—Amount of Albumen.—Influence of Food on it.

Gentlemen,—The principal object I have now in view is to detail the observations made on the urine in two cases of Bright's disease which have lately been under treatment, and, in a third case, in which the albuminuria appeared to own a different source.

Case 1.—Thomas Williams, aged 31, admitted November 1, 1853. The diagnosis of chronic Bright's disease was held to be justified by the following circumstances. There was anasarca of the lower extremities, without cardiac or pulmonary disease, but with signs of renal disease, viz., persistent albuminuria, with casts of renal tubes in the urine. The treatment was chiefly diaphoretic, with warm-water and hot-air baths. When the anasarca was disappearing, the tincture of the sesquichloride of iron was given. The patient left the Hospital cured of the anasarca, on the 30th of November.

The experiments on the urine were commenced when the anasarca was well. No medicine was taken; the patient was allowed the "full" Hospital diet, which consists of about twenty ounces of water-free solids (four or five nitrogenous, fifteen or sixteen non-nitrogenous) in each twenty-four hours.

Urine excreted in twenty-four hours (Nov. 24 to 25.)	
Water	47$\frac{3}{5}$
Non-Albuminous Solids	1007·848 grs.
Albumen	545·502 „
Sulphuric Acid	16·628 „
Phosphoric Acid	20·988 „
Acidity of twenty-four hours, equal to, of crystallised oxalic acid	51·5 „ (a)
Urine excreted in twenty-four hours (Nov. 27 to 28.)	
Water	39$\frac{1}{2}\frac{3}{5}$
Non-Albuminous Solids	954·383 grs.
Albumen	300·247 „
Acidity of twenty-four hours, equal to, of crystallised oxalic acid	39·690 „

(*a*) The *quantity of albumen* excreted in twenty-four hours amounted in one day to more, on the other to less, than an ounce. The mean of the two days was 423 grains, or seven drachms. This was an immense amount, and is much higher than the highest number given by Frerichs, viz., 309 grains. It was so great as to cause the urine to become almost solid by heat.

This loss of albumen must have been an immense drain upon the system. Of from four to five ounces of albuminous food, taken in twenty-four hours, a fourth or fifth part was rapidly excreted without having contributed to the repair of the tissues.

(*b*) The *solids of the urine*, apart from the albumen, were greatly increased. The average excretion in a healthy man, on good diet, and taking vigorous exercise, is 650 to 750 grains; in this patient, thin, weak, and quiescent, the mean of these two days was 981 grains. This result varied from the usual rule in chronic Bright's disease, which is, that the non-albuminous solids are diminished (Christison, Frerichs, Johnson.) At the same time, I must observe, that the rule has very numerous exceptions. The non-albuminous solids, passed in twenty-four hours, are certainly increased in many cases; but, in order to detect this increase, all the urine passed in twenty-four hours must be collected; it is then often found that the urine is of low specific gravity, but so copious, that the total amount of solids in it is very great.

What was the cause of this increase of non-albuminous solids? It was not owing to the presence of sugar; there was no very obvious interruption to the excretion of other organs, unless it was, perhaps, in the case of the intestines. The patient had suffered from acute dysentery some years before, and had been subject to frequent recurrence of the complaint. There might have been some deficiency of excretion here. The skin easily perspired under the influence of the baths, and this perspiration did not seem to diminish the urinary solids. The lungs were healthy. Was the amount of solids owing to some febrile condition, *i.e.*, to increased metamorphosis and waste of tissue?

On examination, we found in fact that the man was constantly feverish. This was not to be detected by the heat of skin or by the pulse; but it was found by the thermometer that the temperature of the body was more than a degree and a-half of Fahr. above the normal standard of 98°. As we know that increased metamorphosis of tissue is measured by the thermometer, it seems right to conclude that the increased excretion of urinary solids was due, partly at any rate, to increased disintegration.

This is a point which has perhaps not been sufficiently studied by writers on Bright's disease. Even the chronic cases are often really slow febrile cases, just as tuberculous cases are.

But, besides this febrile condition, the urinary solids must have been augmented by some other undetected cause, as it is hardly possible to suppose that this great amount was owing merely to this slight febrile condition. In many febrile cases, with the thermometer three or four degrees higher, the urinary solids are in much less amount than they were in this case.

c The amount of the individual solids was not determined, except in the case of the sulphuric and phosphoric acids.

The *sulphuric acid* was, in spite of the febrile condition, rather below the average. This is, I think, generally the case in Bright's disease; the sulphuric, perhaps, passes off unoxidized, as a constituent of the albumen, or of some urinary ingredient.

The *phosphoric acid* was also diminished.

The *chloride of sodium* was not accurately determined, but was rather small in amount.

Such were the points which were determined respecting the urine as a whole. I come now to a most interesting subject, viz., the condition of the urine before and after food. This point appears to me to have been rather neglected by the eminent men who have written on the subject.

In many cases of chronic Bright's disease (*i.e.*, persistent albuminuria with renal casts, anasarca, not dependent on heart disease), the albumen in the urine is augmented by food. In the *Medical Times and Gazette* for April, 1852, I published two cases of this kind, in the hope that attention might be directed to this circumstance. Nothing further has, however, been done on this point as far I know.

The following were the experiments in this case:—

Urine of Fasting and of Food.

1st Experiment—Nov. 21.

(a) At half-past 4 p.m., Nov. 20, the patient took tea, bread, and butter. He took no food afterwards till 8 a.m. on the following morning.

At 7 o'clock on the 21st, he passed urine, which was thrown away. At 8 o'clock, passed it again.

(a) The acidity was determined by neutralising with a solution of carbonate of soda; the exact quantity which is necessary to neutralise a grain of oxalic acid being known, the acidity of the urine is conveniently expressed by considering it equal to so many grains of oxalic acid.

Quantity in this Hour, the Fifteenth after Food.

	In one hour.	Calculated for 24 hours.
	oz. dr.	oz.
Water	3 3 ...	81
	grs.	grs.
Non-albuminous solids ...	54·479 ...	1307·496
Albumen	14·311 ...	343·464

(b) At half-past 12, Nov. 21, he had dinner—bread, meat, broth, and vegetables.

At 2, he passed urine, which was thrown away; at 3, he passed it again.

Quantity in this Hour, the Second after Food.

	In one hour.	Calculated for 24 hours.
	oz. dr.	oz.
Water	3 6 ...	90
	grs.	grs.
Non-albuminous solids ...	62·003 ...	1488·072
Albumen	34·069 ...	817·728

2nd Experiment—Nov. 29.

The experiments were conducted in the same way as above, the times after food being exacly the same.

(a) Urine of Fasting from 7 to 8 o'clock p.m.

	In one hour.	Calculated for 24 hours.
	oz. dr. scr.	oz.
Water	1 6 2 ...	44
	grs.	grs.
Non-albuminous solids ...	45·882 ...	1101·188
Albumen	11·229 ...	269·496
Sulphuric acid	·4106 ...	9·854
Phosphoric acid	1·529 ...	36·696

(b) Urine of Food from 2 to 3 p.m.

	In one hour.	Calculated for 24 hours.
	oz. dr. scr.	oz.
Water	2 5 2 ...	65
	grs.	grs.
Non-albuminous solids ...	55·408 ...	1329·792
Albumen	30·421 ...	730·104
Sulphuric acid	·987 ...	23·688
Phosphoric acid	2·201 ...	52·824

General Average.

	Urine of Fasting, calculated for 24 hours.	Urine of Food, calculated for 24 hours.
	oz.	oz.
Water	62 ...	77
	grs.	grs.
Non-albuminous solids ...	1204·342 ...	1404·932
Albumen	304·480 (5℥)	773·916 (12℥ 3℥)
Sulphuric acid	9·854 ...	23·688
Phosphoric acid	36·696 ...	52·824

After food, then, the water augmented slightly; the non-albuminous solids considerably; the albumen in an extraordinary degree; the sulphuric and phosphoric acids to a great extent, as occurs, indeed, in the state of health.

These analyses enable us to state positively one fact regarding the non-albuminous solids. It might be that their great amount was owing to the influence of food, in the same way as the increase in the albumen is owing to food; but this was not the case; the non-albuminous solids were in great excess in the urine of fasting; and therefore, (although they were also slightly increased in the urine of food,) their great amount in the twenty-four hours must have been owing, one would think, to augmented disintegration of tissue; or, if attributable to unused food, the excretion of this foreign substance, as it then would become, must have been very slow.

The immense influence of food on the albumen is shown in the following way:—The excretion of albumen in twenty-four hours was 7 drachms, on an average of two days; if the urine had been of the same composition as the urine of fasting, the excretion in twenty-four hours would have been rather more than 6 drachms; if of the same composition as the urine of food, the excretion in twenty-four hours would have been no less than 15 drachms.

We will now leave this case for a time, in order to refer to the second patient.

Case 2.—A man aged 62; old cardiac affection, diagnosed as aortic obstruction; mitral contraction and regurgitation; left ventricle hypertrophied and dilated; left auricle hypertrophied and dilated (?); liver cirrhotic; a large quantity of albumen in the urine; numerous renal casts; conglomerate corpuscles; granular cells. There had been anasarca, ascites, and double hydrothorax; but these secondary symptoms had disappeared, when the experiments on the urine were commenced.

Experiment I. Jan. 10.	Quantity. In the hour. In Cubic Centimeters.	Quantity. Calculated for 24 hours.	Albumen. In the hour. In Grains.	Albumen. Calculated for 24 hours. In Grains.	Per Centage of Albumen.	Acidity. In the hour.	Acidity. In 24 hours.
1. Urine from 7 to 8 a.m., 15 hours after food.	146	3504 = 113℥	9·281	222·744	6·350	1·559 of crystallized oxalic acid	37·416 of oxalic acid.
2. Urine from 2 to 3 p.m., 2 hours dinner of meat, bread, & potatoes.	137	3288 = 106℥	17·262	414·288	12·600	3·258 of crystallized oxalic acid	78·096 of oxalic acid.
Experiment II. Jan. 14.							
1. From 7 to 8 a.m., 15 hours after food.	125	3000 = 96℥ 3℥	4·687	112·488	3·750	..	..
2. From 2 to 3 p.m., 2 hours after food.	52	1248 = 40℥	7·269	174·456	13·980	..	..
3. From 3 to 4 p.m., 3 hours after food.	75	1800 = 58℥	6·750	162·000	9·000	..	..
Experiment III. Jan. 18.							
1. Urine of 1 hour, 15 hours after food.	148	3552 = 114℥	7·030	168·720	4·750	..	..
2. Urine of 1 hour, 2 hours after food.	52	1248 = 40℥	5·231	125·544	10·06	..	..

In this case, a much more complicated one than the other, the albumen was also increased by food in two experiments out of three. Even in the third experiment, the per-centage of the albumen was greatly increased; but the quantity of water passed in the hour after food was so much less (scarcely a third) of that passed during fasting, that the amount of albumen actually passed in the hour was less.

This case, indeed, gives us an example of a not unusual occurrence, viz., that the amount of urine may be greatly diminished after food, in spite of the quantity of liquid frequently taken at meal-times. This is perhaps to be explained by the prodigious activity of all the secreting organs at this time. Pints of gastric juice are poured into the stomach; pints of saliva and of pancreatic juice, also, gush out. The contents of the alimentary canal, continually diminished by absorption, are for some hours as constantly augmented by renewed activity on the part of the glandular organs. The urine at this time, therefore, frequently has less water, but it has a greater per-centage of solids, and sometimes an absolute increase. In spite of this diminution of the water of the urine, we find in this case, that, as in the second experiment, the albumen was absolutely increased in quantity. In the third experiment it is not at all impossible that we should have found the third or fourth hour after food furnishing more water and a larger proportion of albumen. The diminution of the albumen after food does not, I think, at all invalidate or weaken the inferences to be drawn from the two first experiments.

Another point is shown in this case. In the lecture formerly alluded to, I stated, that in Bright's disease the acidity is sometimes increased *after* meals, which is contrary to Dr. Bence Jones's important general rule. This fact appears here also. In the first experiment, the amount of acidity in one hour was equal to 1·559 grains of crystallised oxalic acid; in the hour after food its acidity was equal to 3·258 grains.

Let us now pass on, however, to

Case 3, (which was not one of Bright's disease.)—A man, aged 30, a compositor, with slight valvular heart disease (aortic obstruction, and regurgitation). Before admission into Hospital, had œdema of the feet, which had quite disappeared on admission. The urine contained constantly a little albumen, but no casts of tubes. After discharge from Hospital, this man constantly tested his own urine; and, in about three weeks, he called

to state, that the albumen had disappeared. On examination, a trace was, however, discovered, but much less than formerly.

Experiment I. Dec. 13.	Quantity in Cubic Cents.		Solids in Grains.		Albumen in Grains.		Per Centage of Albumen.
	In 1 hour.	Calculated for 24 hours.	In 1 hour.	In 24 hours.	In 1 hour.	In 24 hours.	
1. Urine secreted in the morning from 7 to 8 a.m., 15 hours after food.	53	1272 = 41⅗	29·855	718·520	1·309	31·416	2·470
2. Urine secreted from 2 to 3 p.m., 2 hours after completion of dinner of meat, bread, and potatoes.	30	720 = 23⅓	18·094	434·256	1·113	26·712	3·710
Experiment II. Dec. 17.							
1. Urine secreted 15 hours after food, as above	78	1872 = 60⅓	..	..	1·129	27·096	1·550
2. Urine secreted 2 hours after dinner of meat, bread, etc.	50	1200 = 38⅔	..	..	0·65	15·60	1·300

In this case the phenomena were widely different from those of the former cases. After food the solids were diminished; the albumen was diminished both absolutely, in one case also relatively.

Either, then, the morbid changes in this case had altogether a different course and connexion, or digestion was widely different from what it appears to be in these cases of chronic Bright's disease now brought before you, or in those which I formerly published.

To argue about this case would, however, be premature till we know more exactly the usual course of events in analogous cases.

What inferences, then, are to be drawn from these facts?

At present, with the subject so little examined, we cannot, of course, speak with great confidence; still some points may be considered as either settled, or at least in the highest degree probable.

It appears evident that the following inference is warranted by the above facts, and by others long recognised by every one.

It is obvious, that in many cases, from certain conditions of the kidney, such as hyperæmia and inflammation (catarrhal or croupous), or from certain conditions of the blood, such as occur in some inflammations as in pneumonia, in some fevers as in scarlatina and typhus, etc., albumen appears in the urine. We have here a complex range of causes of albuminuria, regarding which little is known. Perhaps the blood is the starting-point of all of them; at any rate, it is so of the most important; therefore, for the sake of a broad distinction, it may be admissible to call these cases of "blood-albuminuria."

We are also quite certain that (as in these instances of chronic Bright's disease) there are a series of cases in which the ingestion of albuminous food is most intimately connected with the excretion of albumen by the kidneys. In one case of Bright's disease recorded in the lecture referred to, this connexion was so complete, that without food there was sometimes scarcely a trace of albuminuria. Fourteen hours' fasting produced almost a healthy urine, so far, at any rate, as this foreign ingredient was concerned. This, no doubt, was an extreme case, and in the others which I have examined, the albumen, though lessened in quantity, was not absent from the urine of fasting, so that the albuminous food was not its sole origin. But as it was the sole origin in one case, and the chief origin in others, it is plain that we ought to distinguish this form of albuminuria from that which arises from diseased blood or diseased kidney, a part from the influence of food, and for the sake of distinction, I would propose to call it "food-albuminuria," as an antithesis to "blood-albuminuria."

What now is the importance of this "food-albuminuria?" Is it merely an attendant on advanced kidney degeneration, when the vessels and membranes of that organ are so diseased as to allow the fresh accession of albumen taken with the food rapidly to pass through them? Is it merely, that after food, an increased congestion of the kidney takes place, and therefore increased albuminuria?

I do not feel anxious to answer this question definitively at present. The facts already known are too few in number. But some discussion on it may not be uninteresting.

1. It is quite certain, that the food-albuminuria may occur in cases in which the renal disease is slight, as well as in advanced cases.

2. After food there may be increased congestion of the kidneys. But, if so, and if the increase of the albumen is owing to this, why should the water of the urine be sometimes, perhaps often diminished, and why should not the other solids of the urine observe an equal increase with the albumen?

3. After food the albumen of the blood may be increased in quantity, the circulation may be quickened, and thus, even without actual congestion of the kidneys, more albumen may pass through its capillaries, especially if the kidneys' structures are very much diseased. But, in answer to this, it may be objected, that the increase in the force of the circulation is inconsiderable; unless a vast quantity of stimulating food be taken, and that even it were greatly augmented, one does not see how this should so especially affect the albumen in the urine. With regard to increase of the albumen in the blood after meals, very few comparative experiments have yet been made. In animals long deprived of food, the albumen has been found diminished, as compared with the amount present after food; but whether in the human subject, after a common meal, any difference will be found in the composition of the blood from the ingestion of some two or three ounces of albuminous food, is not yet certain. I have made some experiments on this point in two cases of diabetes, and have found, that, in this disease at any rate, the per centage of the albumen in the venous blood-serum is not augmented after food. Admitting, however, that the albumen of the blood is augmented after meals, perhaps the union of these two conditions (increased activity of the circulation, with increase of albumen in the blood,) may account for the increase of the albumen in the urine. It is certainly difficult to disprove this supposition with the few facts already known.

4. Another supposition presents itself, as difficult, at present, to establish as any of the former conjectures, but still carrying with it, in my mind, at any rate, a certain amount of probability: it is this,—we know that during the process of digestion in the stomach, the albuminous substances undergo extraordinary changes. We also know, that during the transit of the blood through the liver, the fibrin and albumen undergo still further modifications; so that, according to Lehmann, 30 per cent. of the albumen entering the liver in the portal blood, disappears in that organ, and is not to be found in the blood of the hepatic vein. The liver is not to be considered as a mere maker of sugar, or of bile, but as a most potent laboratory, exerting an overwhelming influence on every digested aliment which enters it, and the influence exerted on the albuminous aliments is not the least important.

To these facts I will now add another of a different order. If crude albumen be taken and introduced at once into the circulation, through the jugular vein, it is incapable of assimilation, and is rapidly excreted in the urine, and a temporary albuminuria is thus produced. This singular result, for which, as for so many beautiful experiments, we have to thank Bernard, proves that the albumen must be prepared in some way before it reaches the lungs, in order that it may undergo certain changes during respiration, which then probably render it in a fit state to be assimilated by the tissues.

The inference now presents itself, May it not be possible that by some failure in its preparation, either in the stomach or in the liver, the albumen enters the right side of the heart, still crude, and in a condition similar to that in which it would have been had it been introduced through the jugular vein; and, thus being unassimilatable, is it not excreted, as in Bernard's experiment, by that ready outlet the kidney?

In support of such a supposition, we have the facts, that many cases of kidney disease seem to be most probably of blood origin, and that among the common antecedents of Bright's disease are circumstances of diet or mode of living which would be likely to impair the processes which should go on in the stomach or liver. In how many cases of Bright's disease have dyspeptic symptoms been present for a long time before renal signs have shown themselves. In how many other cases are signs of liver diseases coincident with the renal signs. In how many *post-mortem* examinations, although no liver disease has been suspected, do we find evidence that for a length of time the structure of this organ has been seriously diseased.

It is obvious, that all these considerations give us nothing in

the way of proof, though they may increase the probability of the hypothesis. I do not see, indeed, how, except by extended observation, and perhaps by experiments on animals, the hypothesis can be proved. If it could be proved, however, it would be highly important, as it might be found to have an extended application, far beyond the range of kidney affections. But I will not dwell upon it any longer, and the basis of facts is narrow. All we can venture to say now is, that, whatever may be the explanation of it, it is certain that in some cases of Bright's disease the excretion of albumen in the urine is influenced in an extraordinary way by food.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS

No. XVIII.

ON THE MEDICAL PREPARATIONS FOR NAVAL ACTIONS, AND ON THE CASUALTIES AT THE BATTLE OF NAVARINO, 1827.

By SIR JOHN LIDDELL, M.D.
Inspector-General of Naval Hospitals.

(Continued from page 370.)

There is frequently great doubt and perplexity as to the nature and direction of gun-shot wounds on board ship, from the variety of bodies that are either directly projected from the guns, or put in motion by the balls striking them, of which the following, among many others that might be adduced, will serve as examples :—

A young seaman (C.) had a small linear wound like a torn slit over the dorsum of the ilium, which appeared to have broken off a piece of the crest of that bone, and driven it in upon the intestines. It was immediately followed by tremors, paleness, faintness, and sickness at stomach; and, on the following day, sharp peritoneal inflammation, and most excruciating pain along the fore part of the thigh and leg, down to the ankle, ensued. The inflammatory symptoms were kept under by free depletion, both general and local; but the pain in the thigh and leg continued, with few and short intermissions, to harass him for six weeks, when a free incision was made the whole length of the supposed carious ilium, that allowed the extraction of an entire piece of iron bolt, upwards of three inches long, that had been imbedded in the bone, leaving it bare and carious. He was immediately relieved from all further pain, and soon got quite well.

A marine had his face and neck very much lacerated by splinters of bone from his own arm, which had been shattered off below the elbow by a cannon-ball, some of the pieces being driven deeply into the flesh. Many of the splinters were extracted as they were discovered, at different periods within the two months; but there was one bit in particular, in the cheek, that gradually diminished in size, and at length disappeared altogether, as if it had been taken up by the absorbents.

A seaman (L.) was wounded by what was supposed at the time to be a musket-ball, which entered close to the spine between the 11th and 12th ribs. I followed it at first with my finger, and then with a probe, for three inches, in the direction of the liver, beyond which, if I had gone, I should have considered curiosity criminal. The wound was soon followed by vomiting, alarming sinking of the powers of life, and hiccough. Re-action occurred the next day, with extreme tenderness in the hepatic region, and peritoneal inflammation, which was subdued with difficulty, by free depletion, cold acidulated drinks, in mouthfuls only at a time, restraining the action of the bowel for the first few days by opium; defæcation being at length effected by oily enemata. About the end of three weeks he began to recover; his convalescence was rapid, and he was discharged cured in two months from the infliction of the injury, the external wound having been closed a fortnight previously.

A ball will sometimes split the clothes, which allow it to pass through them; but more frequently it carries with it a disc of the clothes, hat, buttons, or fragments of bone that are broken off and driven into the flesh, which, from their sharp, angular, and hard edges, occasion great irritation. These bodies are not found in the wound in the order in which they existed previously; but we generally withdraw the clothes first that were placed most superficially, which arises from their being lighter, and, having received less impulse than the ball itself had, they could not follow its progress. The rotation of the ball, also, on its own axis, which movement it retains to the last of its course, would cause it to roll over and leave behind any body not adhering to it that was moving with less celerity than itself. A young seaman was struck by a musket ball that entered over the second rib and passed through the pectoral muscle. The opening appeared too small for a ball, and looked more like a slit, and as he had been able to continue the contest till its close, doubts were entertained whether anything remained in the wound till an abscess formed over the fifth rib, which was opened, and pieces of his duck frock and flannel jacket were extracted. A more diligent search was now made, and the ball itself was discovered riding astride the sixth rib, and grasping it so firmly that it required considerable force to withdraw it. It was situated immediately over the heart, the action of which was rendered very tumultuous by the lad's own apprehension of the necessary incisions for freeing the ball, and it beat so violently against the forceps, that it seemed as if we were dragging at the heart itself.

Cases have been related by many military Surgeons, in which balls have penetrated to a depth in the body without perforating the clothes, pushing them before it like the finger of a glove, and which served for the extraction of the ball by strong traction. A midshipman (C.) had, in addition to several other wounds, a circular one in the thigh, apparently produced by a musket-ball, which penetrated to the bone, where its direction was lost. No opening was found in his trousers. A circle of sphacelated integument existed around the entrance of the wound. Its track was covered with an eschar or seared portion, which fell off in shreds, and the wound healed as simple penetrating wounds usually heal, without leaving any trace of the lodgment of a ball in the thigh. When, therefore, there is only one aperture, and we have not a full sense of the lodgment of a ball in the wound, we ought to examine the clothes to see if they were torn, and whether the ball may not have been withdrawn on undressing the patient, or fallen out by its own weight or muscular contraction, which may be the case when the ball has not penetrated deeply. We shall seldom, however, be so fortunate as to find the extraction of a ball thus easy; and when the wound has only one opening there is reason to think that the ball is lodged in the body or limb, and that its course can rarely be followed. It may have passed above or below the fascia, become imbedded in the flesh, implanted in a bone which it may have broken into fragments, or drilled a hole in which it is hid, or got fixed between two bones, or fallen into a cavity, in which case it has usually a narrow canal resembling an incised wound, that is, more exposed than other wounds to strangulation, from the succeeding inflammation. When the ball has passed through, without injuring any part of importance, the inflammation subsides after the fall of the eschar, and the wound rapidly heals; but the presence of a foreign body not only adds to the violence of the primary inflammation, but sustains a more profuse suppuration, which it is difficult to stop without its extraction. Sometimes the wound heals over the foreign body, or heals and opens again, till it is expelled, or its extraction accomplished. The tissues occasionally get habituated to the presence of smooth, round balls, of no great size, which have been known to lie in the brain, lungs, and other organs essential to life, without much inconvenience for years. Where the ball rests, when the contusion has been only slight, an action is excited around it, by which lymph is effused, and a cyst formed that isolates it, and sometimes allows it to lie softly without inconvenience during the remainder of life.

A musket-ball glanced over the symphysis pubis of a marine (B.), passed through the bladder and rectum, and escaped by the side of the coccyx. Urine flowed from the anterior opening, fæces, and flatus by the posterior for a month, when the external wounds closed. About a month after their cicatrization, he passed, with great pain and difficulty, by the urethra, a large angular piece of bone that had fallen into the bladder. Ten days afterwards a larger piece of bone stuck in the urethra, and could not be removed till it was extracted by a perineal section, when he speedily recovered. A musket-ball entered an officer's hip, immediately behind the trochanter, passed through the rectum, and lodged in the pelvis; he passed fæces for six weeks, and flatus, in loud involuntary explosions, for three months, by the gluteal opening, when the external wound cicatrized, leaving the ball, that occasioned no inconvenience, concealed in the pelvis.

A lieutenant (G.) received a musket shot in the right clavicle, which crushed the scapular half of the bone, and lodged immovably among the vessels and nerves over the first rib, which was not disturbed till ten days afterwards, when it was loosened by suppuration and extracted. Trismus then came on, the head

being drawn to the right side. He had excruciating spasmodic twitches in the neck, and difficulty in swallowing; the pulse being very quick, small, and hard. General tetanus did not occur, but a slight tendency to opisthotonos was observed. Copious venesection; enemata, warm fomentations; large doses of opium and mercurial frictions were had recourse to. The wound was enlarged to relieve a distressing tightness that existed in it, and to facilitate the exit of broken pieces of bone, many of which came away. The mercury had no sensible effect. Sleep of an hour or two's duration was often induced, during which time the spasms went on, and he died on the fifth day, in convulsions.

At the first examination of gun-shot wounds, pains should be taken to discover and extract balls and other foreign bodies that may have lodged in the track they have left, so as to convert a complicated into a simple wound. These bodies in their simplest form occasionally produce great anguish, severe inflammation, and profuse suppuration, and the wound does not usually heal till their expulsion or extraction is accomplished. It is, therefore, of importance to be assured at first, whether the wound contains any extraneous body; but in order to spare the person the needless and sometimes dangerous pain, that necessarily attends the search, we must set about it with great caution, in order to acquire by every possible means a sufficient presumption of their existence in the living tissues; and this being determined, to decide whether it would be safe and expedient to seek for and extract them.

When the ball has followed a rectilinear course, and has not penetrated deeply, the finger, which is the safest and best sound, will readily determine its presence and nature; and if it does not occupy a dangerous region, as the groin, or axilla, we should immediately extract it. But, unfortunately, this case is rare and exceptional. To seek at hazard a body whose position we do not know, by long, difficult, and, above all, sometimes dangerous exploration, would be pushing the salutary rule of extraction, where practicable and easy, to a perilous extent. But, before abandoning our search, we ought to examine with great care all the parts externally, beginning with that opposite to the entry of the ball, then the neighbouring, and afterwards the more distant parts, for no one would dream where the ball is sometimes found.

In proceeding with this examination, we may be sometimes helped by the knowledge of the anatomical disposition of the parts, the inclination of the bony surfaces that may have changed its direction, the cellular layers that may have lent it a more easy passage, and the position of the body at the time of being wounded. If still unsuccessful, we might try cautiously a large sound, so as not to make a false passage, and so bent as to accommodate itself to the gentle turnings of the wound, pressing with the hand on the opposite side, to bring the bottom of the wound nearer the entrance.

The most diligent search having failed to discover the ball, we must dress the wound as if the complication we tried to remove did not exist, and leave the task of elimination to the natural process of inflammation and suppuration, which, as it is now the only, so it is often the easiest and safest way of extraction.

Having found the ball, and decided on its nature, and the expediency of extracting it, we must open the shortest and safest route for its removal. When it is within reach, under the integuments, we ought never to hesitate to make a counter-opening, pinching the ball between the fingers, cutting upon it freely, and extracting it. We ought likewise to remove every foreign body that is free in the wound and does not require fresh incisions. The ball is sometimes so firmly implanted in the soft parts, that, simple as it may appear, it is no easy matter to extract it, even when we can reach it with the finger, without large dilatation of the wound, which ought never to be attempted in the groin, axilla, or other regions that are crowded with large vessels and nerves. The introduction of a sound in these parts might satisfy curiosity, but it might also be attended with great peril by detaching a clot or injuring an artery or a nerve that had already been grazed, and might therefore be easily torn. When serious difficulties exist to the exploring or extraction of balls, from the depth of the wound, or from the nature of the parts, it is fortunate, as experience has shown, that parts deeply situated are less liable to suppuration, and that balls so placed often lie without much inconvenience.

If a ball should pass through a fleshy part, all that is required is to clean the wound with a sponge, simply cover it with lint, securing it with a bandage loosely applied, so as to retain the dressing in its place, keeping it wet with cold water; and the limb or part at rest. The wounded themselves are always anxious for the exploration and extraction of balls, believing that, when that is accomplished, all will go on well. Many Surgeons still are, and all formerly were, of the same way of thinking, and would immediately adopt extensive and dangerous dilatations to attain that end. It is no doubt most desirable to remove every foreign body from a wound, when we know where that body is, and can readily get at it, in order to reduce the wound to the greatest state of simplicity. But it is necessary previously to ask oneself the question, when there is doubt, Is there any urgency in the case? is the presence of the ball the cause of danger? or will its removal free the wounded from that danger, or expose him to more?

Having freed the ball sufficiently, when not deeply lodged, with the nail, or some necessary scarifications, we try to extract it with a lever, or the common forceps that every instrument-case contains. If more deeply situated, a ball-extractor is preferable, which embraces and covers the ball, and enables one to withdraw it with less risk and pain. Of these forceps, Percy's "Tribulcon" is perhaps the best, which, by a simple mechanism, combines a pincer, scoop, and screw, which may be used separately.

After having warmed and oiled the forceps, they ought to be introduced softly on the left forefinger into the wound, as an exploring instrument, and, having reached the ball, it ought to be struck gently several times to avoid any error. The blades are then opened with caution, pushed on till they embrace both sides of the ball, when they are withdrawn, inclining the handle up and down to facilitate its extraction. As the ball will sometimes yield with the soft parts under the extraction, it may be necessary for an assistant to oppose some resistance to its recession by pressing on the region nearest the bottom of the wound. When the ball is first seized, it will be necessary to give the forceps a movement of rotation, to be well assured that nothing else is included within the blades; and if that motion is executed without difficulty or pain, we may go on with the extraction; if otherwise, we must try and grasp the ball more favourably. If the body to be extracted should be a wad or piece of cloth, the natural softness of which is increased by the imbibition of blood, it is not easy to distinguish between them when caught by the forceps, and a flap of flesh, cellular membrane, or other soft part, that may be torn and hanging in the wound, in which case we must use traction with great care and slowness, till we no longer feel that resistance which a soft and adhering part of the body would give.

With regard to the now nearly exploded doctrine of the wind of a ball, or the action of the air driven violently against the body by a projectile, in which seamen still strenuously believe, a few cases occurred that might formerly have been adduced in support of that belief, but a much greater number that would clearly have refuted it. Among the former was the case of a marine, who was brought to the cockpit quite dead; but his countenance was so placid and living that I should have had some difficulty in inducing those comrades who carried the body below to take it away again. If I had attempted it, I should probably have witnessed a similar scene to that described by Roderick Random between Morgan and some seamen who brought a dead man to the cockpit. I accordingly had the body put aside for more deliberate examination, and I could not detect the slightest sign of injury or discoloration on any part of the body. This examination was necessarily confined to the surface; and, interesting and novel as the subject was to me, it would have been unsuitable to both the time and place to have opened the body and conducted it more minutely. A ball glancing obliquely past a limb, as the thigh, will produce a fracture without tearing the clothes or skin, which recede from it. The man is stunned, and perhaps falls down, but scarcely knows where he is struck; and though the skin is entire, the bone is crushed, like any friable substance, under the hand, and the muscles reduced to a soft pulpy mass. If it should be the chest, or any part essential to life, that receives this enormous contusion, death would be instantaneous, and it would not be possible, without opening the body, to discover the contusions and lacerations that the lungs, liver, intestines, or brain, had sustained. A stout-looking young marine, fully accoutred, came tumbling down the cockpit ladder, at the foot of which he lay without the power of articulation, his face pallid, his teeth chattering, skin covered with a cold perspiration, his respiration short, quick, and sobbing. While I was occupied in unbuttoning his clothes to get at the state of his wounds, and in giving him cordials, he recovered his power of speech, and saved me all further search by assuring me that he was not hurt, but that the wind of a ball had taken away his breath. The cases that would have served to confute the belief in the wind of a ball

were very numerous, and might be readily adduced if it were necessary now-a-days to set seriously about its refutation. Some of these, however, I may allude to in further proof of the position that a large portion of the body may be torn off by gun-shot violence, without necessarily abolishing or even impairing the senses. A cannon-ball passed between the thighs of a Russian seaman, tearing from each thigh a large portion of the soft parts, without knocking him down, or occasioning at the time any other disorder. There were two instances in the English squadron of a ball tearing off the arm at the shoulder-joint, without producing any other mischief, or throwing one of them down. A cannon-ball struck and fractured off the superior spinous process of the ilium of one of our seamen, and brushed across the parietes of the abdomen, leaving a dark mark to indicate its course; but without destroying the integuments, or throwing him down. This accident was followed by intense inflammation, and enormous distention of the bowels, and ended in large successive collections of matter in the sheath of the recti muscles. As all our ships were close alongside of their respective opponents, we must have have had many unequivocal illustrations of the wind of a ball, if it had any existence; nor is it easy to understand how the advocates of this doctrine could explain the escape of any one from its direful effects, who has been wounded at all, as no ball could pass closer to the body than the one that hit it.

Two singular instances of rupture of the iris occurred, produced, I supposed, by the sudden and forcible contraction of the muscles of the eye, that the shock of the wound occasioned. The first was a seaman (C.) of the Asia, who received a superficial grooved wound over the eye-brow, apparently produced by a musket-ball. The iris of the corresponding eye was detached from the ciliary ligament in two different places, to the extent of half an inch, leaving an angular pupil on either side. There was no discoloration about the eyelids, and no other mark of injury to the eye. About the fourth day the inflammation was set up which ended in cataract, the opaque lens being visible not only through the natural pupil, but likewise through the new openings of the iris.

The other case was in the person of a Russian lieutenant, who was wounded by a splinter in the forehead, in a corresponding situation to that of C.; but had no sign of any bruise or injury of the eye-ball, except a large detachment of the iris from its lower border. Here, too, inflammation speedily ensued, and the lens is now opaque.

If there be any serious accident from external violence in which the resources of Surgery are clear and incontestable, it is assuredly that of bleeding vessels; and it is impossible to deny the painful truth, that the greater part of those who die from arterial hæmorrhage in action, have sunk from want of timely assistance. As these cases require prompt decision, it is requisite to indicate precisely the precepts which ought to guide us, and to establish the important distinction between primary and secondary hæmorrhage. These rules have been well and clearly defined by Mr. Guthrie, whose rich lessons on all questions of high importance in military Surgery have guided me in the difficulties that necessarily beset my first treatment of gun-shot wounds. When the bleeding vessel is of moderate size near a bone, or other substance where resistance can be made, we ought to try the effect of cold styptics and graduated compression. If we should be obliged afterwards to have recourse to the ligature, the compression will have had the advantage of preparing the collateral circulation. When primitive hæmorrhage takes place near the surface, it is easy to distinguish and seize the artery that furnishes the blood. The extensibility of the sound cellular substance permits the artery to be drawn out and secured. The ligature does not fall off for several days, when the clot is solidly organised. It is not so, however, in consecutive hæmorrhage. The tissues are condensed and hardened by the traumatic inflammation and swelling, and we have difficulty in finding the vessel, which, as well as the cellular membrane, is deprived of its natural extensibility. The ligature cuts the vessel readily, and often falls off before the obliteration is complete, the hæmorrhage being sometimes renewed an hour or two after the ligature has been applied. There is nothing to be done in these cases but to tie the trunk of the artery at a greater or less distance between the wound and the heart.

In primary hæmorrhage, therefore, from gun-shot wounds, we must act, in spite of its character, as in any other case of ordinary wound. It is a bleeding vessel, and we must secure it at the nearest point to its open mouth, which reserves the facility of applying a ligature higher up in the event of the occurrence of secondary hæmorrhage.

If the wound should occur in a fleshy part, without injuring a blood-vessel of importance, the bleeding or oozing will soon spontaneously cease; but in other circumstances, when the ball has divided a large vessel, it will destroy a patient in the same way as if the lesion had been produced by any other cause. It is an error, therefore, to suppose that gun-shot wounds never bleed; the clothes of all our wounded were bathed or soaked in blood; and all that is meant is, that these wounds have certain conditions—as the irregularly-contused and torn flaps of the tissues—which facilitate the formation of clots that obstruct and obliterate the vessel; in the same way as in wounds produced by the tearing or crushing of machinery, which gun-shot wounds much resemble.

Four cases of tetanus occurred in the English squadron, two of which were chronic, and recovered; the other two acute, and terminated fatally,—one in 22 hours, the other on the third day. The first was in the person of a seaman of the Albion, who had a musket-ball through the fleshy part of the arm, behind the brachial artery. A portion of the triceps, which was divided, projected through the wound, and was cut off. The wound suppurated healthily, and he went on well till the morning of the 7th day, when he awoke, complaining of a stiff neck and inability to open his mouth. The body was curved forward, by a firm board-like contraction of the muscles on the anterior part of the body, which continued till his death, 22 hours afterwards. The other was in a Greek, also wounded in the Albion, who died in the Cambrian. He had a shot through the right arm and left thigh, a sabre-wound across the forehead and hand, which fractured the metacarpal bones of the ring and little fingers. Trismus came on seven days afterwards, tetanus followed, and he died on the third day. The two chronic cases occurred after amputation of the shoulder-joint, about a fortnight after the operation. In both the symptoms came on insidiously; the jaws were nearly locked, the head and neck were drawn down towards the affected joints, and the occasional jerking contractions of the muscles were confined to the same side; approaching to what has been called by authors "tetanus lateralis."

There were also three cases of tetanus in the Russian ships, all of which proved fatal. The first arose from a wound on the dorsum of the foot that tore off the periosteum of the tarsal bones. Trismus was declared on the 5th day, followed by opisthotonos, and he died in three days. In the second case, the tendo-Achillis and the os calcis were shattered off. On the 5th day trismus and opisthotonos came on, and he died four days afterwards. The third instance happened in the Provornoy frigate, after amputation of the thigh, performed in consequence of deep lacerations of the leg. The tetanic symptoms came on the third day after the operation, and the surgeon of the ship stated that he died in six hours afterwards.

In the general treatment of our wounds, we avoided any material change in the alimentation of our patients, removing them as little as possible from their ordinary natural diet, without wine or spirits, which were always withheld. Starvation, bleeding, and other lowering means, as preventative of mischief, we never employed till actual symptoms indicated the necessity of their use, when they were energetically and beneficially adopted. It will seldom happen that a rigorous abstinence, unless in severe visceral complications, will be necessary or useful; and we all know the discomfort and disorder of the digestive and circulatory systems that the want of food, to a healthy and hungry man, may occasion. The rational use of it rather tends to prevent than promote many of the accidents that succeed gun-shot wounds, as well as great operations. Abstinence in these cases is generally directed against an imaginary event, which may never occur; and which may only delay or impair that healthy inflammation which, to a certain point, is necessary for union of wounds, or the elimination of the torn or bruised tissues that have been deprived of their vitality.

DENTISTRY.

No. II.

By W. R. BALLARD, M.A.S.D., Esq.

(Continued from page 169.)

When caries has penetrated to the pulp, the operation of "filling" becomes more complicated, and success less certain. The method of performing this operation, under these circumstances, varies according to the class of the teeth affected, the situation of the diseased part, and the extent of the exposed surface of the pulp. To describe necessary treatment in every case that may be presented would extend these papers beyond the limits of a short essay. I shall therefore confine myself to those

cases which most frequently come under the observation of the dentist.

The most important—and, at the same time, those cases where the operation is most likely to lead to a successful result—are found in the incisores and cuspidati. These teeth are most generally attacked by caries on their lateral surfaces, which, from gross neglect on the part of the patient, or incompetency on the part of his dentist, has been allowed to extend until disease has reached the pulp or lining membrane of the tooth, situated in its very centre; it is then the patient feels the necessity for other treatment; the pulp being acted upon by foreign substances, becomes irritated or inflamed, and, in consequence, causes uneasiness or actual pain. Under these circumstances, many dentists would remove the tooth, or, at least, the crown of it, and insert an artificial substitute. Others would destroy the sensibility of the pulp, and fill the tooth, believing they had performed all that was necessary. The result of the first mode of treatment is evident. Under that of the second, the tooth would soon become extravasated, and so discoloured as to disfigure the patient; the suppuration of the pulp, and its natural consequence—an alveola abscess, carrying destruction to the periosteum, or investing membrane of the root, would certainly occur, and the loss of the organ becomes necessary.

The treatment which has been most successful in my own practice, and in that of some others of the Profession, consists in removing the whole body of the pulp, and then filling with gold to the very apex of the root. This, however, can only be accomplished in the incisores, cuspidati, and those of the bicuspidati, having but one pulp canal through the root; and it is only necessary when the pulp is exposed from caries upon their lateral or posterior surfaces. An instrument for removing the pulp may be readily formed from a needle of the proper size, by perfectly annealing it, filing off the eye to a flat cutting edge, jagging the entire length, and inserting the point firmly into a handle. To perform this operation with the least possible pain, it is necessary to remove the decayed dentine with great care, until the pulp is distinctly visible. Apply to it a drop of chloroform upon lint; on removing which, suddenly plunge the above-described instrument through the exposed opening, to the very point of the root; twist it quickly around between the fingers, and, upon withdrawing the instrument, the whole pulp will be found attached to it. The connexion having been cut at the foramen in the end of the root, through which the instrument could not pass, it being much smaller than the canal within the root, the pulp cavity must be enlarged, to admit the passage of an instrument of sufficient strength to consolidate the gold with which it is now to be filled. The remaining cavity in the tooth can then be treated as stated in a previous paper. The advantage gained by this operation is this,—the whole body of the pulp being removed, its suppuration, together with the investing membrane of the root, and therefore alveola abscess is avoided; and, for the same reason, the tooth retains its natural, and, to the casual observer, its life-like appearance, circulation being kept up to a great extent by the periosteum and its attachment to the socket.

The labial or anterior exposure of the pulp should be treated very differently to those above described; fortunately, exposure at this point is not so often met with, the treatment necessary requiring the most delicate manipulation, and could not be carried to a satisfactory result, but for the facilities given by the position of the cavity. Caries upon this surface generally commences at the point where the enamel meets the neck of the tooth, near the edge of the gum, and often partially under it; the decayed bone must be carefully removed from every part of the cavity without wounding the pulp; a small piece of gutta percha, previously warmed, must be placed over the exposed pulp, and upon the adjacent dentine; the gold may then be carefully pressed into the cavity in the manner before stated. If this is done successfully, the patient will not have suffered the slightest pain; when pain occurs during the operation, the filling must be immediately removed, or inflammation will take place, and, after the pain has entirely subsided, the operation may be again commenced. When the cavity is very large, greater protection can be given to the pulp by placing over the gutta percha an arch of gold plate, which, after having been nicely fitted to the part, may be warmed over a spirit-lamp, and quickly pressed into its place; the cavity may then be filled, and great hope of success safely entertained.

Under very favourable circumstances, the exposed pulp of the molars may be treated in the same manner as that last described; but the operator will find by experience that these seldom occur; and, from the position of the roots of these teeth, the whole pulp cannot be removed, nor its cavities filled; therefore, until within a short time, I have generally destroyed the sensibility of the pulp, removed the softened dentine, and filled immediately with gold; then drilled a small hole at the neck of the tooth and under the edge of the gum, as a vent for the pus that may be formed within the pulp cavity, thereby preventing the formation of an alveola abscess, which would, of course, occasion the loss of the tooth more rapidly. I have, however, now given up this mode of treating the molar teeth. On passing through Paris in May last, I was informed by Dr. Evans, that quite a new mode of treatment (and, in my opinion, a far more scientific) had been recommended to the Profession by Dr. Hullihen, of Ohio; and, since my residence in London, I have used no other treatment for molar teeth, when the patients have been willing to submit to it. The details of the treatment which I am about to describe may differ in a slight degree from those recommended by Dr. Hullihen; but the principle and the object aimed at is the same. After preparing the cavity in the usual manner for filling, care being taken to avoid wounding the exposed pulp, I drill a very small hole at the *neck* of the tooth and under the edge of the gum, until the instrument reaches the pulp from this point. I then puncture the pulp with a very fine needle, but not sufficiently to cause the red blood to flow, at both of its exposed points; the pulp is then, though living, insensible to pressure. I now place over the exposed part, in the cavity to be filled, a piece of warm gutta percha, and fill the tooth with lead foil as a temporary filling. Of four teeth treated in this way, in June last, the following is the result, which I think very satisfactory:—In January I probed two of the four, through the small hole at the neck, and found the pulp still sensitive, and advised the patient to see me again within three months. About the middle of February, I examined the other two; the pulp of one was suppurating, the other was perfectly insensible to the probe; the filling of this tooth I immediately removed, and found that the pulp was no longer exposed, being completely protected from contact with the foreign substances with which the cavity had been filled, by a thin layer of crystalline deposit. I now carefully filled this cavity with gold, and also the hole at the neck of the tooth; and, without having given the slightest pain, the tooth now remains in that state, and will, no doubt, continue so for many years.

To the above I would add one word. Though the various operations I have just described are generally successful if carefully performed, none of them are infallible; but the necessity for any of them may always be avoided by proper care and attention on the part of the patient and his dentist.

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AN ACCOUNT OF A NEW INSTRUMENT FOR PERFORMING ARTIFICIAL RESPIRATION.

By W. MARCET, M.D., F.C.S.,

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Various means have been employed for inflating the lungs, with the view of restoring life, in cases of asphyxia, or of poisoning with narcotic poisons; and, for this purpose, instruments have been contrived to fill the lungs with air, allowing each expiration to result from the spontaneous contractions of the thorax, assisted by artificial pressure upon that region. This expiration must, in consequence, be very incomplete, especially if the artificial respiration is continued for some time; the amount of fresh air sent into the lungs at each inspiration can, therefore, be but small, and must, in many cases, prove insufficient to excite the heart's action. To obviate this inconvenience, I have imagined the following instrument, which has the power of producing both a forced inspiration and a forced expiration, without the aid of external pressure.

The advantages of this instrument are—

1. A large bulk of air can be introduced into the lungs, and these organs may be completely inflated and contracted at each inspiration and expiration.

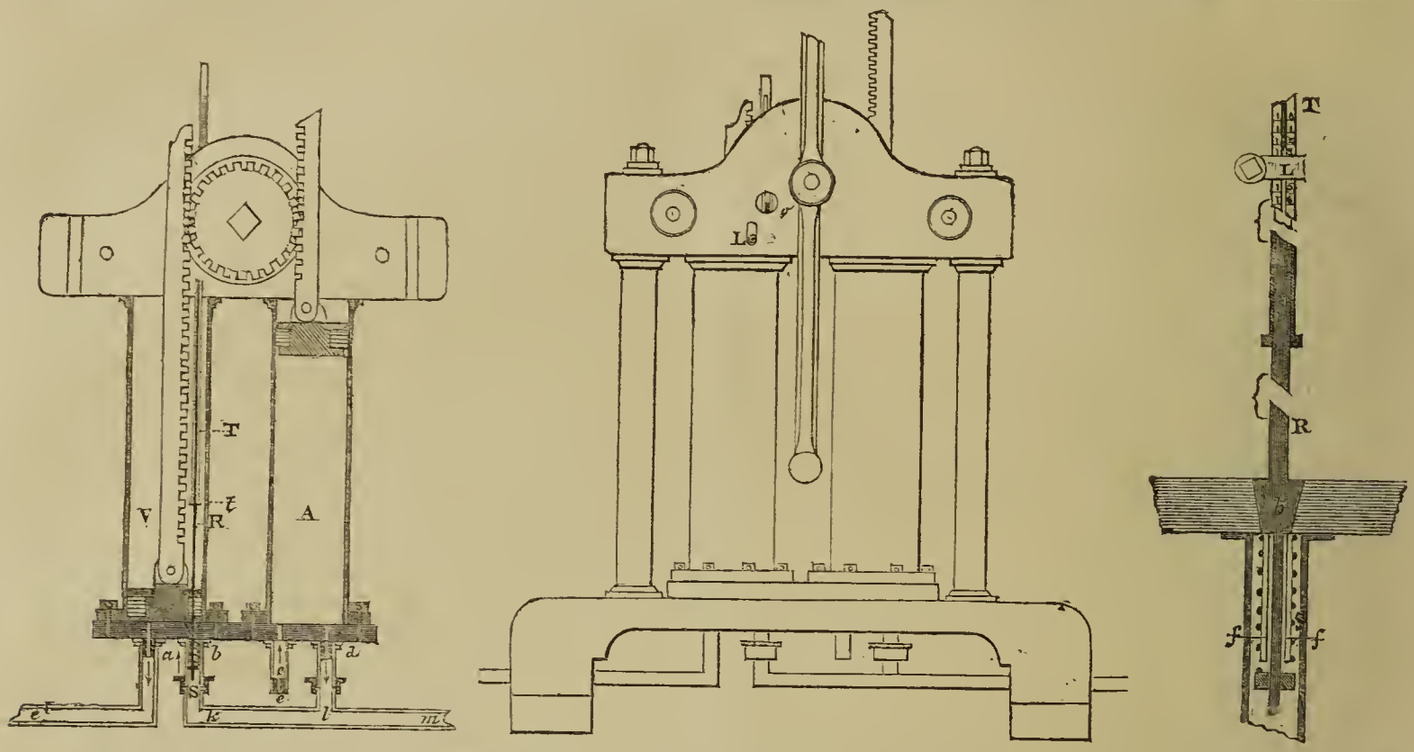
2. Artificial respiration may be performed for any length of time, even in cases of comparative rigidity of the thoracic muscles.

3. There is no danger to anticipate from an excessive distension of the lungs.

4. From 20 to 26 cubic inches of air or of oxygen gas can be used to inflate the lungs eighteen times in a minute.

5. Assistance is not indispensable for the operator.

This instrument, as illustrated by the accompanying sketch, where its sectional and elevation view are represented, and which



has been very successfully constructed by Mr. C. Becker, philosophical instrument-maker, is composed of two cylinders, V and A, enclosing two pistons, movable up and down by means of a lever, as in the case of the air pump. Four valves, *a*, *b*, *c*, *d*, close two apertures in the inferior plate of each cylinder, each valve being movable in the direction shown by the arrows. The valves, *a*, *c*, *d*, are exactly similar to those used in the common air-pump, and are made of a piece of oiled silk tied over a small brass cube, perforated in its vertical axis, the oil silk overlapping only two opposite sides of the cube. The valve *b* consists of a small brass cone, fitting exactly a conical opening in the inferior plate of the cylinder, and fixed to the vertical rod R, which passes through it. The part of the rod extending under the cone is surrounded by a strong spiral spring, S, which rests above against the inferior plate of the cylinder, and underneath, against a small disk screwed to the end of the rod, so that the spring is forcibly shortened, re-acting above and below, and keeping the little cone in its socket. To avoid breaking the spring, the rod is made to pass through a small cylinder, placed, therefore, between it and the spring, which, being rather shorter than that part of the rod, allows the little cone to be raised only just enough to admit the entrance of air into the cylinder V. The rod finds its way through the piston without, however, affording any passage for air, reaching as high as the woodwork of the instrument, where its extremity may be seen through the aperture *o*. Above the piston the rod is covered by a brass tube, T, or sheath, movable up and down, and long enough to extend from the top of the instrument to the top of the piston, when as low as possible in the cylinder V. This tube has two slits opposite each other, and is graduated so that one division corresponds to one cubic inch of the cylinder. The volume of each cylinder should be about 32 cubic inches; for the graduation of the tube the bulk of the piston is subtracted from the total volume of the cylinder. The tube can be fastened to the rod by a clamp, L, fitting in a hollow space inside the woodwork, which allows its being moved up and down to the extent of about a quarter of an inch, the clamp being tightened or loosened by means of a key. At the inferior extremity of the tube is a small disk, which checks the upward motion of the piston. A brass tube, *k*, *l*, *m*, connects the apertures closed by the valves *b* and *d*, and extends further to the right, to establish a communication between the cylinders and the lungs. The openings closed by the valves *a* and *c* are not connected with that tube, but communicate with the external atmosphere through the tubes *e'* and *c*.

The lever of the instrument is worked with both hands, like that of the air-pump, raising the piston of one of the cylinders and depressing the other at the same time; when the piston is lowered in the cylinder A, it closes the valve *c* by atmospheric pressure, and forces air into the lungs through the tube *l m*, producing an inspiration; at the same time, the piston of the cylinder V being raised, generates a vacuum, as the valve *a* is closed by the external pressure of the atmosphere, and the little cone or valve *b* forced into its socket by the spring; the spring must, therefore, be strong enough to resist the pressure of the atmosphere acting on the valve from beneath, and the friction of the rod inside the piston. As soon as the piston has reached the disc soldered to the end of the tube T, the inspiration ceases, and the slightest effort upon the lever will now shorten the spring and raise the cone *b*, when the air contained in the lungs will instantly rush into the vacuum, producing an expiration. The piston of the cylinder V is now depressed, and the other raised, which causes the expired air to be expelled from the cylinder V through the orifice *e'*, and fresh air to be taken in by the cylinder A, which is used for the following inspiration. The amount of air to be introduced into the lungs may easily be regulated by means of the tube which can be moved along the vertical rod R; by loosening the clamp, and raising the tube, the bulk of air will be increased, and the reverse will take place when the tube is depressed; if the divisions engraved upon the tube, and visible through the opening *o*, be made to coincide with the top of the rod which is seen by the light transmitted through the two opposite slits of the tube, the amount of air to be employed for the artificial respiration may be at once regulated.

The operator who is about to make use of this instrument, having previously determined upon the amount of air which is to constitute an inspiration and expiration, and fastened the tube accordingly, moves the lever up and down, as in the case of the air-pump, taking care that a short interval should elapse between each inspiration and the following expiration; he must also avoid striking violently against the disk, which the slightest pressure from the piston will suffice to raise; the action upon the spring is to be continued until the expiration has entirely ceased. Another and a longer interval necessarily elapses between an expiration and the next inspiration, than that which occurs between an inspiration and the following expiration, during which time the operator gets rid of the expired air, and takes into the instrument a fresh quantity of atmosphere; this interval between expiration and inspiration occurs, however, in natural respiration, and does not interfere with the action of the instrument. Oxygen, or any other gas, may be easily substituted for atmospheric air, by connecting the orifice *c* of the tube through which fresh air is brought into the cylinder with a receiver containing the gas, by means of a piece of vulcanised caoutchouc tube.

The power of this instrument to produce a phenomenon exactly similar to natural respiration can be easily illustrated by fixing the opening of a bladder to the end of the tube *l m*, when the bladder may be filled with air, and completely emptied, being made, therefore, to act precisely like a lung. The same experiment may be repeated upon lungs extracted from the body of an animal, or left in the thoracic cavity, by introducing into the trachea a canula made to communicate with the tube *l m* of the instrument by means of a short vulcanised caoutchouc tube.

On moving the pistons, the lungs will be observed alternately distending and contracting, as if the animal was living, air penerating into every one of the air-cells of this organ.

If the canula be introduced into the trachea of a dead animal before the occurrence of the rigor mortis, or after it has ceased, and artificial respiration produced, the thorax will be seen rising and falling, just as happens in natural respiration. When the experiment is made upon the dead human body, the same result is obtained, provided the lungs be in a comparatively healthy state. I have succeeded, but in one instance only, in completely dilating and contracting artificially the human lungs of a dead body, by introducing the canula into one of the nostrils, the other one and the mouth being maintained perfectly closed by an assistant. In this case the lungs were perfectly healthy, and the rigor mortis had entirely ceased. At the other opportunities I had for experimenting, in the Post-mortem Amphitheatre of St. George's Hospital, it was found impossible to dilate completely the lungs by introducing the canula into one of the nostrils, the lungs being considerably, if not completely diseased, or the rigor mortis having not yet disappeared. There is, however, every reason to expect, that artificial respiration will be easily performed, by the above means, upon the healthy human subject in cases of asphyxia from drowning or other causes, unless there should be a spasmodic action of the glottis, preventing the entrance of air into the trachea. The operation of tracheotomy is not, however, considered dangerous or difficult to perform, and might be resorted to, should the air introduced through the nose not find its way into the lungs.

The following experiments illustrate the practical utility of the instrument I have endeavoured to describe:—

Experiment 1.—A small dog was made to inhale the vapours of chloroform, until the respiratory motions of the chest had completely ceased. The operation of tracheotomy was immediately performed, and a canula introduced into the trachea, firmly secured by an assistant, thus avoiding the use of a ligature. One minute after natural respiration had ceased, the lungs were fully inflated, and contracted with about ten cubic inches of air. After three or four artificial inspirations and expirations, the animal showed signs of life, and a desire to breathe, evinced by slight motions of the mouth and lips. The canula being then removed, the animal immediately took in a long breath, and continued breathing naturally. A few minutes afterwards, he completely recovered.

Experiment 2.—Chloroform was given to a little dog until breathing was no more perceptible. The heart was felt beating for nearly three minutes afterwards. One minute having elapsed after the heart had ceased pulsating, artificial respiration was commenced, tracheotomy having previously been performed. This respiration was continued for five minutes, but failed to bring the animal to life.

Experiment 3.—In this case, insensibility was again produced upon a small dog by the action of chloroform. The respiration became weaker and weaker; heart beating rapidly. Tracheotomy was then performed, and chloroform made to be inhaled through the nose and mouth, and through the canula, until respiration had completely stopped. The pulsations of the heart had then become very slow, and hardly perceptible. Artificial respiration was now commenced. After three or four deep inspirations and expirations, the animal moved his nose and lips, and on the removal of the canula immediately took in a long inspiration, followed by two others; the fourth occurred fifteen seconds after the third; the heart was then pulsating rapidly but feebly. After the fourth inspiration breathing again ceased. The head of the animal was immediately put under the open tap of a butt full of cold water, but without inducing respiration. The pulsations of the heart had become very slow and weak. The canula was then again introduced into the animal's trachea, and artificial respiration was performed. Three or four deep inspirations and expirations sufficed to bring on the first signs of a desire to breathe; but artificial respiration was continued for two minutes longer. Upon the canula being removed, the animal took a long breath, and went on breathing naturally. He remained, however, in a state of stupor for about ten minutes longer before consciousness had returned, and then completely recovered.

Experiment 4.—Artificial respiration was produced upon a little dog, whose natural respiration had been checked by the inhalation of chloroform vapours. The animal very soon showed signs of life; but the canula having accidentally been loosened, the amount of air forced into the lungs was considerably diminished. The dog moved his nose and lips for a few seconds, and again fell into a state of complete stupor, from which it was found impossible to rouse him.

Experiment 5.—One of the dogs experimented upon a week previously was made to breathe the vapours of chloroform until respiration had ceased. Tracheotomy being again performed, and the canula introduced, its lungs were inflated and contracted by means of the artificial respirator. A few minutes afterwards he completely recovered, and has never suffered since from the experiment.

Experiment 6.—A little dog was immersed into a butt, about four feet deep, and full of water; a large stone had been tied to the front legs of the animal, and a long string fastened to that stone, to enable his being removed from the water at a given time. The dog was left in the butt for exactly one minute, and the struggling ceased after fifty seconds. When taken out, he showed no sign of life; but, upon close examination, the pulsations of the heart were still felt, though very slow and faint. One minute more elapsed before artificial respiration was commenced, so that no breathing had taken place for two minutes. After filling the lungs with air, and emptying them three or four times, the animal began to show signs of life, and a violent contraction of the body occurred. The canula was removed after a few more inspirations and expirations, and the animal immediately began to breathe naturally; insensibility continued, however, for five minutes longer, during which time the wound was sewed up, but after that time he entirely recovered. I must add, that, four days afterwards, that dog died with symptoms of secondary asphyxia; perhaps from pus and blood having found their way into the trachea, the wound being closed outside, or from a spasmodic contraction of the glottis, which prevented the entrance of air into the lungs; in every case where the animals experimented upon had recovered from the effects of chloroform the wound in the neck had been left open.

The above experiments suffice to illustrate the power of this instrument as to the treatment of apparent death from suspended respiration. Though artificial respiration be recommended as one of the most efficacious agents to obtain a recovery from drowning, it is not generally employed, very probably because no instrument has been found as yet to effect this purpose which was free from objection. I have every reason to hope that the artificial respirator I have just described will be found better suited to practical applications than any other previously invented; and perhaps I may be allowed to recommend it to the Royal Humane Society, which has already directed its attention to the means of inflating the lungs with air or with oxygen gas, as was advised in 1844 and 1847, by Mr. John Erichsen, in the first and second edition of "An Experimental Inquiry into the Pathology and Treatment of Asphyxia," and to whom the Royal Humane Society awarded their Fothergillian medal. I also beg to bring this instrument before the notice of Physicians, for the treatment of desperate cases of poisoning from narcotic poisons, and perhaps also for relieving suffocation in cases of croup.

Before concluding, I must add, that, from the nature of the action of this artificial respirator upon a bladder or upon lungs extracted from the thoracic cavity, an objection as to its practical application might be raised from the sudden and rapid character of the expiration; the experiment upon a healthy dog under the influence of chloroform will show, however, that the resistance of the walls of the chest diminishes considerably the rapidity of the expiration. At all events, it would be easy to obviate this inconvenience, should it really exist, by reducing the size of the orifice closed by the conical valve, so as to admit gradually the expired air into the cylinder.

Laboratory of Chemistry for the Study of Physiology
and Pathology, Chapel Place, Belgrave Square,
March 24, 1854.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE MONTH OF MARCH.

The subjoined report includes the following Hospitals:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, the Metropolitan Free, and the Central London Ophthalmic.

Lithotomy.—Number of cases, 7; recovered, 4; under treatment, 1; died, 2.

Case 1.—A delicate boy, aged 14, who had suffered from symptoms of calculus many months. Operation by Mr. Callaway at

Guy's Hospital; a lithic acid stone of considerable size removed. Recovered well. *Case* 2.—A man, aged 21, in a good state of health. A very large stone was removed. Death followed on the 10th day, and, from what was found at the autopsy, appeared to have been caused by secondary inflammation of the ureters and kidneys. *Case* 3.—A man, aged 34, in a cachectic state of health, having suffered severely from calculus for six or seven years. A large rounded stone was removed. After the operation, the patient had much vomiting, and complained of sharp pain in the region of the bladder. On the fourth day, he rather suddenly sank into extreme collapse, and died. The *post-mortem* showed an opening of considerable size through the posterior wall of the bladder into the peritoneal cavity. This opening was exactly opposite the incision in the prostate, and had probably been caused by the point of the knife during the operation. It had, however, ragged edges, and did not look like a clean cut—a circumstance which gave rise to the supposition that there might possibly have been some pre-existing ulceration at that spot, induced by the irritation of the stone. The surgeon under whose care this case occurred is a most skilful operator, and the lesson which it teaches is therefore very strong as to the risk which attends the employment of Key's knife (a long-bladed scalpel *with sharp point*), which was the one used. It also indicates the great importance of having the bladder distended with fluid at the time the incisions are made. The same lamentable accident occurred, we believe, at least once to Mr. Key himself, and has since done so to three or four of the operators who have employed his knife. It is much to be hoped that before long so dangerous an instrument may be finally laid aside. *Case* 4.—A boy, aged 5, in St. Mary's Hospital, under the care of Mr. Coulson. The calculus was impacted in the urethra, and it was hoped that it might have been extracted by a single incision over it. During the attempt, however, it slipped back into the bladder, and an ordinary lithotomy had to be performed for its removal. The patient was in good health at the time of operation, and has since done well. *Case* 5.—A boy, aged 12, under the care of Mr. Fergusson in King's College Hospital. He had suffered from symptoms of stone most of his life, but was in fair health. He has made a good recovery. *Case* 6.—A boy, aged 7, in St. George's Hospital, under the care of Mr. Johnson. A large calculus was removed. No bad symptoms followed, and the wound was healed in a month. *Case* 7.—A boy, aged 6, under the care of Mr. Borlase Childs in the Metropolitan Free Hospital. He was in but poor health at the time of the operation. An oval stone of moderate size was removed. Recovered.

Ovariotomy.—This operation has been attempted in two cases during the past month, in one of which its completion was found impracticable; both have, we regret to say, ended fatally. *Case* 1.—A woman, aged about 30, considered, after consultation with the whole staff of the Hospital, to be a fit subject for the operation. The long incision was practised, about two gallons of clear fluid evacuated, and the cyst drawn out. It was then found to be closely adherent to the uterus, and to have a root of attachment altogether at least five inches long. This large pedicle having, with some difficulty, been secured by means of several ligatures, the cyst was cut away, and, subsequently, the actual cautery was applied to some parts which bled. The operation was conducted in a heated room, and was so well managed that, throughout it, no part of the intestines was seen. Death occurred about thirty-nine hours afterwards, probably from commencing peritonitis. No *post-mortem* was permitted. *Case* 2.—A woman, aged 35. The long incision (four inches) was made, with the intention of removing the cyst. The latter was found, however, to have such extensive adhesions to the pelvic viscera (chiefly to bladder and uterus) that its extraction could not be safely attempted. A puncture was accordingly made, and a catheter left in, the edges of the sac having been fixed by ligature to the borders of the external wound. Death, from a low form of peritonitis, occurred on the fourth day.

Herniotomy.—Mr. Cock's case, in Guy's, and Mr. Luke's, in the London, both previously reported, have been discharged well during the past month. Number of cases, 13; recovered, 6; under treatment, 1; died, 6. *Case* 1.—Femoral hernia in a man aged 53, under the care of Mr. Coulson, in St. Mary's Hospital. Strangulation for about three days; sac opened; is doing well. *Case* 2.—Femoral hernia in a woman aged 65, under the care of Mr. Fergusson, in King's College Hospital. Strangulation 50 hours; sac not opened; recovered. *Case* 3.—A man, aged 55, femoral hernia. Strangulation 48 hours; sac opened. The man had suffered severe diarrhœa previous to the strangulation; and, after the operation, constipation, with stercoraceous vomiting, continued till the third day. Death took place on the eighth day, and the *post-mortem* showed ulceration through the coats of one part of the strangulated bowel; escape of fæces had, however, been prevented by the effusion of lymph, which had united the part to the adjoining coil of bowel. *Case* 4.—A woman, aged 50; hernia femoral; strangulation six or seven days. A large abscess around the sac had much disorganised the parts, and rendered the operation difficult. The operator intended to open the sac, and believed that he had done so. The symptoms of strangulation continued with unabated severity after the operation, and death occurred on the third day. At the autopsy, a loop of intestine was found still tightly strangulated in the femoral ring. Gimbernat's ligament had not been divided; but an opening had been made in the tendon of the external oblique immediately above the free border of Poupart's ligament, and the conjecture was, that the protruded bowel had been returned into this opening, thus doubling it over the seat of stricture. It was not easy to say whether the sac had been opened during the operation, or whether it had been destroyed by the suppuration which preceded it. *Case* 5.—A woman, aged 63; hernia femoral, of small size, strangulated two days. Excepting a very small portion, which did not feel like bowel, it had been reduced by taxis, but the continuance of symptoms necessitated an operation. Sac opened, and a small knuckle of intestine found and returned. The patient improved afterwards, vomiting ceased, and she passed one or more motions regularly every day until her death, which occurred rather suddenly on the eighth day. At the *post-mortem*, the portion of intestine which had been down was found in a gangrenous condition, although it had not actually given way. *Case* 6.—A woman, aged 63, femoral hernia, strangulated three days; sac opened; death on the second day, supposed to be from peritonitis, but no *post-mortem* could be obtained. *Case* 7.—A man, aged 58, under the care of Mr. Paget, in St. Bartholomew's; hernia congenital, strangulated forty hours; symptoms of strangulation well marked, but not very urgent. On opening the sac it was found to be continuous with the tunica vaginalis testis. No subsequent bad symptom; the wound healed without suppuration of the sac or inflammation of the testicle. It is remarkable, that, although the hernia was of the congenital form, yet the man stated that he had never been ruptured until within the last three months. *Case* 8.—A woman, aged 52; hernia femoral, of three years' duration, and strangulated four days. Sac opened; intestine found adherent to the sac, and its surface so covered with granulations as almost to conceal its character. Reduction was effected. Death from peritonitis followed; and at the autopsy there was found, in addition to the abdominal inflammation, extensive tubercular disease of both lungs. *Case* 9.—A man, aged 37, under the care of Mr. Ward, in the London Hospital; hernia direct inguinal, strangulated twenty-seven hours. Sac opened; recovered. *Case* 10.—A man, aged 64, under the care of Mr. Adams, in the London Hospital; hernia femoral, strangulated thirteen hours; sac not opened; recovered. *Case* 11.—A woman, aged 46, under the care of Mr. Tatum, in St. George's Hospital; hernia femoral; strangulated 56 hours; sac opened. The bowel was ulcerated in one minute spot, and fæces had escaped into the sac; the portion of gut surrounding the orifice was pinched up and tied. The ends of the ligature were then cut close off, and the bowel returned into the abdomen. The patient recovered without bad symptoms. *Case* 12.—A woman, aged 76; hernia femoral; strangulated 48 hours; sac opened. Stercoraceous vomiting continued after the operation, and death ensued. At the *post-mortem*, the portion of bowel which had been down was found to have mortified. *Case* 13.—A man, aged 32, under the care of Mr. Tatum, in St. George's Hospital; strangulation 48 hours. The sac was opened, and the gut was found to be much inflamed. The hernia was of the infantile form, and three layers of serous membrane had consequently to be divided. The patient recovered well.

Trephining of the Skull.—A boy, aged 9, was admitted into St. Bartholomew's, under the care of Mr. Paget, having fallen with the back of his head on an iron spike, and sustained a severe compound fracture of the skull. He was not insensible, and could just manage to stand, but, as the bone was much depressed, Mr. Paget thought it best to at once operate. The elevator was found sufficient, and the trephine not used. As far as was ascertained, the dura mater was not in any way torn. The boy has done well, and has not had a single bad symptom; the wound is now all but healed.

Ligature of Arteries.—Both the cases of ligature of the external iliac (Mr. Skey and Mr. Solly) may be considered convalescent.

During the month there have been performed the following:—In St. Mary's Hospital, by Mr. Haynes Walton, ligature of the femoral, in a case of large aneurism in the calf, in which treatment by compression, persevered in for two months, had failed to prevent the increase of the tumour, or to induce solidification of its contents. After the operation, the man did fairly for ten days, when death suddenly occurred. At the *post-mortem*, the heart was found extensively diseased, its aortic semilunars being covered with granulations, and one of them torn across at its base. It seemed probable that the rupture of this valve had been the cause of death. The aneurismal sac had in it very little laminated coagula, but contained much soft blood-clot. In St. Bartholomew's Hospital, by Mr. Callender, one of the House-Surgeons, ligature of both ends of a wounded ulnar artery. The ligatures came away on the 11th day.

Compression Treatment of Aneurism.—Mr. Hilton's case, in Guy's Hospital, continues under treatment. In St. George's, a case of double popliteal aneurism is under Mr. Tatum's care; and, in the Middlesex, one of similar nature, but single, is under that of Mr. Moore. Both are being treated by compression.

Amputations.—With one exception, all the cases left under treatment by last month's report are either recovered or doing well.

There have been performed, during the month, 17, of which 3 are recovered, 10 yet under treatment, and 4 dead. Of the *Thigh*, 5.—*Case* 1, under the care of Mr. Paget, in St. Bartholomew's.—A boy, aged 14; inflammation of entire shaft of tibia, with necrosis of portions; abscesses in several parts, and ulceration into the knee-joint. The lad was much reduced by the disease, but has recovered remarkably well. *Case* 2.—A boy, aged 14, under the care of Mr. South, in St. Thomas's Hospital, on account of diseased knee-joint, with abscesses extending up the thigh; is doing well. *Case* 3.—A boy, aged 9, under the care of Mr. South, in St. Thomas's Hospital, on account of diseased knee-joint, and abscesses extending up the thigh. He was extremely ill at the time of the amputation, and death from pyæmia followed on the 7th day. Secondary abscesses were found in the lungs. *Case* 4.—A man, aged 36, in a good state of health; amputation for old-standing disease of the knee-joint; death from pyæmia. *Case* 5.—Amputation at the hip-joint, by Mr. Adams, in the London Hospital. Death from exhaustion on the 11th day. (See detailed report in the *Medical Times and Gazette* for April 8.) Of the *Leg.*—*Case* 6.—A man, aged 38, under the care of Mr. Lawrence, in St. Bartholomew's, on account of diseased tibia, and extensive ulceration of the integument. Secondary hæmorrhage occurred, but was arrested by a second ligature applied to the bleeding vessel, and the patient is now doing well. *Case* 7.—A man, aged 41, also under Mr. Lawrence's care. Secondary amputation was performed two months after a compound fracture extending into the ankle-joint. Secondary hæmorrhage occurred, but ceased on the application of lint soaked in the solution of perchloride of iron; the stump is now doing well. *Case* 8.—A man, aged 48, of very intemperate habits, secondary amputation five weeks after a compound fracture extending into the ankle-joint; death, apparently from exhaustion, followed. *Case* 9.—A man, aged 35, under the care of Mr. Simon, in St. Thomas's, on account of compound fracture of the leg, extending into the ankle-joint, and attended with laceration of the posterior tibial artery. Primary amputation was performed, and the man is doing well; he had sustained also a simple fracture of the opposite leg. *Case* 10.—A man, aged 22, in the Middlesex Hospital, under the care of Mr. Shaw. Amputation in the middle third of the leg was performed, on account of a bad stump, left after spontaneous separation of the foot by gangrene. Of the *Foot.*—*Case* 11.—In King's College Hospital, Hey's amputation of the foot, by Mr. Fergusson; the patient is doing well. *Case* 12.—In University College Hospital, by Mr. Erichsen, amputation at the ankle-joint, on account of senile gangrene of the foot, in a man aged 55. The patient was in fair health, and is doing well. Of the *Upper Extremity.*—*Case* 13.—By Mr. Paget, in St. Bartholomew's, amputation in the middle of the forearm, on account of disease of the carpus and wrist-joint. The patient, a man aged 39, is the subject of chronic but advanced phthisis; his stump has healed well, and his health appears to have been considerably benefited by the removal of the diseased hand. *Case* 14.—In the London Hospital, by Mr. Curling, amputation through the forearm, on account of the disorganisation produced by erysipelas following a laceration of the wrist. A man, aged 60, in feeble health; operation six weeks after the injury; doing well. *Case* 15.—Primary amputation of the forearm, on account of compound fracture, by Mr. Poland, in Guy's Hospital; doing well. *Case* 16.—Primary amputation at the insertion of the deltoid, by Mr. Solly, in St. Thomas's Hospital. The patient, a boy, aged 9 had sustained a compound fracture of the humerus, extending into the elbow-joint, with laceration of the brachial artery. He is doing well. *Case* 17.—Amputation at the wrist-joint, by Mr. Le Gros Clarke, in St. Thomas's Hospital, on account of a large cancerous ulcer on the back of the hand. The patient, a man aged 61, has recovered, with a good stump.

Excision of Bones or Joints.—Mr. Fergusson's two cases of excision of the entire elbow-joint, operated on last month, have both been discharged, the wounds being healed, the power in flexion and extension increasing daily. Mr. Fergusson's case of excision of the ankle-joint is also doing remarkably well. Mr. Erichsen's case of excision of the knee-joint progresses satisfactorily. The boy on whom Mr. Erichsen practised excision of the head of the femur still suffers from hectic and profuse suppuration. Mr. Lloyd's case of partial excision of the elbow-joint, performed in November, is progressing well. The numerous cases of gouging away of portions of the tarsal bones which are on our list are all doing fairly. None of them can, however, as yet be reported as recoveries. Mr. Lane's case of excision of the metatarso-phalangeal joint of the great toe, in St. Mary's Hospital, continues under treatment, and anchylosis is not yet established.

During the month there have been performed the following:—By Mr. Hancock, in the Charing-Cross Hospital, on one case, gouging away of the diseased portions of the astragalus; and in a second of the os calcis. Both cases are doing well. In Guy's, by Mr. Birkett, the removal of the whole ossified centre of the os calcis of a child, aged 2 years. The necrosis had resulted on an injury.

Operation for Abscess in Bone.—A strumous-looking lad, aged 18, was admitted, under Mr. Birkett's care, into Guy's Hospital, in order to have his leg removed, for what was supposed to be disease of the knee-joint. He had been ill six months, and had throughout suffered intense pain in the bone just above the knee, from the effects of which his health was fast failing. There was apparent enlargement of the bone, and considerable general tumefaction of the soft parts. Remedies having failed to give any degree of relief, Mr. Birkett made a crucial incision over the outer side of the bone, at the most painful spot, and applied the trephine. About ʒij. of healthy-looking pus escaped, and on pressing the finger into the cavity thus opened, it was found to extend into the outer condyle, and to be lined with a soft villous membrane. There was no dead bone. The patient has been free from pain ever since, and is doing well.

Removal of Necrosed Bone.—Several of the cases already reported have been again operated on, as also a considerable number of new ones. Some of the cases, this month, are of interest, but we cannot compress the statement of their important features sufficiently for introduction here, and shall, therefore, notice them in another part of our Reports at a future time.

Excision of Malignant Growths.—With the exception of the cases under the care respectively of Mr. Quain and Mr. Paget, yet under treatment, all the cases mentioned last month are recovered. We were in error, in stating last month, respecting a case under the care of Mr. Stanley, that the penis had been amputated on account of epithelial cancer. The prepuce was the part primarily, and almost solely, affected, and Mr. Stanley accordingly contented himself by dissecting it away from around the corona, shaving off in one spot a small portion of the glans, in which was a suspicious-looking excoriation. The operation succeeded in its intention, as the parts healed well, and a useful organ was preserved.

During the month there have been performed:—In Guy's Hospital, by Mr. Cock, the excision of a mass of medullary cancer, the size of two fists, which closely adhered to the periosteum of the fifth and sixth ribs on the right side posteriorly. The patient was a delicate-looking young woman, and attributed the disease to a blow accidentally received three months before. She recovered well. In the University College, by Mr. Erichsen, excision of a scirrhous breast, and several enlarged lymphatics, from a woman, aged 41; doing well. In St. Bartholomew's Hospital, by Mr. Stanley, removal of a scirrhous breast from a woman, aged 38; recovered. Also, by Mr. Stanley, partial excision of a scirrhous tumour of the breast and adjacent parts from a woman, aged 43. Before the operation the tumour was movable, and was believed to be circumscribed, but on making the incisions it was found to involve the pectoral muscle and the cartilages of the ribs, so that its complete extirpation was impracticable. The patient remains in the hospital, and is doing well. Excision of an epithelial cancer of the lower lip

by Mr. Wormald, on a man aged 52, an inveterate smoker; recovered. In St. Mary's Hospital, by Mr. S. Lane, excision of a returned scirrhous growth in the cicatrix of a patient whose breast had been amputated for that disease four months ago. In St. Thomas's Hospital, by Mr. Simon, amputation of the penis on account of epithelial cancer; patient a man aged 69, in very good health; recovered.

Excision of Non-Malignant Growths.—Mr. Cock's case of tumour in the pharynx continues under treatment. All the others previously mentioned have recovered. In King's College Hospital Mr. Fergusson has excised during the month a fibrous tumour of the parotid gland having deep attachments, and a similar case has also been operated on by Mr. Birkett, in Guy's Hospital. The patients in both cases have recovered. By Mr. Birkett, in Guy's, there has also been removed a very large tumour from the front of the patella. It had been of three years' duration, and had been painful and fast increasing for three weeks. Its walls were very thick and almost cartilaginous. The wound is nearly healed. In King's College Hospital Mr. Fergusson removed the left testis of a healthy-looking man, aged 32, who had suffered from enlargement of the organ for upwards of eighteen months, the disease being consequent on a blow. It proved to be a good example of the cystic disease in an early stage. (Mr. Fergusson exhibited the specimen at a recent meeting of the Pathological Society, and a description of it will be found in the Report of that Society's next meeting.)

Operations for Urethral Stricture.—One of Mr. Partridge's cases in King's College and Mr. Cock's case in Guy's Hospital have been discharged well, the wounds being quite healed. In Mr. Partridge's second case, mentioned last month, death has occurred, and the *post-mortem* showed deposit of pus behind the pubes, and between the layers of abdominal muscles. The layers of peritoneum in the pelvis were adherent. With these exceptions the cases already reported remain under care. Mr. Fergusson has performed perineal section during the month on a man admitted into King's College Hospital, almost moribund from extravasation of urine. Free incisions were also practised, and the patient recovered from the effects of the accident and the operation, but died a fortnight afterwards of bronchitis. He was sixty-five years old, and habitually suffered from winter cough. A man was admitted into St. Bartholomew's Hospital, under Mr. Lawrence's care, having broken a home-made gutta percha bougie into his urethra. Having failed in his attempts to extract it by forceps introduced per urethram, Mr. Lawrence made an incision into the urethra behind the scrotum, and removed a portion. It again broke, however, and the terminal fragment was left in the bladder. The wound being free, Mr. Lawrence did not incline to attempt any further operation for the removal of this portion. It came away spontaneously by the wound a few days afterwards, and the incision is now fast healing. In St. Mary's Hospital perineal section has been performed by Mr. Ure. The man was admitted with extravasation of urine, free incisions were practised, and a small catheter passed, and on the following day Syme's staff was introduced, and the stricture divided upon it. The man is doing well.

Paracentesis Thoracis.—Several cases remain under care in which this operation has been performed.

Paracentesis Abdominis.—In 7 cases, 4 for ascites, and 3 for ovarian dropsy. In one of the ascites cases peritonitis followed, and death in forty-eight hours. All the others have recovered from the operation.

Ligature, etc., of Nævus.—The cases mentioned last month remain under care. In two cases, in St. Bartholomew's Hospital, of small cutaneous nævus of the scalp, Mr. Lawrence has successfully employed the strong nitric acid. It was freely applied, and, in each case, a single application proved effectual. In a case under the care of Mr. Paget, situated on the tip of the nose, the subcutaneous ligature has been successful.

Fistula in Ano.—Several cases have been operated on during the month, but do not require especial notice.

Operations for Ununited Fracture.—The two cases under care at St. Bartholomew's remain under treatment. Mr. Stanley has operated on a man for ununited fracture of the right femur, by means of ivory pegs introduced into the ends of the bones; the apposition of the latter being secured by a strong silvered wire connecting them together; and brought out at the wound. The man had since suffered severely from inflammation of the thigh, sloughing condition of the wound, and consequent constitutional disturbance. He is now improving. It has been found needful to remove the wire. A boy, under the care of Mr. Lawrence, with non-union of the left tibia, fractured seven months ago, is progressing well, under treatment with a starch bandage, and permission to walk about.

Plastic Operations.—The cases of vesico-vaginal fistula remain under care, as also one of ruptured perinæum in St. Mary's Hospital, under Mr. Baker Brown. In a case of laceration of the lip in a child, in which, after healing, a notch half an inch deep had been left, Mr. Cock, in Guy's Hospital, performed an ordinary hare-lip operation with success.

Operations for Cataract—Absorption.—One case, under the care of Mr. Wharton Jones, in University College Hospital, and two under Mr. Haynes Walton, in the Central London Ophthalmic: all recovered. *Extraction.*—In a case in the London Hospital, in which the lens had become dislocated into the anterior chamber, Mr. Crichett performed extraction successfully. It is remarkable, that the patient was not aware of having received any injury to the eye. In a case of cretaceous deposit in the lens of a lost eye Mr. Walton extracted, on account of the irritation it was causing to the opposite organ; the best effect was produced.

Artificial Pupil.—This operation has been done successfully in two cases. In one, under the care of Mr. Critchett, in the London Hospital, in which the pupil had been occluded by effused lymph, the lens not being opaque. In a second by Mr. Walton, on account of prolapse of the iris, and obliteration of the pupil, in consequence of purulent ophthalmia.

Ectropium.—In a case under the care of Mr. Walton, considerable benefit has resulted from dissecting away almost the whole of the tarsal conjunctiva.

THE MIDDLESEX HOSPITAL.

CASE OF TETANUS.

(Continued from page 378.)

[Under the care of Mr. DE MORGAN.]

Case 9.—Severe Burn on the Neck and Face.—Acute Tetanus on the Seventh Day.—Chloroform Inhalations.—Death in Twenty-Four Hours.—Autopsy.—Susan Bridges, aged 9, stout, and of good health, was admitted on February 9, 1854, having just before been severely burned by her clothes catching fire. The burn involved the chest, face, and arms, and in parts had extended deeply. There was much collapse at first; but she rallied in a short time, and no undue re-actionary fever followed. She was doing well up to February 16, at which time the sloughs had not all separated. On the evening of that day she became unable to swallow, and the masseters assumed a rigid and contracted state. There had been no particular constipation, and a dose of croton oil now given acted freely. On the following morning she was worse in every respect, and the trismus was more complete. The administration of chloroform internally in five-minim doses every two hours was now commenced, and regularly continued; it did not appear, however, to exert any influence, and, about noon, spasms of opisthotonos commenced to occur. Chloroform inhalations were now tried. So long as the patient was under their full influence, all spasm was absent; but, as soon as ever the administration was intermitted, they returned. The inhalations were continued with very short intervals throughout the afternoon, and were abandoned about six in the evening, as they did not seem to have any power in preventing the recurrence of the paroxysms. No untoward symptoms had occurred from their use, but it was not deemed advisable to keep the patient in the condition of complete insensibility for long periods together. After they were laid aside, the girl had twitchings of opisthotonos almost every two minutes; she had also diaphragmatic spasms, and the risus sardonicus was well marked. Death took place at nine p.m. An hour or two before it, there had been a seeming intermission of symptoms, during which the mouth might be opened to a small extent, and she could swallow fluids. It was probably only the relaxation consequent on failing power.

The autopsy showed no very marked pathological changes. In the subarachnoid cellular tissue about the pons, and also in the lateral ventricles, the serum was tinged with blood. The brain and its meninges generally were somewhat congested. The brachial plexus was carefully dissected, as also the branches going to the injured surface, but nothing abnormal was observed. The cord was rather more vascular than usual.

Mr. Sibley, the Registrar of the Hospital, was kind enough to furnish us with the above particulars.

OPENING OF THE BATH HOSPITAL.—On Thursday this valuable Institution was opened for the reception of patients for the present season, when 67 were admitted, being the largest number ever before known on the first day of opening, which shows the increasing extent of its usefulness.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, April 22.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XXI.: — "Cheiroptera." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Medical Society of London. *Subject:*—"On Metastasis." By Mr. Hunt. Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Tuesday, April 25.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XXII.: — "Carnivora." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Medical and Chirurgical Society. *Subject:*—"Additional Remarks on the Statistics and Morbid Anatomy of Mental Diseases." By Dr. Webster. Half-past Eight o'Clock.

——— ——— Zoological Society. Nine o'Clock.

Wednesday, April 26.—Medico-Botanical Society. Eight o'Clock.

——— ——— Geological Society. Half-past Eight o'Clock.

Thursday, April 27.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XXIII. :—"Quadrumana." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Society. Half-past Eight o'Clock.

Friday, April 28.—Royal Institution. Half-past Eight o'Clock.

——— ——— Zoological Society. *Anniversary.* One o'Clock.

Saturday, April 29.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XXIV. :—"Comparison of the Apes or Anthropoid Quadrumana with Man.—Conclusion." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Medical Society of London. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, APRIL 22.

THE REFORM CONFERENCE.

The Medical Reform movement appears at length to be taking a right direction. The Bill of the Association is to become the Bill of the Profession. In the form it assumed at the commencement of the present Session, as the Bill of one section of the Profession, faulty in principle, crude and imperfect in plan, and defective in detail, we predicted, in the first Number of the present Volume, that it was not likely to be accepted by the Legislature without very considerable alterations, and foreseeing that it would excite great opposition, did not think it even necessary to print the draft of the measure. Accordingly, we were not at all surprised to hear shortly afterwards that it had encountered the opposition of the Edinburgh College; that the Irish Bodies did not even think it worthy of consideration; that at the preliminary meeting at Freemason's Tavern, it was referred to a special meeting of the whole Association; and that when this special assembly met, it was unanimously resolved, on the motion of Sir John Forbes, that in order to make the Bill that "of *the Profession*," representatives of the Medical Corporations and other members of our body should be invited to co-operate in further considering it. By the manner in which they have carried out this Resolution, the Reform Committee of the Association have earned the thanks of all practical reformers; for we confidently anticipate that the result of the Conference will be a measure at once simple and comprehensive, which the whole Profession can regard as their Bill, and not as that of one section of our order only.

The first meeting of the Conference is to take place at the College of Physicians on Tuesday next, and the attendance of Delegates has been invited from all the Medical corporate bodies in the United Kingdom, from the various Universities, and from each branch of the Association. It is, of course, premature to speculate upon the course the proceedings may take, but whether the whole Conference should agree to debate upon the principles and details of a Bill, or whether an impartially elected Committee should be constituted to draw up a Bill, to be afterwards submitted to the whole Conference, we sincerely hope that such a measure may be framed as will command the approbation of the whole Profession, and the support of Government.

Without going into detail, we may state our own impression after reviewing our correspondence on the subject from all parts of this country, and from Scotland and Ireland, and after conferring with many who have long taken an interest in it, that the regulation of the Profession will be best entrusted to one Central Council. We find that this would be more agreeable to the Scotch and Irish Colleges than the plan of three Councils proposed in the Association Bill. This Council should not be too large, and should be elected by some form of Universal Suffrage. Probably the number ten would admit representatives of all the principal licensing bodies in the Kingdom, with a just proportion of General Practitioners. To this Council should be delegated the power of fixing the minimum curriculum of study which any and every licensing body in the Kingdom should admit as qualification for examination, and the right of being present at the examinations of any such body. Further than this, it need not interfere with any existing Institution. It would impose no examination itself, but would give the licence to practise when convinced that the diploma presented by any candidate for such licence had been legally obtained. No diploma nor licence of any corporate body should give the right to practise without being countersigned by the Central Council. This signature would be, in fact, a State licence. It would entitle the holder to appear on the State Register, and without it no one could legally practise. Under such a Council, representing all classes of the Profession, elected by the whole body of each class, we should see the great principles of uniformity of qualification and reciprocity of practice fully carried out. No existing Institution would be unjustly or partially interfered with, and no regulation need be retrospective. Thus we might obtain immense good, without any counterbalancing evil.

We need not develope this matter further at present, as it is one peculiarly suitable for the deliberations of a mixed conference. The position of Mr. Brady's Bill is not affected materially by the present state of affairs. It provides Registration, not Reform; and we trust that, as a simple measure of Registration, it will pass, notwithstanding the doubtful statement of Lord Palmerston in the House. Mr. Brady has assured us that he will persevere in it; and convinced, as we are, that it is a step in the right direction, we trust that his perseverance will be crowned with success; and that, while we are framing a good measure of Reform, we shall not lose the measure of Registration which has excited such fear and opposition among every variety of the genus *quack*. It is to be committed in the House of Commons on the 3rd of May, and we trust that many more Petitions will be forwarded in its favour. If the General Practitioners unite warmly in such Petitions, success must follow their efforts, even though the exertions of the quacks have been assisted by jealousy and discord within the ranks of the Profession.

HOSPITAL ELECTIONS.

We have repeatedly alluded to the evils necessarily connected with the present system of election of the Medical Officers of our Hospitals by Governors whose sole qualification is a pecuniary one, and who are consequently unlikely to possess the ability to judge between the respective professional merits of rival candidates for their votes. These evils are again brought prominently into notice by the approaching elections at St. Bartholomew's, especially in the contest between Dr. Baly and Dr. John Hue for the post of Assistant-Physician to that Hospital. We stated last week, that Dr. Baly and Dr. Kirkes were candidates for the post; but it must be understood, that Dr. Kirkes does not

oppose Dr. Baly. He only comes forward in the case of an additional Assistant-Physician being appointed, as well as an additional Physician—an increase of staff which is fully expected, and which we need hardly say is more than needed.

As would naturally be presumed, most of the present and late staff of St. Bartholomew's are warm supporters of Dr. Baly. It is not very often that Dr. Latham publishes. When he does, one scarcely knows whether to admire more the soundness of his arguments or the manner in which they are expressed. A letter to the Governors of St. Bartholomew's just printed by him is so excellent, that we now re-publish it for the benefit of our readers :—

"I have often thought that there must be many among the Governors of a great Hospital who, whenever they are called upon to elect a Medical Officer, must find themselves in painful perplexity. And this perplexity will be the greater as they are more thoughtful and conscientious. They would naturally distrust their own competency to form a judgment of the comparative fitness of the candidates. Yet upon this fitness they must decide ; and, if the majority decide erroneously, a positive evil, or a hindrance of good, may result, which it is sad to think of.

"They must, therefore, seek the information which they need to guide them from those who have it. And the only men who have it are Medical men. Medical men alone know the things which belong to their own Profession. They alone know its existing state, either as a science or an art ; and who are active in promoting it, and who are not ; and who have made accessions to it, and who have made none ; and who have and who have not, in its daily exercise, gained the credit of practical skill, or, by their writings, become the instructors of mankind.

"The Governors of St. Bartholomew's Hospital will probably soon be called to elect an Assistant-Physician. And it may fairly excuse the liberty I take in addressing them, that I myself once held the high office of Physician to St. Bartholomew's ; and, during seventeen years, gave to it (such as they were) the best energies of my mind. My experience of the Hospital then has taught me my responsibility as a Governor now. All I know of its working, of the good that is within the reach of great knowledge and great zeal, of the evil that springs from mediocrity and indifference, binds it as a sacred duty upon my conscience, in all Medical appointments, to support the best and the ablest man, and, moreover, to press with all becoming earnestness the same duty upon the consciences of others.

"My own support is now pre-eminently due to Dr. Baly ; and I commend him to the support of all who are disposed to place confidence in my judgment of what is right, or in the judgment of any impartial member of the Medical Profession.

"I might enumerate the services done by Dr. Baly to his Profession. But I will not ; for they could be justly understood and appreciated only by Medical men. Let it be enough for the Governors of St. Bartholomew's to know that Dr. Baly is in the first rank of living Physicians, and that he has won his eminence by years of untiring industry, and by the exercise of great talents, and by the value of his written works, and by his unblemished character.

"When the merit of candidates is confessedly equal, the claim of seniority is then asserted and allowed. Now, Dr. Baly is senior to his competitors by at least ten years. Dr. Baly was a Lecturer at St. Bartholomew's, and had already made the world acquainted with some of his most valuable works, before his competitor had entered upon his Medical studies. When every year that a man lives can be counted by its fruits, the claim of seniority becomes indeed the claim of moral justice. .

"P. M. Latham, M.D."

We trust that in thus far promulgating the claims of Dr. Baly, we shall not be accused of attempting to prejudice those of his opponent. It is our object, as it is the interest of the Profession and of science, that the best man should obtain the appointment ; and if Dr. John Hue can bring forward higher professional claims than those of Dr. Baly, we should heartily congratulate him on his success if he should win. We and his professional brethren would, however, regard the defeat of Dr. Baly by family and extra-professional interest with very different feelings.

The contest between Messrs. Coote, M'Whinnie, and Savory, is not one in which such a marked professional contrast can be drawn. Mr. Savory, like Dr. Kirkes, is not likely to stand unless a fourth Assistant-Surgeon should be appointed, so that the real struggle will be between Messrs. Coote and M'Whinnie. Here, again, we trust that the Governors will not look to mere seniority, but will carefully seek for professional advice upon the professional merits of the rival candidates. Let them ask who has been the most popular and successful teacher in the School connected with the Hospital ; who has contributed the best works to the science of the day ; who would be most acceptable to the students and to the present Medical Officers, who are alike interested in maintaining the reputation of the Institution ; and let them lay aside all party and private feelings, and determine that the noble objects of the Charity shall not suffer through their votes,—that the School of Pott and Abernethy, of Latham, Lawrence, and Owen, shall not suffer by the election of men who have done little or nothing to enhance or sustain the professional character of their Alma Mater. Let them judge of the future by the past, and not confer power on any one who, having wasted great opportunities, would be likely to do so perpetually.

THE CHOLERA.

Two cases of this disease have been registered within the last week ; one, in the same house in which it broke out in 1849, in Prospect Place, Whitecross Street ; the other in Hadin's Lane, Woolwich Arsenal.

The Board of Health have accordingly issued a notification, warning Boards of Guardians, local Boards of Health, parochial Boards, and other local authorities, against placing a false security in the present apparent disappearance of epidemic cholera.

"It is of the last importance to bear in mind that a similar decline of the pestilence took place at corresponding periods of its progress on both its former visitations.

"The attack of 1831 was premonitory of a more severe and wide-spread outbreak in 1832.

"The epidemic of 1848, which in the autumn of that year numbered nearly 1,000 victims in the Metropolis, almost wholly disappeared in the spring, yet returned with redoubled violence in the summer, destroyed nearly 2,000 persons weekly for several weeks in succession, and produced, including deaths from diarrhœa, a total mortality of more than 17,000.

"In like manner, the outbreak of last autumn, which commenced with greater virulence than the epidemic of 1848, and destroyed in the Metropolis during the first months of its course double the number of victims, has been followed by a lull which has been more complete than that of 1849. But within the last month the disease has again become more active, and a gradual increase has taken place in the number of deaths, raising for this month the total deaths in England and Scotland to twice the amount of the corresponding period of 1849. The analogy of the preceding visitations therefore justifies the apprehension that the disease, instead of having ceased, is in its period of incubation, and that the epidemic, in its decided form and full force, is yet to come."

In all preparations to meet the Cholera, we have observed with deep regret, that too great a regard for economy seems to have had far greater weight with the majority of public Boards than the welfare of the population ; and that, in consequence, notwithstanding the emphatic warnings which have been given, to attend to matters connected with sanitary improvement, very little has yet been accomplished. As the disease is not now actually devastating the country, we act as if it had quitted our shores ; and the apathy of the authorities resembles the torpor of the Italian peasant, who slumbers securely upon the slopes of Vesuvius, and disregards the subterranean thunders of the burning mountain till he is overwhelmed beneath its liquid fires.

The slightest reflection upon the nature of Cholera must prove, to any thinking mind, the necessity of taking precautionary measures while the disease is still at some distance, instead of waiting until it is fully established among us, and

when the terror inspired by the malady, the actual attendance upon the sick, and the task of burying the dead, so paralyse the effect of sanitary precautions as to render them almost valueless.

But, while we admit the difficulty of restoring the patient to health, after the stage of collapse has commenced, it must also be remembered, that the disease, in this its most aggravated form, seizes wholly or chiefly those persons who, from defective sanitary and personal precautions, are more immediately open to its influence. Admitting that the Cholera-poison is diffused in the elements around us, and that we are all more or less exposed to its contamination, it is a deduction from physiological reasoning, as it is a result of experience, that the miasm is more readily absorbed by those who are ill-fed, ill-clothed, unclean, and intemperate, than by those in opposite conditions; and it is almost equally apparent, that the poison will be generated in greater quantity, and will produce more deadly effects in close, ill-ventilated, densely-peopled, and damp localities, than in those which are dry and elevated, clean and airy. These truths have been so often impressed upon the public mind, both Medical and non-Medical, that they must be familiar "household words," and yet it is incredible how the voice of science, reason, and experience, has hitherto been neglected.

We would, therefore, again earnestly invite attention to this most important subject, for the old and trite proverb, "prevention is better than cure," was never more truly exemplified than in the history of cholera. Amid the wealth and magnificence which everywhere strike the eye in our immense Metropolis, it is well known to the Medical Practitioner that dens of filth, and poverty, and wretchedness, too freely abound, in which localities disease erects its throne, and death prematurely decimates the unfortunate residents. Such dark spots might be pointed out as almost the certain scenes which would be selected by a new cholera epidemic; and when such a visitation occurs, and hundreds are swept away by the disease, then, and not till then, will the vigilance of the authorities be aroused, and a vain attempt made to control the ravages of the destroyer. But, surely *now* is the time for the benevolent work to be done; *now*, when the population is comparatively healthy; *now*, while we are under no immediate apprehension, and our minds can calmly contemplate our allotted tasks. It is now the time to visit the dwellings of the poor, to exhort this class of persons to cleanliness and temperance, to point out to them the utility of fresh air and pure water, and to urge the necessity of attending to any symptoms of disease, however slight they may at first appear. Nor must it be forgotten, that while the services of the Medical Practitioner are invaluable in rectifying any distinctly morbid indications, it is no less essential that the bodily necessities of the poor should be inquired into and promptly relieved, for good food and good clothing are quite as important, and in some cases even more so, than medicine. The late winter has been one of unusual hardship to the lower classes, and its severity has fallen most heavily upon those who disdain to exhibit their wretchedness in the public thoroughfares, and who suffer in unrepining silence in the solitude of their miserable habitations. This is the class of the community whose wants should be investigated, not only by the Medical Practitioner (for he knows them from daily experience), but by the clergy of all denominations, and by the benevolent of every sect; and there cannot be a more profitable task than to institute such Home Missions at the present moment, and, while discriminating poverty from vice and indolence from illness, to feed the hungry and to clothe the naked, thereby fortifying them from the reception of epidemic poisons. No less important is it to cleanse all close streets, courts, and alleys, to destroy or remove all vegetable and animal accumulations, to separate families who are living too densely together in the same dwellings, to remove the sick from the centres of disease, and to place them in well-ordered Hospitals or houses of refuge, and to bury the dead as soon as convenience will permit. The formation of such houses of refuge should be arranged *now* that we have time, and not amid the hurry and confusion of an epidemic.

The Board of Health entirely overlook the necessity of at once providing such establishments, and content themselves with general directions for sewerage, cleanliness, house-to-house visitation, etc.; pointing out very strongly, however, the evils attending the present system of procrastination.

"Instead of preparing to meet the danger, they shut their eyes against it. Cases of diarrhœa occurring in unusual intensity, in unusual numbers, and at an unusual season, they regard as of no real significance. Successive deaths, with the symptoms of malignant cholera, they call deaths from English cholera, as if changing the name altered the evil. They suppress, as far and as long as possible, the knowledge of all local forewarnings, whence a false security is maintained, which, on the outbreak of the pestilence, gives place to panic. On the arrival of one of the Board's Medical inspectors, who, under such circumstances, is usually sent for, he finds the Union Medical Officers distracted with the sudden demands made upon them—demands greater than they could possibly satisfy were they to devote day and night to the service, which, indeed, many of them do, to the peril—and some to the loss—of their own lives. Thus occupied with the treatment of cases, they are wholly unable to devise, organise, and superintend measures for preventing the spread of the pestilence among the population as yet unattacked. Additional Medical assistance has now to be sought from a distance; properly qualified house-to-house visiters to perform the service of bringing the premonitory cases under immediate treatment are to be obtained; houses of refuge are to be procured; dispensaries are to be opened; in short, the whole preventive system has to be organised; and, before these arrangements can be made, which ought to have been completed before a single case of the disease occurred, the pestilence is at its height."

THE MEDICAL BENEVOLENT COLLEGE.

It will be seen, on referring to our advertising columns, that the second festival of the Medical Benevolent College is to take place next Friday, under the presidency of the Earl of Shaftesbury, and we have great pleasure in reminding our readers of the approaching opportunity afforded them of showing, that whatever difference of opinion there may be among us respecting Medical Reform, and various other questions which have lately agitated the Profession, we can all be united in the sacred cause of charity and join cordially in generous exertions to support our less fortunate brethren in the hour of affliction and sorrow, and lend a helping hand to the bereaved widow and friendless orphan in time of need.

The laws of the College have been amended by the Sub-Committee and reconsidered by the Council, and it now appears that the scheme embraces every form of relief that our poorer brethren, or those nearest and dearest to them, can stand in need of. It was formerly objected that a system of relief which should not compel residence would be more consonant with the feelings of very many recipients than residence within the College. To remove this objection the Council have added a *third* Clause to the official account of the objects of the foundation, which, though not very clearly expressed, is intended to empower the Council to grant annuities and pecuniary assistance to any duly qualified Medical man or his family in the United Kingdom, without obliging them to reside within the College. This object, which formed part of Mr. Propert's original scheme, was left by that gentleman in abeyance, principally from feelings of delicacy towards the promoter of the Medical Benevolent Fund, and lest it should be considered by some that advantage had been taken of ground previously occupied. The objects of the foundation, as now stated, are as follow, viz.:—

"The Medical Benevolent College has been founded to provide,—

"1st. An asylum for duly qualified Medical men and their widows in reduced circumstances.

"2ndly. A school for the sons of duly qualified Medical men.

"3rdly. The Council shall have the power to grant annuities or occasional pecuniary assistance to distressed members of the Profession or their families who may be eligible for admission into the College, as the funds of the College may from time to time permit—[*New.*]

"There shall be a chapel for Divine worship, according to the ritual of the Church of England.

"Those shall be considered duly qualified Medical men who have a Medical degree, licence, or diploma of any University, College, or Hall in the United Kingdom; and those who were in practice in England or Wales before the passing of the Apothecaries' Act of 1815."

All the laws have been also most carefully amended, and we can therefore again appeal with increased confidence to the Profession and the public for their aid. The indefatigable Council of this great national philanthropic Institution a short time since were in a most cheering position. They had ample means at their disposal for completing the portion of the College contracted for; but the depreciation of the public securities, in consequence of the war, has been so great that, if the Council should unfortunately be compelled to sell out of the Funds to meet the monthly calls of the contractor, a very considerable loss would be sustained. We confidently anticipate, however, that the liberality at the approaching festival will prevent such a sacrifice from becoming necessary.

MEDICAL EVIDENCE IN THE ST. FERGUS CASE.

It will be perceived from the summary of the trial we have published in another column, that the question of the prisoner's guilt, in the St. Fergus case of murder, rested rather upon time and the identity of the weapon than upon the Medical evidence. Two Medical witnesses, Drs. Cowrie and Gordon, were called, and we purpose to make use of their evidence in order to see how far the presumption of suicide, on which the prisoner was acquitted, was borne out by the Medical facts of the case. Without troubling our readers with the details, we may state that both the gentlemen agreed in the circumstances under which the body was found, as well as in the admission that they were unable to form an opinion whether the act was one of suicide or murder. There was, however, no doubt that the deceased had died from the pistol-shot wound, and that this wound could not have resulted from accident.

We learn further, from the Medical evidence, that there was a distinct impression upon the ground, produced by the body, but no marks of struggling. There was a mark of blood near the edge of the ditch, and the *right cheek* of the deceased, in which the wound was situated, *was furthest from this mark of blood.* There was no other appearance of blood. One of the Medical gentlemen could give no explanation of the position of this mark of blood, on the supposition that deceased had shot himself, unless the (right) cheek had come in contact with the grass; but it was his belief that death was instantaneous, and that deceased could not have moved after receiving the shot. The discovery of the pistol *four feet* from the head of the deceased he explained by supposing that it had been thrown to where it was found by a convulsive effort of the arm, or had been expelled by the near discharge! The body was lying stretched out, which he considered to be compatible with suicide or homicide. We may here remark that the witness who first discovered the body, found it lying at full length, on the *left side*, in a ditch. The left arm was partly beneath and the right was across the body. On this the witness is reported to have said, in his examination in chief:—"If the man had fallen dead, I don't think the body could have assumed the position it was in;" and in cross-examination, "the body might have assumed this position (in suicide), but the probabilities are against it." From the characters of the wound, he thought that the shot must have been given (with the muzzle of the pistol) within from *three to twelve inches.* The other Medical witness is reported to have said, "The deceased might have fallen with the right cheek, and made the mark of blood (on the side of the ditch), and then *been* turned round into the ditch." The use of the word "been" implies interference, and therefore murder; but he could not give a preponderating opinion whether it was a case of suicide or murder. A person standing could, in his opinion, have made the wound himself that appeared on the cheek, which was under or on the rise of the cheek-bone. He thought the pistol might have been twelve or thirteen inches from the body when fired, and that a suicide would have made more sure of his aim by selecting another position. The only information we have of the wound is, that it was in the right cheek, below the malar prominence, that the opening was blackened, and the nose was scorched with gunpowder.

It is strange that the witnesses, with these facts before them, were unable to guide the Court on the only point on which the Court required guidance, namely, whether this wound was or was not self-inflicted. We put aside altogether the identity of the weapon or the guilt or innocence of the so-called Dr. Smith; and we ask whether, taking the facts as related by the Medical witnesses, there could be a reasonable doubt that this was an act of wilful and deliberate murder. The *mark of blood* on the ground being furthest from the cheek which was wounded, and from which little or no blood had issued, proved that there had been contact of the wounded cheek with the ground; and although, as the witness admitted, death must have been instantaneous, and deceased could not have moved after he fell, yet he refused to regard this as the proof of the interference of a murderer! The *situation* of the wound was just such as a murderer, walking by the side of his victim, would select. The *distance* at which the pistol was held, was not such as a suicide would be likely to hold a weapon. In suicide by pistols, the muzzle is held very closely to the skin; the wound presents not merely a blackened opening, with a little scorching, as in this case, but marks of extreme burning, blackening, and laceration of the soft parts. The hands of the deceased do not appear to have been examined: in general, that which held the pistol is blackened from the discharge of powder. The *position* of the pistol, four feet over the head of the deceased, and at a distance from it, is altogether inconsistent with suicide and instantaneous death. In pistol-shot wounds which are immediately fatal by extensive injury to the brain, the weapon is either found grasped in the hand, or lying close to the hand which discharged it. The *body* is found lying on the left side, with the right arm (that which discharged the weapon, and had afterwards convulsively jerked the pistol over the head of the deceased) lying across it, the left arm under the trunk, and the legs stretched out at full length. The accidental fall of a person dying instantaneously from such a wound could never so place the body as it is here described to have been found; but, from the mark of blood on the ground, the deceased must have first fallen with his right cheek, and therefore with his right side, on the ground; he must then have rolled over on his left side, covering his left arm with his body, and jerking the pistol with his right arm to the position in which it was discovered! Such a tissue of improbable assumptions could never be admitted; and, without their admission, *suicide was impossible.* The Medical witnesses had the facts to deal with, if they had only known how to make use of them; but it was a new case to them, and they evidently did not know how to set about the investigation. Medical science has thus been made to shield a foul deed of murder, as an act of suicide.

With regard to the prisoner Smith, it is certainly remarkable that the deceased should have been found dead in a field belonging to the prisoner, on the very evening of the day and about the time at which a meeting had been appointed to take place between them; that the death of the deceased occurred on the 19th of November, when, unless he died before the 24th of that month, a policy for 1000*l.* in Smith's favour would cease and determine, so that premium and insurance would be lost,—that the previous proceedings, on the evening of the 19th, are accounted for, if we except the *quarter of an hour* during which the shot that killed the deceased was fired. These, however, must now pass as curious coincidences in circumstantial evidence; the prisoner has been discharged on a verdict that the crime has not been proved against him; but who shall say that such would have been the case had the Medical facts been more scientifically investigated, and laid more clearly before the jury? The Medical witnesses left the question of suicide or murder open, and, as one witness swore that he had sold a pistol to deceased, similar to that found near the body, the jury gave the prisoner the benefit of a doubt.

In England we have heard much of Burial-Club murders. We must now be prepared to hear of *Insurance murders*. On this side of the Tweed, the act of suicide *vitiates a policy of insurance* in most Offices. It has been thought that this was unjust to the relatives of the deceased; but we now perceive, that the practice has its bright as well as its dark side.

REVIEWS.

Dr. Conquest's Outlines of Midwifery; Intended as a Text-Book for Students, and a Book of Reference for Junior Practitioners. A New Edition. By James Winn, M.D. Pp. 318. London. 1854.

This work is already known to the Medical world, and the name and reputation of Dr. Conquest afford a sufficient guarantee of its merits as a safe guide to the obstetric Practitioner. Dr. Winn tells us in his Preface, that the respected author has given him full permission to bring out a new edition of the "Outlines;" and we are happy to congratulate Dr. Winn upon the success of his editorial efforts. The original work is a thoroughly practical little volume; but, since its publication, many new views have been started, new theories propounded, and new modes of practice proposed; and Dr. Winn has very carefully selected what is new and valuable, and incorporated it, in a parenthetical form, with the text. Among the subjects treated by Dr. Winn, is the use of chloroform in labour, to which only a partial meed of commendation is awarded; and the speculum uteri, although of great use in some forms of uterine disease, is said by Dr. Winn to have been "fearfully abused."

The following remarks upon the use of chloroform are interesting:—

"In employing chloroform, it must not be forgotten that it paralyses the excito-motor nerves of the uterus, as well as those which supply the abdominal muscles with voluntary power. Its use is, therefore, clearly contra-indicated in cases where expulsive power is required. The *organic* nerves of the uterus are supposed to maintain their power during the second as well as the first stage of anæsthesia. Be this as it may, we can vouch for the entire suspension of the action of the uterus during a case of turning, in which we employed chloroform, although anæsthesia was not allowed to pass beyond the second stage. To lull hysterical excitement, to allay *morbid* pain (by which we mean *excessive* pain, as it occurs in morbidly sensitive females), to suspend convulsions, to relax the passages, and to blunt pain during severe operations, are the principal conditions which demand the use of chloroform. One of the simplest and best modes of exhibiting chloroform is by means of a cambric handkerchief. Twenty or thirty drops should be poured on the handkerchief, which must be held lightly over the nose and mouth until anæsthesia commences. The pores of the handkerchief admit atmospheric air, and by this means the chloroform is prevented from acting too powerfully on the nervous system. As soon as the conjunctiva loses its sensibility, the handkerchief must be withdrawn, to be applied as occasion may require. In skilful hands and in appropriate cases, chloroform is not only a safe but a valuable remedy."—P. 257.

Comparative Anatomy. By C. Th. V. Siebold and H. Stannius. Translated from the German, and Edited with Notes and Additions, recording the Recent Progress of the Science, by Waldo J. Burnett, M.D. Vol. I. London and Boston. 1853.

We trust that this excellent work, carefully and faithfully translated by Dr. Waldo Burnett, of Boston, U.S., will find a place in every scientific library, where, by its attractive form, the clearness of its style, the amount of its information, its good arrangement, and copious bibliographical references, it may stimulate the educated portion of society to a more general study of comparative anatomy than has heretofore been the case. Perhaps in some future edition the Editor of the English translation may think it worth his while to illustrate the volume with woodcuts, by which the descriptions are rendered much more intelligible to the general reader. Such a plan would, however, add materially both to the size and to the expense of the publication.

The arrangement followed is somewhat similar to that of Professor Owen (Lectures upon the Invertebrata), but the details upon which the summary is based are comprised in notes remarkable both for their erudition and copiousness, constituting a complete dictionary of the science. The discoveries of the microscope have been introduced, and are here especially valuable, as the anatomy of these lower forms is scarcely reliable unless based upon histological investigations. From the lower to the higher forms, we have successively described the different systems of organs of which the individuals are composed.

The first group of invertebrate animals is designated by Siebold "protozoa," animals in which the different systems of organs are not distinctly separated, and whose irregular form and simple organisation are reducible to the type of a cell. They are divided into two classes, infusoria and rhizopods. Of the endless variety of form in the first division Professor Owen has given copious illustrations; and in the work now before us the same course is further followed out. The author remarks, "According to Ehrenberg, the infusoria polygastrica differ from the infusoria rotatoria in having a great number of stomachs, which connect, by hollow peduncles, with the mouth in the division anentera, and with the intestine in that of enterodela. This organisation, which, from its high authority, has generally been admitted by naturalists, is not, however, met with in any infusorium. The vesicular cavities in the bodies of these animals, which have been regarded by Ehrenberg as stomachal pouches, never have a hollow peduncle, either connecting with the mouth or with the intestine; indeed, it is doubtful if a digestive canal can be made out in these infusoria.

The Editor, Dr. Burnett, in one of the well-written introductory notes which precede many of the books, as they appear in the original, regards the Infusoria proper as in a completely transition state, and as holding no fixed zoological position; and, in regard to the question, What characteristic inorganic matter shall constitute an individual? states, that mere cell processes, however closely they may be interwoven with the expressions of individual life, cannot be considered as the groundwork of its definition. True individual animal life seems to involve a cycle of relations not implied in simple cells; in other words, these last must always lose their character as such in a definite form which belongs to the individual. The limits of our Journal prevent any attempt of giving even a summary of the different classes which Siebold arranges as follow:—Infusoria and Rhizopoda, Polypi, Acalephæ, Echinodermata, Helminthes, Turbellaria, Rotatoria, Annelidæ, Acephala, Cephalophora, Cephalopoda, Crustacea, Arachnoidea, and Insecta.

As a type of the plan, we will quote the index to Insecta, which corresponds as far as possible with the preceding classes:—Classification and Bibliography—External envelope—Muscular system, locomotive, and soniferous organs—Nervous system—organs of sense—Digestive apparatus—Circulatory system—Respiratory system—Organs of secretion—Urinary organs—Organs of special secretion—Organs of generation—Female genital organs—Male genital organs.

The whole work is of the highest character, and is a welcome addition to scientific literature.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON INOCULATION WITH A MIXTURE OF MILK AND VARIOLOUS PUS, TO SUPERSEDE VACCINATION.

By M. BOSSU.

M. Thiele (of Kassan) and M. Robert (of Marseilles) have proposed to blend variolous matter with milk, for the purpose of weakening the poison, attenuating it, and localising its effects upon the economy. This proceeding, justified by some success, has attracted considerable attention, because it furnishes the means, in the event of small-pox invading any locality, of replacing the vaccine matter, which may be defective in quality or deficient in quantity, with a prophylactic furnished by the epidemic itself. In 1832, M. Brachet (of Lyons), starting with the idea, that the vaccine eruption probably owed its properties to the milk contained in the breast where it was developed, inoculated three young infants with a mixture, in equal parts, of milk and variolous pus. These three patients were put in a ward where a girl infected with confluent small-pox had just been admitted. The infants escaped; but each became affected round the punctures with an eruption precisely similar to that produced by the vaccine virus, and which remained local.

New experiments have been recently tried at La Charité of Lyons by M. Bouchacourt, Surgeon-in-Chief, and to these we shall direct attention.

Equal parts of cold milk and variolous pus taken from the pustules in the vesicular stage of naturally-developed small-pox, were mixed upon a piece of glass. Punctures were made in each arm with a clean lancet charged with the liquid. Five infants were directly inoculated. Three were inoculated successively from arm to arm with the liquid contained in the pustules resulting from the first inoculation: primary transmission. Three were inoculated from arm to arm with the liquid obtained from these new essays: secondary transmission. Four were inoculated from arm to arm with the liquid coming from this second indirect inoculation: tertiary transmission; success, as with the preceding. Three were inoculated with the liquid collected from the pustules produced by the first transmission, and preserved eight days; two with the liquid preserved eleven days; and, finally, one infant was inoculated with the liquid coming from the pustules produced by this last experiment.

Of these twenty-one children, of ages varying from eight days, five months, and eleven years, eighteen presented pustules precisely similar in character and duration to those of cow-pox, limited to the seat of puncture.

In two newly-born infants, the circumference of each pustule offered, about the sixth day, one or two smaller pustules; but these disappeared as the mark of inoculation faded.

In another child, aged five months, there followed four pustules scattered over the neck and shoulders. They were small, vesicular, and not depressed, and disappeared with the pustules produced by inoculation. This infant was very susceptible, and the poison had been taken from a case of confluent small-pox; thus the phenomena were not more serious than those resulting from ordinary vaccination.

It then became necessary to test its power as a prophylactic.

Two of the children above-mentioned were vaccinated in the usual way eight or ten days after the disappearance of the phenomena resulting from the lacto-variolic inoculation; and at the same time two other children about the same age, but who had never had either small-pox or cow-pox, were vaccinated with matter coming from the same pustule. Vaccinia developed itself in the last in its common form. In the first, no effect ensued. A child previously vaccinated was inoculated with the lacto-variolous pus. The result was negative.

Commencing with this equivalence between vaccine virus and the lacto-variolous fluid, M. Bossu proposed a series of inquiries to determine—1st. From what form of small-pox should the virus for inoculation be taken. 2nd. At what phase of pustulation should it be collected? 3rd. At what age the operation is most fitted. 4th. What conditions insure success? 5th. Does the fluid coming from the lacto-variolous pustule admit of being preserved in an efficient state?

The interest attached to this subject, and the able manner in which it has been treated by M. Bossu are acknowledged; but further investigations are required before the practice can be sanctioned by the Profession.—*Journal Hebdom.*, March 17.

UTERUS BICORNIS.—TWINS.—IMPACTION OF THE PLACENTÆ INTO THE NECK OF THE UTERUS.—DANGEROUS HÆMORRHAGE.--FORCIBLE DELIVERY.—RECOVERY OF THE MOTHER.

By M. HOHL.

A delicate woman, aged 30, *enceinte* for the second time, became subject to slight and transitory hæmorrhages during the first three months of pregnancy. At the beginning of the seventh month hæmorrhage returned, and recurred in fourteen days. Both sides of the abdomen were convex and distended, but there was depression along the mesial line, from the umbilicus to the pubes. Here percussion caused a tympanitic sound; on either side there was dulness. The uterus, which could be examined through the abdominal parietes, was divided into two parts, an inch and a-half above the symphysis pubis, the right being larger than the left. Both were convex externally, concave internally, and presented the usual characters of the gravid uterus. The two cornua extended above the level of the umbilicus, and were sufficiently large for the hand to feel different parts of the fœtus; in one, the beatings of the fœtal heart were heard. The vagina was normal; the neck of the uterus single, short, but larger than natural; it was about an inch wide. The two cornua could be felt superiorly opening into the cavity right and left. The orifice of the right cornu contained the placenta. Across the opening of the left cornu, the other placenta was felt. This, then, was a case of twins in a bicorned uterus. The two placentæ were implanted in the neck; one was disengaged, and the hæmorrhage resulting from this disposition was sufficiently serious to call for interference.

M. Hohl determined promptly to bring on delivery. He introduced the hand first into the right uterus, seized the feet, and dragged away the child without difficulty; the placenta followed at once. He repeated the same experiment, successfully, on the opposite side. The two infants, who weighed about three pounds, died after a few inspirations.

The woman suffered from an attack of pleurisy, but she recovered in four weeks.

The accuracy of the diagnosis was verified subsequently by examination both with the hand and the uterine sound.—*Prager Vierteljahrschr.* 1853. *Bd.* 4.

FALSE MEMBRANE EXPELLED MONTHLY FROM THE UTERUS.—TREATMENT BY UTERINE INJECTIONS.

By Dr. CHARPIGNON, of Orleans.

The following case is interesting at the present time when uterine catheterism occupies so much general attention:—Madame X., after the third delivery, which required the intervention of the hand, began to experience pains upon the return of each menstrual period. Pain in the loins, some swelling of the abdomen, weight in the hypogastrium, were the signs which preceded the uterine discharge of blood. Then severe colic pains obliged her for fifteen to twenty hours to remain in bed; with profuse hæmorrhagic discharge, a sort of torn, shreddy structure was expelled, and at the end of six days the patient recovered.

This state of things continued some years. When the menstrual period passed over one or two months the sufferings were much greater, and Madame X. underwent all the trouble of an accouchement, for the foreign body remained one or two days within the neck of the uterus. The lady's health soon became bad; the pains were permanent, and she was unable to take exercise. She took the opinions of several physicians, of whom some pronounced the case to be one of the formation of a plastic structure, analogous to a false membrane, within the uterus; others, of the shedding of a sessile uterine polypus attached to the mucous membrane. Treatment by leeches and bleeding rendered her condition worse. Cauterisations had no effect upon the local malady. Dr. Charpignon, upon examination of the expelled structure, pronounced it an organised membrane supplied with an abundant vascular system. What was its mode of production? Was it a simple exudation, or an exfoliation of the hypertrophied mucous membrane of the organ? Upon this point there appeared difficulty in forming a conclusion. The author, however, determined upon injecting the following into the uterine cavity:—

Eau de guimauve (mallow-water)
„ pavot (poppy-water) } aa ℥iii.
„ ratanhia (ratanhy-water)

This injection was repeated fifty-five times in four months. It produced shivering shortly after each application, but the patient recovered so far that her habitual pains disappeared, and she was able to walk as usual.—*Gazette des Hôpitaux.*

GENERAL CORRESPONDENCE.

THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I beg your insertion of the following Resolution of the Reading Pathological Society?

I am, &c. C. COWAN, M.D.

Reading, April 18, 1854.

"At a numerous meeting of the Reading Pathological Society, held at the Royal Berkshire Hospital, April 12, 1854, the question of the *Lancet* was discussed, and a unanimous opinion expressed against its future circulation among the members, on the ground that the past and recent conduct of that periodical was injurious to the best interests of the Medical Profession.

"CHARLES COWAN, M.D., Chairman."

CHLOROFORM IN MIDWIFERY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Early in 1849, I published in *The British Record of Obstetric Medicine and Surgery*, a case "resembling rupture of the uterus," in which I had been induced to exhibit chloroform. As, however, I find that this case is not much known to my professional brethren, I forward an abstract of it to your largely circulated Journal, because, at the present period, it possesses an additional value, as illustrating the power of chloroform to produce, in some cases, injurious consequences of a very serious nature, and because it corroborates the opinions expressed by Dr. Robert Lee, in his valuable paper, read before the Royal Medical and Chirurgical Society on the 13th December.

Case.—Mrs. Manning, aged 28, Irish, rather depressed from want of proper comforts, and from a harrassing cough, was found by me about 3 a.m., Nov. 21, 1848, in strong labour with her fourth child, though only third pregnancy. The os uteri was fully dilated, the bag of waters half way down the vagina, and the head lying in the natural position (vertex to right acetabulum) above the pubes; the pains very frequent and severe, all indicative of a speedy termination to the labour.

The membranes broke almost immediately, but the head did not descend as I expected; it seemed as if the pains propelled it against the pubes, and not in the axis of the brim.

This condition having lasted an hour without any progress being made, though the patient's sufferings were very great, I requested the assistance of Mr., now Dr., Hawkesley, and submitted to him the question, whether we should administer chloroform, then recently much vaunted as a safe agent in parturition.

Both of us had strong feelings against its indiscriminate use; but it seemed to us, that, if anæsthesia was ever to be induced with propriety in a natural labour, this was a fair case in which to try its efficacy. It would, we hoped, relieve the patient from those pains which agonized her so much, while the natural labour pains would proceed in their regular course, and shortly bring the child into the world. Dr. Hawkesley, therefore, administered the chloroform by a mouth-piece, closely resembling that used by Dr. Snow, and the patient speedily passed into the third stage of narcotism of that eminent physician. For a moment the pains ceased, but they presently returned with the same strength as previously, and forced down a scalp tumour, but did not propel the head itself, though it frequently appeared to descend a little. Moderate pressure, applied at first by the hand, and afterwards by means of a binder, was used to direct the head more backward, but ineffectually.

Two hours elapsed in this manner, at the end of which we determined to try the effect of ergot, in inducing a consentaneous action of the whole of the uterine fibres. Three successive doses of the infusion of ergot were therefore given, but, instead of an increase of pains, they subsided, and presently ceased altogether. At this time a pain, of which the patient had previously complained, appeared to be settled in the abdomen, over the fundus uteri. She had retchings from time to time, bringing up not more than a teaspoonful of dark fluid. She was exhausted, but there was no collapse; the pulse was quiet, and of a fair strength.

We gave her forty minims of Battley's laudanum, and left her at half-past eight a.m.

At half-past 12 noon, I saw her again; she had had no pains, but complained much of tenderness of the abdomen over the fundus uteri; the vomitings continued as before, but rather more fluid was thrown up; the pulse small but regular; still nothing which could be called collapse. I was somewhat alarmed at not being able to feel by the "toucher" any part of the child's head; but, as the case did not appear to be very urgent, and I had to attend some patients at a considerable distance, I called upon Dr. Hawkesley to request him to visit the poor woman in a short time. This, however, he was prevented from doing till nearly 5 p.m., when he gave her two grains of opium and two of calomel, and ordered her saline draughts with tinct. opii ℿx. every two hours. I now returned, and, after consulting together, we applied to Dr. Chowne, the principal Physician to the Charity, who very promptly attended, passed his hand into the uterus, which he found largely dilated, but not ruptured, seized the child by the feet, and completed the delivery (footling) at about 6¾ p.m. The placenta followed forthwith, and the uterus contracted firmly as its contents were withdrawn, but there was no attempt at any contractions to expel the child or the placenta.

My patient required very great attention on my part, and I am happy to say that by degrees she recovered sufficiently to go out. The details of this subsequent treatment are not necessary here, and are given at full length in *The Record;* suffice it to say, that it consisted mainly of salines with more or less of laudanum in each dose, some calomel, and several enemata to act on the bowels, and dispel wind which distended her very much. The vomiting gave place to purging on the evening of the 24th, and an improved condition began to show itself in her about that time. On the 26th, milk appeared in the breasts; on the 29th, chalk and catechu became necessary to stay the diarrhœa, and shortly afterwards she had a tonic consisting of infusion of gentian with sal volatile.

"Jan. 11, 1849.—She has been twice down to the next floor, and talks of going out next week; feels a bearing down and pain in the left groin after standing a little, but this appears to be the effect of weakness; she has a little leucorrhœa, and reports a slight catamenial period a few days ago." About a year afterwards I heard from a neighbour that Mrs. Manning had been placed in a lunatic asylum, but my informant could give me no other particulars.

The fact, that chloroform can and does induce inertia of muscular fibre, both voluntary and involuntary, when given in a sufficient dose, is now well-established; I have, therefore, no hesitation in expressing my belief that the relaxation of the uterus in the case of Mrs. Manning was brought about through the inertia caused by deep inhalation of the chloroform, and I was anxious to bring the case before the Fellows of the Society as a proof that chloroform may produce alarming results in midwifery practice, and that, if given at all, it should be in small quantities only. Time, however, did not allow any lengthened details, and I was obliged to be content with a very brief allusion to the case.

In my "Arguments Against the Indiscriminate Use of Chloroform in Midwifery," published in July, 1848, I advocated its omission altogether, as in olden times, but said, that I could conceive cases in which its use might be allowed. The case I have described seemed to afford an opportunity for testing the soundness of my conceptions, and the confidence which could be placed in the panegyrics bestowed upon its use by accoucheurs in various parts of Great Britain.

The result of my experiment I have described, and it was of so decided a character, that I have not used chloroform since, except in some cases of operation; and in several instances in which I have been compelled to use the forceps to deliver the child, the arrest having been at the outlet, I have performed the operation without any resort to anæsthesia, and I have never had cause to regret my indisposition to place my patient in what I must call an unnatural condition.

The more I hear and see of the use of chloroform in midwifery, the more I am convinced, that though it may occasionally be useful, and even desirable, in the small quantities now administered in London, in bringing about a relaxation of a rigid os uteri, as mentioned by Dr. Gream; or in larger doses to relax the rigid contraction round the body of a child impacted in the pelvis in an arm presentation, where turning must be accomplished, or the child be eviscerated, its administration is not desirable in ordinary cases; and that whenever it is administered, great attention should be paid to its effect on the sensorial functions, lest a serious injury should ensue to the patient, a caution which can only be properly carried out by the administration of the anæsthetic being confided to a second practitioner, who shall not take part in the superintendence of the actual birth.

I am, &c. S. W. J. MERRIMAN.

3, Charles-street, Westbourne-terrace, Dec. 19, 1853.

P.S. Dr. Chowne has just informed me, that Mrs. Manning "devoted herself (after regaining her strength) to religion,

fasting, etc.; that she appeared odd in her ways, but remained sane up to the end of four months. At the end of two months more, making six from her confinement, she was in a lunatic asylum."

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

April 11, 1854.

Dr. Copland, F.R.S., President.

A paper was read

ON EXCISION OF THE KNEE-JOINT.

By G. M. JONES, Esq., M.R.C.S., Surgeon to the Jersey Hospital.

[Communicated by W. FERGUSSON, Esq., F.R.S.]

The author remarks, that an extensive prejudice exists both in England and France against this operation, although few attempts at curative surgery ever promised better at its commencement than this did. The first well authenticated case, (Mr. Filkin's case wanting data to substantiate it) was successfully performed in 1781. The next occurred in France in 1792; the patient dying some time of dysentery. It was twice performed in Dublin in 1823. The first patient lived three years after; the cure of the second was perfect. In Edinburgh, Mr. Syme performed the operation in 1829, on a child, who recovered; but was unsuccessful in his next case. The operation has been sanctioned by Park, Crampton, Moreau, and Syme. It was soon, however, allowed to fall into disuse; for, from the time of Mr. Filkin's operation, until 1850, a period of eighty-eight years, but twelve cases are on record. In this year, however, it was revived by Mr. Fergusson. A table of thirty-three cases was presented for the inspection of the Society, showing that death had supervened upon the operation eight times only. Mr. Jones had been very successful, and he considered this due to the healthly locality in which he had performed it, and the admirable state of the Hospital, which was situated near the sea. He also found great benefit from stimulating treatment after the operation. The objections to the operation are twofold—first, its severity, the danger arising from the shock to the constitution, hæmorrhage, etc., etc.; and, secondly, we are told, that union does not always occur. To these, the author replies, that the success attending the operation is a sufficient answer; that the limb has been more serviceable than the most admirably-constructed artificial support. The hæmorrhage was generally inconsiderable. The limb grows after the operation, as was proved by three of the author's cases (children under ten years of age). Mr. Page's case also proves the same fact. The operation consists of a lateral incision on each side of the joint, and a transverse one across the centre of the patella; the flaps being dissected upwards and downwards, the patella removed, and the extremities of the tibia and femur being exposed, as much was removed of them as found necessary; the bones were then placed in juxta-position, and put into a suitable box. Mr. Mackenzie, of Edinburgh, suggested the preservation of the patella, that bone being held to one side by means of a flat and turned-up spatula, over the inner condyle, and to this improvement the author gives his assent. He relates a case in which, after the performance of excision of the knee-joint, disease commenced in the opposite hip. Upon recovery, the patient found the limb which had been subjected to operation the stronger and more useful limb. The operation should not be performed indiscriminately in all cases. It is not fit for those commonly called white swelling, and should not be delayed until the strength had been too much reduced.

Mr. Fergusson, as sponsor to the paper they had just heard, and as the re-introducer of the operation described and recommended in it, would be sorry if no discussion was held upon it. At the commencement of his Professional career, he had been much prejudiced against the operation, but circumstances had occurred to alter his opinion. The intention of Moreau, in proposing this measure, had been forgotten. No confidence had been placed in any remedial measure for the relief of caries of bone; but that Surgeon considered that if the carious portion of bone was removed the disease would not extend; an opinion fully proved to be true by experiment, and now adopted by all Surgeons. Although, however, the primary object of re-section of the joint was to remove the caries, a higher object was in view, viz., the prevention of amputation, the opprobrium of surgery. The speaker reviewed at length the improvements caused in surgery by the adoption of a preservative system of operation. He remarked upon the outcry raised against other excisions of joints, particularly the elbow-joint, and expressed his opinion, that, in time, the removal of the knee-joint would be generally received as favourably as that of the former joint; especially if it was remembered that it was a much older operation, and at its first performance equally successful. He considered that the great attention paid to the discovery of Hunter, as regards the treatment of aneurism by John Hunter, had prevented Moreau's and Percival Pott's operation becoming as well known as it deserved to be; and this accounted for its disuse. He exhorted the Society to be guided by general results, and not by isolated cases, and remarked upon the extraordinary success of Mr. Jones's practice.

Mr. Curling wished to know whether Mr. Fergusson's own case that survived, was perfectly successful. Mr. Fergusson had almost exhausted the subject, but had forgotten to touch upon the question of the shortening of the limb. A case under the care of Mr. Page, at Carlisle, had done extremely well, and but small difference in the length of the two limbs could be perceived. He remarked, that no comparison could be made between amputation and excision of joints, inasmuch as only the most favourable cases were chosen for the latter operation.

Mr. Fergusson remarked, that in the case where he had operated and succeeded, the symptoms were far more severe than in the two which had failed, although the patient had suffered much after the operation. He had seen her that very morning, and was much gratified at the perfect success of the operation.

Mr. Curling remarked, that anchylosis did not invariably occur after the operation.

Mr. W. Adams stated, that, having seen the portions removed by Mr. Jones, he could not let it be supposed that a large portion of bone had been removed. Two thin slices, about half-an-inch in thickness, were all that were taken away.

Mr. Simon wished to know whether the operation of excision by Mr. Jones was done *in extremis;* that is, whether there was no choice between operative proceedings and death.

Mr. Fergusson was unable to answer that question satisfactorily, but thought that Mr. Jones had operated at the eleventh, and had not waited for the twelfth hour. Considering the almost unvarying certainty of the disease proceeding further, he considered Mr. Jones justified in so doing.

Mr. Simon must think, that some of the cases operated upon by Mr. Jones were chronic disease of the synovial membrane of the joint, for caries was comparatively a rare disease; and Mr. Jones's practice in Jersey could not have been so great as to give him opportunities of operating often on account of that disease. The great question was, is the operation more dangerous than amputation; if so, its utility is greatly diminished. There was a great difference between the operation at the elbow and at the knee. In the former, the great object was to preserve the use of the hand; in the latter, the foot was less important. A wooden leg would be far better than an unanchylosed joint which would twist about like a flail, and be perfectly useless.

Dr. Sibson begged to inform Mr. Simon, that the limbs that he had seen after Mr. Jones's operation were not like flails, but very strong, useful supports.

Dr. Todd corroborated Dr. Sibson's statement. He had been greatly impressed with the success of one operation he had seen at King's College; inasmuch as he preferred a limb of flesh and bone to one which, however ingenious, was artificial. He recommended that the patient's system should be well supported both before and after the operation.

The meeting adjourned at the usual hour.

MEDICAL SOCIETY OF LONDON.

April 15, 1854.

The President, E. Headland, Esq., in the Chair.

Mr. De Méric read a paper on the

NON-TRANSMISSIBILITY OF THE SECONDARY SYMPTOMS OF SYPHILIS.

He began his discourse by remarking, that the Profession, both at home and abroad, is greatly divided upon the subject, and that the controversy has had the unamiable character of eliciting concessions from neither party. He firmly believed that secondary symptoms were neither contagious nor transmissible by inoculation, although the taint might be communicated by

either parent; and in this belief he claimed the support of Hunter and Ricord; but he thought it not impossible that the discussion of the subject would end in both parties retaining their own opinions. He then divided the subject into three parts—1st. The history of the disease before the time of Fernelius, in the 15th century, to the present. 2nd. A description of certain cases in his own practice, and of experiments which he had performed. 3rd. An analysis of supposed facts connected with the presumed infection from nurses to children, and from children to nurses. As the time would not permit him to discuss the first part of his subject, he contented himself with a bare exposition of the classification of M. Ricord, which he described to be as follow:—1st. The primary sore, which may be reproduced by contact, or by inoculation without communication. 2nd. Consecutive, not secondary, symptoms, spreading by extension in the neighbourhood of the original sore. 3rd. Secondary symptoms denoting a taint of the whole economy, seldom seen before the second week after the appearance of the primary sore, and usually after the fourth, sixth, or eighth week, or, indeed, at a much later period. They are not transmissible by inoculation. In hereditary cases the child has no primary sore. 4th. Tertiary symptoms, which are so weak that they cannot be transmitted from parent to child, but are likely to generate scrofula. M. Paul Dubois, of the Clinique de la Faculté, is opposed to M. Ricord on the question of transmissibility of secondary symptoms. The author then addressed himself to a consideration of this question by relating the particulars of three cases, two of which had occurred in his own practice, and one in that of Mr. Critchett, of the London Hospital. The first case was that of a gentleman, aged 30, of weakly and scrofulous habit. About six years ago he had had phagedænic chancre, which was cured by the application of strong nitric acid. Subsequently he had gonorrhœal discharge, and then Mr. Liston diagnosed a chancre in the urethra, and removed it by the use of the protoiodide of mercury. After this a papular eruption appeared, and that also was removed by iodide of potassium. A relapse, however, again occurred. During these occurrences he constantly cohabited with a lady, and although his disease was exceedingly obstinate, she never suffered. The second case was that of a gentleman, aged 35. Thirteen months ago he placed himself under treatment for an affection, probably cancerous, of the lip, and subsequently he had an affection of the throat. When he came under the author's care, he was relieved by astringent gargles and minute doses of iodide of potassium, with decoction of sarsaparilla. Some months after this he married, and an eruption over the penis, with discharge from the urethra, appeared. The wife had never been affected. The author believed that in this and similar cases the excitement of newly-married life sufficed to lash into activity the secondary symptoms. The author rested upon these and the third case his belief that secondary symptoms are not transmissible; but in further confirmation he related the particulars of several experiments made on patients at the Dalston Hospital, in repetition of those performed by Hunter and Ricord, and which, in his belief, established his position. In reference to the supposed transmissibility from nurse to child, and *vice versâ*, he pointed out the fallacy that both parties may have had it primarily, the nurse by communication, and the child by hereditary transmission; and he stated that diseased children are given to healthy nurses at the Venereal Hospital in France, without any ill effects having followed. He believed with Ricord, that in order to contamination in any cases, except in follicular chancre, there must be a breach of surface. Ricord's treatment of secondary symptoms is that of administering small doses of iodide of mercury and of iodide of potassium, and the former has the merit of acting upon the system without necessarily inducing salivation.

The discussion was an animated and not discursive one, and appeared to end as the author had predicted, in all parties retaining their own opinions.

The President expressed doubts as to the correctness of the author's assertion, that secondary symptoms may be renewed by the excitement of married life, and that tertiary symptoms may subside into scrofula.

Mr. Hird, although he had seen multitudes of cases while performing the office of Surgeon to the Royal Infirmary for Children, was unprepared to give a positive opinion on this question, but still had the impression that secondary symptoms were transmissible. He, however, pointed out the important fact, that controversialists are divided as to what are secondary symptoms, and upon the solution of that difficulty the answer of the question depended. He was of opinion, that in the selection of nurses in this country we must be content with an external examination, although it might not be so complete as theory would demand, or as our Continental neighbours would approve.

Mr. H. Lee said, inoculation had been assumed as a test of communicability of syphilitic disease; but, unless this could be shown to be the only means of transmitting the disease, this test was of comparatively little value. Moreover, one mode of inoculation only had been assumed as the test in question; but to say that, because a disease could be transmitted in one particular way, it was, therefore, syphilitic, and that it was syphilitic because it could be transmitted in that particular way, was a complete *petitio principii*. The experiments of Waller, of Prague, and others, went far to show, that a disease which could not be communicated by one mode of inoculation might, nevertheless, be transmitted by another. And, after all, it was a great question, whether the morbid action which had been usually produced by artificial inoculation was the means by which a disease could be transmitted so as to affect the system of the inoculated person. The forms of primary disease which were seen in practice to produce secondary symptoms commenced as vesicles, pimples, or tubercles—*i. e.*, they were characterised by the signs of adhesive inflammation; but, in cases where a sore (whether produced by natural or artificial inoculation) at once suppurated without passing through the adhesive stage, there no secondary disease would result. Now, this was the case in the very great majority of the recorded instances of artificial inoculations: the inoculated points passed at once into suppuration, and no constitutional disease had been known to follow. The production of the "characteristic pustule" by artificial inoculation was, therefore, a most inconclusive test of the transmissibility or non-transmissibility of constitutional disease. It might furnish evidence with regard to the nature of a primary sore, but it could not be relied upon as affording any satisfactory evidence regarding any secondary consequences of that sore. Mr. Lee related the case of a patient of his own who had a very well-marked crop of syphilitic eruption, for the first time, at the age of 66 years. This old lady had taken her grandchild to nurse. The mother had died very shortly after her confinement, and had never suckled the infant. The father had had some primary syphilitic affection some four or five months before the birth of the child. When two weeks old, some little sores appeared on the child's tongue; soon after some sores came on the child's lips, and an eruption covered the body. The grandmother, who was exceedingly fond of the child, and was constantly kissing it, perceived a vesicle on her lips shortly after the appearance of the sores on the child's lips. This became a sore, which remained open some weeks, and left a thickening at the expiration of eighteen months. Some time after the appearance of this sore, an eruption appeared over the body of the grandmother. For this she used no treatment. It gradually faded, but constantly re-appeared; and this it continued to do until the patient came under Mr. Lee's care, eighteen months after the first appearance of the sore upon her lips. Mr. Lee had no doubt at all that this was a genuine syphilitic eruption; and, although it could not, perhaps, be proved that in such cases the secondary disease of the child was communicated to its nurse, yet it would be still more difficult to prove that the disease was not communicated in this way.

Mr. Dendy remarked that the author had not been faithful to himself when he affirmed that the disease cannot be transmitted from the nurse to the child, and yet that it may be lashed into activity, after it had disappeared, by the excitement of intercourse. They were accustomed at the Infirmary to give mercury to the child through the nurse's milk, and being assured that in this mode the remedy is efficacious, he could not see why the disease should not be transmitted in like manner. It is known that the constitutional action of syphilis is that of producing a diseased state of the blood. He also disagreed with Mr. Lee in the assertion, that secondary symptoms do not follow inoculation from all kinds of primary sore.

In explanation, Mr. Lee remarked, that if after inoculation a pustule be formed in the usual way within three or four days, constitutional symptoms do not follow.

Mr. Hancock pointed out a fallacy in the author's experiments, viz., that he had not operated upon a healthy organ, but upon a skin which was nearly covered with syphilitic disease, and in a system which was imbued with the poison. He also opposed the assertion, that syphilis cannot be transmitted without breach of surface, by reference to a case in his own practice. A gentleman, nine months previous to marriage, had been afflicted with the disease, but had got well, or, at least, so far well, that there was no abrasion of the skin; only the slightest induration could be observed. Nevertheless, within two or three months

after his marriage, his young wife had contracted a phagedænic sore in the vagina, and extending to the labia.

Mr. Gay strongly protested against the repetition of experiments upon the human subject in reference to this question, being assured that they could not be performed with impunity to the patient. He thought that chancrous matter is capable of producing a variety of forms of primary disease, such as, the pustule, the indurated chancre, and the mere button of indurated skin; but each is likely to be followed by the same train of constitutional disease. He could not, therefore, agree with Mr. Lee, that the pustule produced by inoculation is not so likely to be followed by what are called "secondary symptoms" as the other forms. With respect to "secondary syphilis," Mr. Gay was led to regard forms of "secondary disease" as the results of impaired nutrition, induced by the operation of a powerful animal poison on the blood. Analogous consequences followed the admixture of other poisons, animal or mineral, with the blood; and he saw no reason for drawing different conclusions with respect to the poison of chancre. He would, therefore, suggest, that this poison has the power of so affecting the blood as to render it unfit for the processes of healthy nutrition; and that to the depraved fulfilment of this function those consequences, local and general, known as "secondary syphilis," and regarded as a syphilitic "taint," are due, and not to any modification of the original virus, and its continued presence in the blood. Looking at these symptoms in this light, he quite agreed with the author of the paper, that the sequelæ of syphilis are not transmissible by inoculation, and that the fact is, upon the hypothesis laid down, readily explicable. He also thinks, that certain measures should be directed towards the state of the digesting and assimilating organs, through which alone the blood can regain its normal condition, having found fresh air, wholesome diet, and appropriate tonics, the most speedy and successful remedies in these cases.

Mr. Hale Thomson referred to the fact, that while all agree as to the evidences of the disease in an adult, we disagree when that disease affects the child. Thus, an emaciated child is said by some to have suffered from want of proper food, while others would charge it with possessing a syphilitic taint. He believed that children suffering from hereditary syphilis are more common in middle and low life, while in high life the prevalence of the employment of nurses enables diseased parents to shift the responsibility from themselves to the nurse. He did not admit that a child could receive the disease through the nurse's milk.

Mr. Acton criticised the two cases which had been adduced in opposition to the author's statements. He remarked on Mr. Lee's case, that no one had ever asserted that primary syphilis can be communicated from a secondary sore, and yet Mr. Lee had assumed the contrary, since the induration referred to was a mark of a primary affection. In Mr. Hancock's case, it was clear that the husband could not have been thoroughly cured of the disease. He thoroughly coincided with the author in his views as to the non-transmissibility of secondary symptoms, since he had never seen a case proving the contrary. As it respects the influence of the child or nurse upon each other, he saw no objection to give a diseased child to a woman perfectly free from the affection. In the treatment of children, he commended Sir B. Brodie's plan of applying ointment on a bandage around the waist; and was of opinion, that mercury acts better when given to the child directly, rather than indirectly through the nurse's milk. He was indisposed to believe that it would act beneficially if given in the latter mode.

The author, in reply, expressed his gratification, and stated, that all the speakers had concurred in his views, or had given cases which confirmed his statements.

PHYSIOLOGICAL SECTION.

April 10, 1854.

Dr. Snow in the chair.

Dr. Gibb made a communication on the relation of fat to the presence of sugar in the liver of mammals and birds. He had ascertained that those animals, as the seal, which have the most fat, yield the largest amount of sugar. Among birds, the web-footed and waders have a larger quantity than the gallinaceæ. He had also observed in man, that the fatty liver of phthisical patients yielded more sugar than the healthy liver. Bernard had shown the presence of sugar in all the great vessels leading to the lungs, as the hepatic veins and the venæ cavæ, and also in the right side of the heart itself. Dr. Gibb had not examined the livers of diabetic patients.

Dr. Crisp read a paper on

VALVES IN THE SPLENIC VEIN OF THE KANGAROO.

Dr. Crisp exhibited the spleen of a kangaroo, (Macropus Major,) showing valves in the vein. He then made a communication on certain points connected with the anatomy and physiology of the elephant, of which the following is an abstract:—The author said, that he knew of no published record of the dissection of an elephant in this country for the last thirty or forty years. He had read a paper at the Zoological Society on the form of the viscera, the length of the alimentary canal, and of other parts of the animal he had recently dissected. His object in the present communication was, to glance at certain points not specially adverted to in his former paper. The smallness of the eye, as contrasted with that of many other animals (as the preparations showed); the absence of the lachrymal duct; the scent-gland; the small size of the inferior oblique; the thickness of the skin, as compared with that of the rhinoceros and other pachyderms; the situation of the mammæ; the net-like form of the omentum, and the absence of fat; the presence of two superior cavæ, as in some of the rodents; the weight of the brain in connexion with the amount of intelligence; a comparison between the sagacity of the elephant, the monkey, and the dog; the great size of the nerves, as compared with that of the cerebral hemispheres; the distinctness of the nerve-tubes; the resemblance of the form of the heart and the size of the blood-globules to the *capybarra;* the thickness of the cellular coat of the larger arteries, and the great amount of fibrous tissue in the muscles, were all considered to be features of interest. But the points more particularly dwelt upon, were the large size of the bladder; the structure of the trunk; the organs of generation; and the mode of dentition.——*Kidneys and Bladder.*—The kidneys of this elephant (a male, twenty-two years of age, 10 ft. in height,) were not lobed, and in one dissected at the College of Surgeons, as the author was told by Mr. Quekett, the lobular form was not present, although several had described the kidneys as lobated; the bladder was of great size. In a female elephant dissected by Stukely, it held five gallons, and when the enormous quantity of fluid taken into the stomach is considered, the circumstance is not surprising; the old elephant at the Regent's Park Zoological Gardens often drinking in summer from forty-five to fifty gallons of water per day.——*Trunk.*—Cuvier calculated that 40,000 muscles existed in the trunk of the elephant; and Dr. Crisp believed, from the estimate he had made, that the number was not much exaggerated; thus, in the space of 1½ inch between the nostrils, he had counted 170 distinct muscles; the trunk being 5 ft. 6 in. long, and its weight 47 lbs. The muscles are generally short, and enclosed in distinct sheaths; their direction being transverse, oblique and longitudinal; their independent action, as well as their peculiar origin and insertion, enabling the animal to perform its remarkable movements with this organ. It is said, that the Romans esteemed the trunk of the elephant as a great delicacy; but the trunk of this animal when cooked was so tough that the dogs would scarcely eat it. The nerves of the trunk are of great size, the largest being three lines in diameter; and the nerve-tubes very distinct. In the splenic nerve thirty-nine tubes were counted.——*Organs of Generation.*—The testicles, placed in the abdomen, near to the kidneys, as in the bird, weighed (one of them) 8 oz.; the penis weighed 17½ lbs., its length 3 feet 6 inches; the nerves of greater size than in the trunk. Much difference of opinion existed respecting the mode of copulation in these animals, the vagina being seated so much below the anus. Dr. Crisp believed that he could now place this matter beyond a doubt, for he had learned, on examining the two elephants lately exhibited at Astley's Theatre, that their attendant had often seen them in the act of copulation, which was effected by the female placing her head upon the ground and by elevating her haunches.——*Mode of Dentition.*—For the purpose of thoroughly investigating this matter, Dr. Crisp had lately examined, besides the dead elephant in question, the teeth of ten living ones, all Asiatic, the skulls in the British Museum, and the beautiful series of preparations arranged by Professor Owen in the Museum of the College of Surgeons. A careful analysis had been made of these, and Dr. Crisp concluded that the opinion of Hunter (Hunterian Catalogue), "that the full-grown elephant has but two teeth in each jaw," is correct. Mr. Layard, who had resided a long time in Ceylon, informed Dr. Crisp, that there was the skull of an elephant in the Belfast Museum, belonging to an animal which Mr. Layard shot some years since. This elephant had been domesticated, and was eighty years of age at the time of its death. Mr. Hindman, the curator of the Museum, had kindly furnished Dr. Crisp with the following account of the teeth:—*Upper jaw*—one molar on each side; no appearance of rudimentary teeth. *Left molar*—8 posterior plates entire—part of 9th worn. *Right molar*—

7 posterior plates entire—3rd of tooth worn. *Lower jaw*—one molar on each side. *Right molar*—8 posterior plates entire—9th anterior is half worn—a triangular space anterior to this is quite worn. *Left molar*—5 plates entire—half of 6th worn; in front of this a triangular space much worn. So that, assuming with Professor Owen, that the 5th molar is shed about the 60th year, this animal had cut its wisdom teeth at a period far beyond that of the usual age of man.

Drawings of the viscera of the size of life were exhibited, by way of illustration, as well as the microscopical appearances of several parts, and the blood-corpuscles of many animals, for the purpose of contrast.

In reply to a question proposed by Dr. Gibb, the author stated that there was no especial frontal development of the brain, to account for the faculty of memory, which the elephant is said pre-eminently to possess. Moreover, Dr. Crisp was inclined to question the accuracy of the statement as to the high intelligence of this animal, having learned that the elephant, in its wild state in Ceylon, is a stupid animal, so that many of them may be shot at the same time by a single hunter.

Mr. Richardson read a paper on

THE EFFECTS OF THE RECUMBENT POSITION DURING SYNCOPE, PHYSIOLOGICALLY CONSIDERED.

Mr. Richardson commenced by stating, that though the fact that the recumbent or horizontal posture often affords marked and immediate relief in syncope is generally admitted, no very distinct attempt had hitherto been made to explain the principles on which it acted. One view, however, had fixed itself in the professional mind, and required to be carefully refuted. This view is, that the horizontal posture relieves syncope, by allowing the blood to gravitate to the brain and medulla, so that these centres, gaining energy by this process, re-act on the heart and supply it with new vigour. This theory had been supported by many writers, among whom the author quoted Dr. Alison, of Edinburgh, Dr. Ash, and Sir George Lefevre. The latter author relates a case in which syncope occurred on the patient assuming the erect position. It was found to be connected with the presence of varicose veins in the leg, and was prevented by the application of bandages. In this case Mr. Richardson observed, that the brain being deprived of blood was secondary to the fact that the propelling power of the heart was to a great extent lost through the mechanical impediment in the course of the circulation—an impediment which the bandages relieved. It was also obvious that the blood detained in the lower parts of the body could not reach the brain without first passing through the heart. Moreover, any renewed force which the heart might receive from the nervous centres would be quite useless until it contained blood on which to act. When we perform transfusion, we do so for the purpose of filling the heart with its natural stimulus, not for the immediate purpose of exciting the nervous centres. The recovery of consciousness on laying a person in the supine position is no proof of the correctness of the hypothesis above mentioned; for, when consciousness ceases during syncope, it ceases as a consequence of failure of the circulation, and returns in proportion as the circulation becomes re-established. Mr. Richardson had observed that the first symptom of recovery from syncope invariably was the return of the heart's beat, and that then muscular motion, consciousness, and animal heat followed. Again, in some instances, the action of the heart fails, while the functions of the nervous system remain perfect; and, on the other hand, the manifestations of the nervous system may be suspended by narcotic poisons, while the heart continues to beat with power. There may also be extensive disease of the cerebro-spinal axis, and yet the heart's action remains unaffected. Again, in the animal kingdom, the size of the heart and activity of the circulation bear no relation to the development of the nervous system; and, in the formation of the vertebrate embryo, the heart begins to pulsate before it is connected with any nervous centres. Mr. Richardson next proceeded to offer his own theory of the manner in which the recumbent position produces recovery from syncope. The explanation appealed to mechanical laws, and was very simple. It must be remembered, that the arterial blood sent from the heart first ascends, and that the venous blood descends from the upper and ascends from the lower parts. When blood is withdrawn from the upper part of the erect body, the heart loses its power of sending the blood along the aorta; hence the blood, losing the *vis à tergo*, gravitates in the veins in the lower half of the body. At the same time, the heart not having sufficient power to propel the blood to the brain and other parts, consciousness is lost, and voluntary motion and the production of animal heat fail. Death would now soon occur, from the heart ceasing to pulsate, and from the blood coagulating in the veins; but the body falls, or is laid down, and then the blood contained in the veins of the lower part of the body is poured into the heart, and again excites it to contraction. Thus the whole circulation is restored, and the brain and every part of the body receiving a fresh supply of blood, resume their proper functions; but to no one of these parts is due the least credit for having restored the movements of the heart. When blood is withdrawn from the lower part of the body, the chances of recovery are much lessened; for what was in the former case a reservoir, now becomes a running cistern. The recumbent position is here equally valuable, since it leads to a distribution of blood through the vessels above the heart. It might be even an advantage to put the head, in these cases, slightly lower than the trunk, until the cause of the hæmorrhage was removed. But, in general, the recumbent position is all that is required. The manner in which the killing of calves is performed in slaughter-houses, was adduced by Mr. Richardson as an instance of the effects produced by position on the loss of blood. He next proceeded to speak of syncope dependent on an over-burdened condition of the heart, or on debility of the cardiac walls. In these cases, the recumbent position enables the blood to pass more readily into the pulmonary artery and aorta, while the venous circulation generally is rendered more equable. Mr. Richardson then referred to several experiments which proved to demonstration the truth of his theory. Having slowly narcotised a kitten, he laid bare the heart by a careful dissection, without opening the right pleural cavity; he then punctured the arteria innominata, while the animal was suspended by the head. The heart continued contracting for some minutes, but at last the right auricle collapsed, and pulsation ceased. At this moment, the body of the animal was reversed, and suspended by the heels. The auricle instantly refilled from the inferior cava, and the heart resumed its contractions. This was repeated with the same results. On another occasion, the vena cava inferior was tied previous to the reversion of the body, when no re-action took place until the ligature was removed. In a third experiment, the animal was suspended, in the first place, by the heels, and, the abdominal aorta being punctured in the middle, the auricle was allowed to collapse as before; the animal was then turned head upwards, when the auricle filled from the superior venous trunks. There could be no doubt as to the results of these experiments. The paper was concluded with some remarks on the bearings of the question on the practice of medicine and surgery.

Mr. Pilcher was at issue with the author on several points. He was of opinion that the heart is not formed before the nervous system, and was quite convinced that, in the lower animals, there is a chorda dorsalis long before the heart is perceptible and pulsatile. Legallois and Wilson Philips did not remove the whole of the brain, but of the cerebellum, without seriously interfering with the heart's action; and they had observed, that, while the cerebrum might be sliced with impunity, any injury to the great ganglia at the base of the brain produced instant death. He admitted, with the author, that the blood is the natural stimulus of the heart; but the disputed point had reference to the mode in which it acted upon the heart. Was the stimulus a mechanical one or a chemical one, or did it act through the nerves distributed to the structure of the heart? He would admit a certain degree of mechanical stimulus; but he was opinion, that the motion of the heart was due to reflex action,—the blood acting first on the nerves distributed to the heart, thence upon the great ganglia situate near to the heart, and then upon the muscular structure of the heart. The best test would be the division of the nerves leading to the heart; and he had observed, that the destruction of any large portion of these nerves very seriously impeded the heart's action, and that the division of both vagi caused speedy death.

Dr. Snow stated, that he had assisted Dr. Sibson in certain experiments upon the influence of the vagi, and had observed, that, when both nerves were divided, the animal lived to the end of the experiment, and probably would have lived twenty-four hours, or until killed by congestion. Haller had observed, that the heart ceased to beat when the venæ cavæ were tied, and resumed its pulsations when the ligature was removed. On recovering from syncope, the heart is the first to act.

Dr. Gibb also stated, that Bernard had divided both vagi, and yet the animal lived some hours.

Dr. Crisp denied the truth of the assertion, that a paralysed limb is necessarily colder than the sound one. Bernard had observed the heat to increase on division of the sympathetic nerve. Many animals are without any trace of a nervous system, but no animal or plant is without a circulatory system.

Mr. Hinton remarked, that in order to a recovery from a state

of syncope, it is not requisite that the body should be placed horizontally; for the same effect is produced if the head is placed low between the knees. The author had not proved his negative, that the nervous system has nothing to do with the action of the heart.

Mr. Richardson, in reply, stated that the nervous system acts indirectly upon the heart; and that, when the parts at the base of the brain are divided, death is produced by effusion of blood from the divided blood-vessels.

Dr. Snow read a paper on

THE PRODUCTION OF LOCAL ANÆSTHESIA.

He said, that when piece of folded lint moistened with chloroform was applied to the skin, and covered with some impermeable substance, it caused a sensation like that occasioned by a mustard poultice, and the skin became red. After the lapse of a few minutes to half an hour, there was a feeling of numbness in the part, and its sensibility was diminished, so that pricking with a needle did not cause so much pain as usual. He had never succeeded, however, in causing complete anæsthesia by chloroform applied to the sound skin, nor had he been more successful with several other agents he had tried. Hydrocyanic acid of 5 per cent., and a strong solution of cyanide of potassium in water, caused a diminution of sensibility, with less irritation, than any of the other medicines. The difficulty of causing local anæsthesia depended on the slow and sparing manner in which fluids permeated the cuticle, and the readiness with which the small quantity which did permeate was carried away in the blood. When the skin was denuded of cuticle, it was readily made insensible, even by the vapour of chloroform confined over it, and the raw surface could be rubbed without causing any sensation. The only means they as yet possessed of producing complete local anæsthesia was that of refrigeration, proposed by Dr. James Arnott. When a part was cooled by the application of a mixture of pounded ice and salt, it became of the colour of parchment, as hard as suet, and perfectly insensible. The insensibility, however, extended to only a very slight depth. He had congealed in this manner part of the palmar surface of the hand and fingers, but, on separating the latter, and examining the dorsal surface of the web which connects them, he found it quite sensible to the pricks of a needle, even when removed from the hard and insensible palmar surface by a thickness of only the tenth of an inch. The burning kind of pain caused by the application of ice and salt to a sensitive part, such as the hand or fingers, was very considerable, and it was still greater about five minutes afterwards, when sensibility returned. In fact, if he (Dr. Snow) required the application for any other purpose than to watch its effects, he would inhale chloroform while it was done. He therefore did not think this process very available, even for superficial operations, except when the Surgeon or the patient had an objection to the inhalation of chloroform. A new plan had lately been tried in the hospitals of Paris, with some amount of success, in preventing the pain of minor operations by refrigeration. It consisted in dropping ether on the part, and increasing the evaporation with the bellows. He (Dr. Snow) had tried this on a patient of Mr. Ure, in St. Mary's Hospital, preparatory to his dividing the callous edges of an ulcer of the leg. It was quite successful at that edge of the ulcer where the ether had chiefly fallen, but less so at the other side. This process caused less pain than the application of ice and salt; and M. Matthieu, an instrument maker of Paris, had contrived a means by which it could be more effectually applied than in the above case.

Mr. Richardson had produced this effect in irritable ulcers, to which he was about to apply caustic, by placing lint over the ulcer, wetted with a little chloroform, and the whole covered by oil silk. In a few minutes insensibility was produced, and no smarting followed the recovery.

Dr. Chowne inquired if Dr. Snow had touched a thermometer with his little finger after immersion in the freezing liquid; and, in reply, Dr. Snow expressed the opinion, that, as the finger could not surround the bulb, it would have been useless to have applied it. He had applied the whole hand equally refrigerated, and had found that he could not reduce the temperature below 40°.

Dr. Crisp stated, that Dr. Simpson had produced local anæsthesia by the application of vapour of chloroform, and had caused paralysis of various parts of a worm by dropping the chloroform upon it. He had also observed, that sudden cessation of the heart's action from chloroform occurred occasionally in cats as in man.

Mr. Potts had a patient afflicted with rheumatism, who had been cured speedily by the application of Dr. Arnott's refrigerating mixture.

Dr. O'Connor had opened abscesses of the mamma without giving pain, by having previously applied chloroform locally.

Dr. Gibb had produced similar effects by the extract of tobacco.

Dr. Snow, in reply, stated, that the reason why cats and men die from the action of chloroform is, that the chloroform is not sufficiently diluted,—say 10 per cent., instead of 4 or 5 per cent.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 17th inst.:—

Atkinson, Robert, Dublin.
Coyte, William, Colchester.
Douglas, Thomas Sadler, Whitehaven.
Hawkins, Albert, Hitchin, Herts.
Hine, Daniel Benjamin, Nottingham.
Kemp, George Thomas Robert, Philadelphia.
Macnamara, Nottidge Charles, H.E.I.C.S.
Marsden, Alexander Edwin, Lincoln's Inn Fields.
Poulden, Frederick George, Finsbury Square.
Sweeting, Richard, West Indies.
Turnbull, Thomas Joseph, North Shields.

At the same meeting of the Court, Mr. Charles Sproule passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the College, his diploma bearing date May 16, 1845.

New Fellows.—The following members of the Royal College of Surgeons were admitted to the Fellowship, at the meeting of the Council on the 19th instant:—

Langshaw, James Pearson, Lancaster; Diploma of Membership dated May 22, 1837.
Nicholls, George J., Bourne, Lincolnshire; March 2, 1821.
Weekes, George, Hurstpierpoint, Sussex; Dec. 21, 1838.
Wilkes, James, Stafford; April 24, 1835.

Mr. James Beattie, of Elham, Kent, was admitted an *ad eundem* member of the College, having been admitted a member of the Edinburgh College in April, 1840.

The Jacksonian Prize.—This prize, founded by the late Samuel Jackson, Esq., originally of the value of ten guineas, and subsequently increased by the liberality of the College of Surgeons to twenty guineas, has just been awarded by the Council of the College to Mr. Harvey Ludlow, a Fellow by examination, for his Essay on "Diseases of the Testis and its Coverings, and their Treatment."

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 13:—

Bridgman, George William Wood.
Butler, Ebenezer Robert, H.E.I.C.S.
Chipperfield, William Nathan, Reading.
Crossley, Wm. Henry, Wathe-upon-Dearne, Yorkshire.
Dixon, John, Hemsworth, Yorkshire.
Dixon, Edward Livesey, Preston, Lancashire.
Skaife, John, Easingwold, Yorkshire.
Forder, Thomas, Winchester.
Grawse, John Lawrence, Bildeston, Suffolk.
Hammond, Edward Beck, Ipswich.
Johnson, Thomas Russell, York.
Marshall, William, London.
Pedgrift, Robert Augustus, Halesworth, Suffolk.
Powell, Thomas Joseph Cookson, Bristol.
Reynolds, Thomas, Bedford.
Sidebottom, Edward, Mottram, Cheshire.
Vincent, Cyril John, Oxford.

APPOINTMENTS.

Bradford Infirmary.—Dr. R. Cartwright has been appointed Physician, in place of Dr. Taylor resigned.

Military.—5th Regiment of Dragoon Guards: Assistant-Surgeon William Cattell, from 23rd Foot, to be Assistant-Surgeon, vice Woods, who exchanges; 23rd Foot: Assistant-Surgeon David Woods, from the 5th Dragoon Guards, to be Assistant-Surgeon, vice Cattell, who exchanges; Hospital

Staff: Staff-Surgeon of the Second Class George Hume Reade, from half-pay, to be Principal Apothecary.

MILITIA.—East York: George Earle, gent., to be Assistant-Surgeon, vice Coupland, resigned; 1st or Western Regiment: Samuel William Aldred, gent., to be Assistant-Surgeon, vice Baker, deceased.

VACANCIES.

ROYAL ISLE OF WIGHT INFIRMARY.—A Resident Medical Officer is required. Election, May 17.

DEATHS.

BLACKWELL.—March 29, at Dunleer, aged 85, Dr. Blackwell, one of the Coroner's for the county of Louth.

BRUCE.—April 6, at Glasgow, Primrose Bruce, Esq., Surgeon.

CLEMENTS.—April 4, at Bishop Wilton, J. Clements, Esq., Surgeon, formerly of Driffield.

COWIE.—April 10, at Horsham, M. B. Cowie, Esq., M.D.

HARTY.—March 30, at Ballickmoyler, Queen's County, Dr. William Harty; M.B. Dublin 1804; M.D. Dublin 1830; late Physician to the Prisons of Dublin (for forty years), as also to King's Hospital or Blue Coat School; formerly Physician to the Meath Street Dispensary; Member of the Royal Dublin Society; Author of "Observations on the History and Treatment of Dysentery and its Combinations," Second Edition, 1847; paper "On Purpura Hæmorrhagica," (which first established the true character and treatment of that disease,) *Edinburgh Medical and Surgical Journal*, 1813; "Historic Sketch of the Causes, Extent, and Mortality of the Fevers Epidemic in Ireland in 1741 and 1817," 8vo., 1820; "On the Influence of Quinine in Conjunction with Mercury," *Edinburgh Medical Journal*, 1829.

HEMINGWAY.—April 7, H. J. Hemingway, Esq., of Dewsbury, aged 37. L.R.C.P. Lond., 1842; M.R.C.S.E., 1838; L.S.A., 1837.

JONES.—April 10, at 33, London-street, Fitzroy-square, James Jones, Esq., surgeon, aged 60, deeply regretted. In practice prior to 1815.

KNOTT.—Jan. 11, at Melbourne, Australia, aged 51, Samuel Knott, Esq., M.D., formerly of Newcastle and Carlisle.

MACLEOD.—Dr. Macleod, of Sleat, in Skye, was killed, a few days ago, in consequence of falling from a precipice in the Highlands. The deceased had been recently appointed Medical Officer for the parish of Glenelg, and was returning from the discharge of his duties one dark night when he met with his death.

MAXWELL.—April 7, at Jarrow, aged 43, William Maxwell, Esq., Surgeon.

GUY'S HOSPITAL.—Dr. Babington has resigned his office of Physician to this Hospital. If a vacancy is declared it is understood that Dr. Habershon, Dr. Wilks, and Dr. Lloyd, will become candidates.

ST. THOMAS'S HOSPITAL.—Dr. Cohen, Assistant-Physician, has resigned. Dr. Bristowe is a candidate, and we have been informed that Dr. Brinton is also in the field.

UNIVERSITY OF LONDON.—The Council of the University of London have made the following arrangements for the examinations for the current year:—*Bachelor of Medicine.*—Pass Examination.—Anatomy and physiology, Aug. 7; chemistry, materia medica, and pharmacy, Aug. 8; botany, Aug. 9; chemistry and materia medica, by *vivâ voce*, Aug. 11; anatomy and physiology, by *vivâ voce*, Aug. 15. Examination for Honours.—Anatomy and physiology, Aug. 17; chemistry and materia medica, Aug. 18; botany, Aug. 19. *Bachelor of Arts.*—Mathematics, natural philosophy, and animal physiology, Oct. 23; classics, logic, and moral philosophy, Oct. 24; mathematics and natural philosophy, history, Oct. 25; classics, French and German, Oct. 26. Examination for Honours.—Mathematics and natural philosophy, Oct. 31, Nov. 1 and 2; classics, Nov. 7, 8, and 9; chemistry, Nov. 15; animal physiology, Nov. 16; vegetable physiology and structural botany, Nov. 17. Examination in the Hebrew text of the Old Testament, in the Greek text of the New Testament, and in Scripture history, Nov. 13 and 14. *Bachelor of Medicine* (Second Examination).—Pass Examination.—Physiology, general pathology, etc., Nov. 6; surgery and medicine, Nov. 7; midwifery and forensic medicine, Nov. 8; the candidates to report on the cases of actual patients, Nov. 10; by *vivâ voce* interrogation, pharmacopœias, Nov. 13. Examination for Honours.—Physiology and comparative anatomy, Nov. 21; surgery, Nov. 22; medicine, Nov. 23; midwifery, Nov. 24. *Doctor of Medicine.*—Intellectual and moral philosophy, Nov. 27, and on the same day a commentary on a case in medicine, surgery, or midwifery; medicine, Nov. 28; the candidates to report on the cases of actual patients, Nov. 30; by *vivâ voce* interrogation, Dec. 1.

METROPOLITAN COUNTIES BRANCH OF THE PROVINCIAL ASSOCIATION.—MEDICAL REFORM.—A meeting of the Medical Reform Committee of the Metropolitan Counties Branch of the Provincial Medical and Surgical Association was held on Saturday, April 15, 1854, at 4 p.m.; Dr. R. H. Semple in the chair. There were also present: Henry Ancell, Esq.; T. Snow Beck, M.D., F.R.S.; Thomas Charles, Esq.; N. Clifton, Esq.; John Rose Cormack, M.D.; John Davies, M.D., Hertford; Robert Dunn, Esq.; Alexander Henry, M.D.; William O'Connor, M.D.; and R. Hutchinson Powell, M.D. The following Resolutions were unanimously passed:—"That this Committee consider Mr. Brady's Medical Registration Bill unsuited to the requirements of the Profession, and likely to impede the progress of an efficient measure of Medical Reform; and therefore recommend the members of this branch to petition against its progress, and to oppose it by every means in their power." "That a copy of the above Resolution, signed by the Chairman, be forwarded to the *Association Journal*, and the other weekly Medical Journals." (Signed) R. H. SEMPLE, Chairman. The Committee then proceeded to discuss the clauses of the Medical Reform Bill of the Association, and adopted several Resolutions, which will be embodied in a Report to be presented to a General Meeting of the members of the Metropolitan Counties Branch, which it is proposed to hold at an early date.

LEEDS SCHOOL OF MEDICINE.—The distribution of prizes of this school for the winter session took place on Saturday, the 8th April, when the following awards were made:—*Practice of Physic*—Silver medal, Mr. R. G. Hardwick; Certificate of Honour, Mr. Wm. de Fabeck. *Surgery*—Certificate of Honour, Mr. R. G. Hardwick. *Anatomy*—Silver Medal, Mr. R. G. Hardwick; Certificate of Honour, Mr. Fredk. Hall. The summer session commences on the 1st of May.

NEWCASTLE-UPON-TYNE INFIRMARY.—The hundred and third anniversary of the Newcastle Infirmary was held on Thursday the 6th instant. The expenditure of the last year, owing principally to the increased cost of food, etc., was found to be about 1,008*l.* above that of the previous year; but so liberally had the institution been supported, and so handsome the benefactions to it, that the additional expenditure had not only been met, but a balance of 573*l.* had been carried to former savings. It was reported that the new building was partially occupied, and that in a short time the whole would be completed. It was decided to revise the rules, so as to adapt them to the altered circumstances of the Hospital in consequence of the enlargement. The Newcastle Fire Office has made a donation of 105*l.*, and the workmen of R. Cail, Esq., on the Marley Hill Branch Railway, 2*l.* 15s. to the building fund.

SHEFFIELD GENERAL DISPENSARY.—The quarterly meeting of the Governors of this institution took place on Wednesday, April 12, at 12 a.m.; William Smith, Esq., in the chair. The meeting was numerously attended. It was moved by the Rev. Thomas Sale, and seconded by Mr. Smith, that the best thanks of the meeting be given to Messrs. Martin and Porter, the retiring Surgeons. These gentlemen were then elected Honorary Surgeons to the institution. The Weekly Board having some time previously appointed Dr. Law, Dr. Hall, and Dr. Elam, Physicians to the institution, in place of the retiring Surgeons, subject to the approbation of the general meeting, it was proposed from the chair, and unanimously carried, that this appointment be confirmed. Other business connected with the internal management of the house was then entered upon, and a Committee was subsequently appointed to revise the rules. The meeting concluded with a vote of thanks to the Chairman.

BRADFORD INFIRMARY.—Mr. Gill, who has been Dispensing Assistant at the Infirmary for some twelve years, is compelled to relinquish that office in consequence of ill-health. The Weekly Board, appreciating his services, and wishing to express their feeling of esteem to Mr. Gill, at their last meeting passed the following Resolution:—"That this Board cannot receive the resignation of Mr. Gill as dispenser, which office he has held for so many years with great credit to himself and benefit to this Institution, without expressing great regret that the state of his health is such as to render such resignation necessary; and also the hope that he may soon be restored, and that success may attend him wherever he may be called to reside in future."

Oratorio in Aid of the Bradford Infirmary.—On Good Friday, Handel's sacred oratorio, "The Messiah," was performed at St. George's Hall, in aid of the funds of the Bradford Infirmary. We believe that a handsome balance will be realised for this noble Charity. The performance was everything that could be desired.

Southern Dispensary, Bath.—A project having been set on foot for building a dispensary in the parish of Lyncombe and Widcombe, two very handsome sums have been promised by way of commencing a subscription for the erection of the proposed building. The district embraces a large portion of the Dolemeads, and extends also to the Lower Bristol road, and in the last year nearly 1000 poor persons were benefitted by the present temporary establishment, about half of whom were visited at their own homes. Earl Manvers has benevolently given the Committee a piece of ground in Claverton-street adapted to the object, and will convey it to them free of expense. But he stipulates that they begin to build within three months from the 25th ult. It remains for the public to decide whether they will enable the Committee to carry out their benevolent design.

Norfolk and Norwich Hospital.—The Annual Meeting of the Governors of this Institution was held on Saturday last, when the Reports of the Board of Management were read and adopted, from which it appeared, that "The legacies have fallen off, as compared with last year, to the amount of 514*l.*; against which must be set an increase of donations of 374*l.*, including 70*l.* from the Festival Committee. The daily average of patients in the house has been 117,—a larger number than the Hospital has ever before contained, and the number of in-door casualties, 203. The Museum is yearly becoming of greater value to the Profession, and especially as a means of instruction to the pupils of the Hospital. The Board append to their Report a letter, announcing a donation of great value to the Museum from Mr. Donald Dalrymple, in which that gentleman says:—"Among the monuments which my late lamented brother raised to his Professional reputation, were a number of beautiful preparations of the anatomy and pathology of the human eye. These were all executed by his own hand, and formed the originals from which the drawings contained in his work were taken. These, in his kindness, he bequeathed to me, and I feel a pride and pleasure in offering them for the acceptance of the Norfolk and Norwich Hospital Museum, that they may find a permanent resting-place in the Institution where he first imbibed that earnest love for his art, and beside those evidences of devotion to his Profession which his father and mine have already placed there. I desire to attach but two conditions to the donation:—1st. That they be suitably displayed; 2nd. That the Committee apply to the Board of Management to place it on the same footing as the original collection. The number of the preparations is 108, and they have all been recently put in perfect order."——At a meeting of the Board, on Saturday, the 1st of April, it was unanimously resolved,—"That the Board cannot record the retirement of their respected House-Surgeon, Mr. Bateman, without at the same time adding an expression of their regret at the loss to this Hospital of so able and efficient an officer, who, for three years, with great zeal, judgment, and ability, so far as has fallen under the observation of the Board, has fulfilled the duties of House-Surgeon to the Institution, and who, on quitting his post for a sphere of independent Professional duty, carries with him the best wishes of every member of this Board for his future success and welfare." The appointment of Mr. G. R. Cubitt to the office of House-Surgeon, in the place of Dr. Bateman, resigned, was unananimously agreed to.

Glasgow Eye Infirmary.—The Treasurer acknowledges the following contributions, since last noticed, from public works in Glasgow and neighbourhood:—From the workmen of Monkland Iron and Steel Company, per Mr. Kirkland, 10*l.*; from the workmen of J. G. Laurie and Co., White Inch, per Mr. Russell, 4*l.* 3s.; from the workmen of Hy. Monteith and Co's. Printwork, Barrowfield, 4*l.* 13s. 7d.; from the workmen of W. Craig and Co., Govan-street, 3*l.* 6d.; from the workmen of John Downie and Co., Woodside Iron Works, Maryhill, 1*l.* 7s. 6d.; from the workmen of James Crum, Busby Mill, 1*l.* 1s.; from the workmen of Blackie and Son, 17s. 3d.; from the workmen of Levern Mill, Barrhead, per Mr. Forrester, 6s. 6d. We should be glad to hear of similar tokens of gratitude on the part of the working classes in the Metropolis, who are so largely benefited by our Hospitals and Dispensaries.

Statistical Society.—At the last Ordinary Meeting of the Statistical Society, a paper was read "On the Old and New Bills of Mortality; Deaths and Fatal Diseases in London in the Last Fourteen years," by John Angus, Esq. The author gave a sketch of the origin and progress of the old bills of mortality. They were commenced in 1592, and had answered the purpose for which they had been originally established; moreover they had contributed to English history much valuable and interesting information; but, in two centuries and a-half, these bills had become somewhat antiquated. By their aid, John Graunt, in 1662, had estimated the population of London at 384,000. The new system of registration for England and Wales commenced in 1837, and the new machinery had obtained returns, which, by their fulness and accuracy, had superseded the old. The modern bills showed the births and deaths registered in the week up to Saturday night. The author described the population and area comprised in the new bills, and the process by which the returns were obtained. The area embraced an extent of 122 square miles, on which surface was planted, in 1851, 305,933 inhabited houses, and contained, in that year, a population of 2,362,236 inhabitants, increased in 1853 to 2,468,362. This population lived in a density varying from two persons to an acre at Lewisham, to 284 in St. Botolph and Cripplegate, and to an elevation varying from two feet below high-water mark at Newington, to 350 feet above it at Hampstead. The births registered in the fourteen years 1840-53 were 972,508, and the deaths 746,660; the former being in excess of the latter by 225,848. The rate of mortality during that period had been about 2·5 per cent., showing that London, throwing all its heterogeneous elements *en masse*, contrasted favourably with some of the large towns in England. Nevertheless, it still presented a wide field for the sanitary reformer. The destruction of infant life was excessive, but less so than in Liverpool and Manchester. In Westmoreland, the deaths under one year were 120 in 1000; in London, 200; in Liverpool, 280; and in Manchester, 290. Typhus had increased in the last fourteen years, at a rate far exceeding the increase of population. Those diseases had increased which were chiefly generated and propagated by dirt, overcrowding, and other circumstances of bad sanitary condition. The class of zymotic diseases had destroyed in the 14 years, 24 out of 100 persons who had died from all causes; tubercular diseases, 18; diseases of the lungs and other organs of respiration, 15; diseases of the brain, 12. The author showed the proportions in which the various classes of disease had increased. Small-pox had decreased in 1853. An interesting feature in the returns for the next series of years would be the effect on this disease—the scourge of London in past times—which recent legislation may be expected to produce. In the fourteen years this foul disease had destroyed 12,093 lives in London alone, being on an average 864 in the year, but in 1853 only 217 had died of it. Typhus had increased 75 per cent. in the last seven years, as compared with the previous seven years. Intemperance had increased in greater ratio than the population. The paper was illustrated by a series of valuable and interesting tables, in one of which were shown the periods in which the people enjoyed the greatest health, and those in which fatal diseases were most rife. In December, January, February, and March, the deaths ranged from 4500 to 5000 a month; in June they fell to 3800. June, July, and October, were more healthy than August and September. The earliest and latest periods of the year were the most fatal.

Insurance Murders.—Trial of a Medical Man on a Charge of Murder.—The St. Fergus Case.—A case, presenting some remarkable features in a medico-legal view has just been tried before the High Court of Justiciary in Edinburgh. A person calling himself Dr. Smith, and who describes himself as a Member of the Royal College of Surgeons of England, although his name is not to be found in the College List or in either of the Directories, has been tried and acquitted on a charge of murder. It appears, from the evidence, that the accused had effected certain insurances, for short periods, on the life of one William Macdonald, in whose life he had no pecuniary interest whatever. The insurances were altogether for a sum of about 2,000*l.*, in three different offices. One of these is too remarkable to be passed over, as it supplied what was considered to be an adequate motive for the perpetration of the heinous crime with which the prisoner was charged. While two insurances for about 500*l.* each were effected in two offices, one insurance for 999*l.* 19s. was effected with the Caledonian Insurance Company, in reference to which the risk commenced on the 24th of November, 1852, and terminated on the 24th of November, 1853! Only one premium was paid by the prisoner Smith, to the amount of about 11*l.* The deceased, William M'Donald, was found dead in a field belonging to Smith, (evidently killed by a pistol-wound,) on the morning of Sunday, the 20th of November, 1853. His dead body was first discovered by his brother, who had gone in search of

him. The evidence adduced at the trial rendered it quite improbable that the deceased had committed suicide; and the prisoner was supposed to be connected with the murder by the following circumstances. The deceased was to meet Smith by appointment on the evening of Saturday, the 19th November. He left his home about mid-day, and was seen at a blacksmith's in the village of Kirktown, near to which the prisoner resided, at or about seven o'clock in the evening of that day. He left this place soon afterwards, and nothing more was seen of him until his dead body was found in the field on the following morning. The body was lying at full length on the left side in a ditch. The left arm was partly beneath him, and the right partly across the body. There was a blackened wound or hole in the cheek, and a little blood on the cheek. The ditch was about eighteen inches in depth, and contained only one or two inches of water, There was a pistol lying on the ground, about four feet from the deceased's head. An alarm was given at the nearest house, the prisoner Smith's residence. Smith was not then within; but soon afterwards came from the village through the field to the spot. The prisoner Smith looked at the body, took up the pistol, and said deceased had shot himself. It was proved that the prisoner had bought a pistol similar to the one found near the body, in the month of August preceding. He had also recently before this occurrence purchased caps and a quantity of gunpowder, which he said was for the purpose of using for an ointment. Medical evidence was adduced at the trial, to show that this pretence for the purchase of the gunpowder was untrue. On the 29th of October preceding, he had been seen firing a pistol at his barn-door. The time at which the deceased died, was fixed with tolerable precision by a singular chain of circumstances. It was clear, from the stiffness of the body when found, he had been dead many hours. The report of firearms was heard by several witnesses from the direction in which the body was found, at twenty-five minutes to eight o'clock on the evening of the 19th of November. One witness distinctly saw the flash from the discharge. It appeared from the evidence, that the prisoner Smith had, during that evening, paid visits to several persons between the hours of seven and eight o'clock. One witness, Isabella Anderson, stated that the prisoner Smith was at her house on this evening, (the 19th November,) between half-past seven and eight o'clock; he came into the room in which there was a clock. The witness looked at it when Dr. Smith was in the room, and he took a candle to look at the hour. It was twenty-five minutes to eight o'clock, but the clock was a quarter slow: therefore the time would have been strictly ten minutes before eight; and, as it appears by the evidence, the prisoner could have been at the spot where Macdonald was shot at the time the discharge of firearms was heard, and have reached the witness (Anderson's) at ten minutes before eight. The points proved against the prisoner were motive and opportunity to commit the crime. The defence was substantially, that this might have been an act of suicide. The friends of the deceased deposed, that they had never known him to possess or use firearms, while it was quite clear that his plans and conduct, up to the minute at which he was last seen living at the blacksmith's shop, were those of a man who had not the remotest intention or motive to destroy himself. It appeared that, owing to his ignorance of matters of business, he supposed the insurances effected on his own life by the prisoner, and of which the premiums were paid by the prisoner, would benefit himself in a pecuniary sense. It was proved that he was about to be married, and, further, that he had engaged to meet the prisoner on the evening of his death at the prisoner's barn. In the defence, a witness was called who deposed, that he had sold a pistol to the deceased Macdonald in the year 1848, and, on being shown the pistol found near the body of deceased, with which the wound was inflicted, he expressed his firm belief that *that* was the pistol. The jury returned a verdict of *Not Proven*, and the prisoner was discharged.

Quackery.—An inquest was held on Wednesday, April 12, at Carnarvon, on the body of Henry Jones, a carter, of Pool-side, in that town. From the evidence it appeared, that the deceased, who was 57 years old, although complaining of tightness in the chest, had continued his employment daily up to the Monday evening before his death. His wife procured for him that day a bottle of physic from parties named William and Ann Roberts, residing in Pool-lane, and at half-past nine she administered to him three teaspoonsful of the mixture. He retired to rest at ten o'clock. At four in the morning, his wife was alarmed on hearing the deceased snoring very loudly. She attempted to wake him, but could not. She then went to a neighbour, who fetched a Surgeon, and Mr. W. Maugham, assistant to Mr. R. Jones, was shortly in attendance, ordered mustard to be applied to the chest, and proceeded for medicine. Before he could return, however, the man had expired. —Ann Roberts, on being examined, said, she had been accustomed to administer certain medicine to sick people for forty years, and that she sold sixpenny worth of it to deceased's wife the other day. This witness for some time refused to communicate to the inquest the ingredients of which the mixture consisted, but, on being threatened with imprisonment, she stated that it contained *saffron and nutmeg*. Her husband, William Roberts, an old man 81 years of age, was next examined, and he for some time endeavoured to conceal "the secret" of the medicine. Eventually, however, he admitted it to be as follows: —Saffron one drachm or two, to two quarts of water, nutmeg about the same proportion, some gum arabic, a little spirit of nitre, and clean water. These he swore were the only ingredients. The old man went on with a display of considerable importance, to enumerate some wonderful cures which he had effected "after the doctors had failed."—Mr. R. Jones, Surgeon, on being sworn, said, a mixture, compounded as described, would be harmless, but he could not, from the appearance or smell of the one in question, discover that the ingredients enumerated entered into its composition. The only supposition that could be entertained from the symptoms was, that a narcotic had been administered; but, except the dose had been very large, the time intervening until death ensued would have been too short to produce fatal consequences. Three teaspoonsful of laudanum would not have killed a man in eight hours, the period deposed to in this instance, during which the man lived after taking the mixture.—The Coroner said, it was certainly lamentable to find that persons of the description presented before this inquest, two as ignorant and illiterate as probably were to be found in this country, should take upon themselves the responsibility of administering medicine; and still more lamentable it was to think that they were encouraged in this dangerous practice by persons whose common sense ought to induce them to shun it. He trusted the inquiry would not be unproductive of salutary effects as far as the public were concerned. Verdict, "Died from the visitation of God." The old man and woman were remonstrated with upon the danger and impropriety of their conduct, and cautioned against administering medicines in future; but the admonition evidently made little impression.

The 19th Century.—It appears that in Devonshire there is an ailment which receives among the lower classes the title of "*overlooked or ill-wished*," and which, from all we can gather, seems to consist in a morbid feeling that the patient is under the dire influence of some party whose whole power is exerted for the destruction of his victim. A Correspondent of the *Western Times* says, that a person residing in the north of Devon, sent her friend, who she stated was "overlooked or ill-wished," to Exeter, in search of a Mr. Tuckett, who was said to be skilled in the cure of this disease, and he returned with the following letter and recipe:—"Dear Friend,—This is a serious affair, indeed, and I have no doubt of being able to set all to rights, but we must go through it with great perseverance, and to save time from the horror and torture that he must inevitably fall into, I do want 5*l*. to commence, and whatever you leave undone else, do try to raise it, and send it per Mrs. T——, next journey. It is no use to go tamely to work when there are those who would take your meat and breath of your body.—Yours, &c., James Tuckett. Don't fail of sending the 5*l*. next journey." *Copy, Recipe.*—"Take a little barley-meal and mix it with some of his own urine, and put some salt in it, and make three images, one in the shape of a woman, and the other two in the shape of men; stick five black thorns into each; say, as you stick them in, 'This is to torture and torment, in the name of the Lord, that men and women that hath hurted me and my family.' Burn them with some green ash wood. When you put them into the fire say—'This is to confine and stop all evil and all enemies of mine and of my family for ever, never to hurt me or mine any more for ever, in the name of God the Father, God the Son, and God the Holy Ghost, Amen.' Read, while burning, the first four verses of the 56th Psalm. Burn this paper to ashes, and send the ashes to me, with a bottle of his fasting urine."—[We should not be at all surprised if this worthy "James Tuckett," together with the foregoing Ann and William Roberts, have figured as petitioners against Mr. Brady's Registration Bill. Their names should rather have been appended to an indictment for obtaining money under false pretences.—Ed.]

Mortality Notabilia.—In the week ending Saturday, the deaths registered in London showed a decrease on the

returns of preceding weeks. The number was 1087; in the previous week it was 1149. In the ten weeks corresponding to last week, of the years 1844—53 the average number was 1013, which, if raised in proportion to increase of population, becomes 1114. Diseases affecting the organs of respiration have declined in the aggregate number of their fatal cases. They are now below the average of corresponding weeks. Bronchitis decreased from 112 in the previous return to 77 in the last; pneumonia is more stationary. Typhus and continued fever appear to increase. Hooping-cough continued rather fatal, and carried off 63 children. Eighteen deaths occurred from diarrhœa, and 2 from cholera, of which the following are the particulars:—In the sub-district of Woolwich Arsenal, at 15 Hardin's-lane, on 4th April, a labourer, aged 25 years, died of "cholera (about 20 hours)." In the same house, on 8th April, a labourer, the father of the above, aged 70 years, died, it is said, of "exhaustion from excessive grief at the loss of his son (2 days)." Mr. Rixon, the Registrar, adds, that "the father became so exceedingly depressed on seeing the coffin brought in, that he took to his bed, and died two days afterwards."

MORTALITY IN PUBLIC INSTITUTIONS for the week ending April 15:—

	Males.	Females.	Total.
Workhouses...	51	42	93
Military and Naval Asylums ...	3	...	3
General Hospitals	38	25	63
Hospitals for Special Diseases ...	4	2	6
Lying-in Hospitals	1	1	2
Lunatic Asylums	3	6	9
Military and Naval Hospitals ...	4	...	4
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	...	...	...
	104	76	180

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 15, 1854.

CAUSES OF DEATH.	APRIL 15. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	521	365	196	1087	10130
SPECIFIED CAUSES	518	364	196	1080	10097
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	193	52	9	254	1981
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	8	17	21	46	466
3. Tubercular Diseases	67	135	6	209	1999
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	61	36	26	123	1235
5. Diseases of the Heart and Blood-vessels	2	31	13	46	372
6. Diseases of the Lungs and of the other Organs of Respiration ..	85	42	51	179	1917
7. Diseases of the Stomach, Liver, and other Organs of Digestion	20	21	8	49	609
8. Diseases of the Kidneys, etc. ..	2	6	4	12	105
9. Childbirth, Diseases of the Uterus	1	10	..	11	91
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	7	1	10	70
11. Diseases of the Skin, Cellular, Tissue, etc.	..	1	2	3	17
12. Malformations	2	..	..	2	30
13. Premature Birth and Debility ..	31	1	..	32	214
14. Atrophy	41	..	7	48	208
15. Age	..	..	45	45	494
16. Sudden	1	..	1	2	75
17. Violence, Privation, Cold, and Intemperance	2	5	2	9	214
CAUSES NOT SPECIFIED	3	1	..	7	33

BOOKS RECEIVED.

Clinical Lectures on Paralysis, Diseases of the Brain, and other Affections of the Nervous System. By R. B. Todd, M.D., F.R.S. London: Churchill. 1854.

The Land We Live In. Part I. London: Orr. 1854.

Forty-third Annual Report of the Nottingham General Lunatic Asylum. 1854.

First Annual Report of the Norfolk Asylum for the Insane Poor. 1854.

Chemistry, Theoretical, Practical, and Analytical. By Dr. S. Muspratt, F.R.S.E. Glasgow: W. Mackenzie. Part VI.

American Journal of Medical Science. Philadelphia. January. 1854.

The Medical Examiner. Philadelphia. February. 1854.

Medical Reform. A Letter to Lord Palmerston. By Francis Clarke. London: Lewis. 1854.

On the Severer Forms of Heartburn and Indigestion. By Henry Hunt, M.D. London: Churchill. 1854.

TO CORRESPONDENTS.

A Correspondent asks, Who is Dr. Baly? He is the translator of Müller's "Physiology," and has written notes on the same, which the learned deem valuable. He knows how to use, and has used, the microscope to its fullest extent, as far as modern science has allowed him. He is the learned and able Physician to the Millbank Prison. He was selected by the College of Physicians to draw up the Report on Cholera lately published. He was appointed by the Government one of the Committee appointed to investigate the charges of cruelty brought against the Governors of the Birmingham and Leicester Gaols. He has just returned from Gibraltar, where he has been sent to decide upon the question of the utility of Quarantine. He is the accomplished, earnest, and zealous Lecturer on Forensic Medicine at St. Bartholomew's Hospital. He is known and respected by the students, by whom his advent as a recognized officer of the Hospital would be received with acclamations. Such is Dr. Baly.

Sir Benjamin Outram.—Many thanks. We are assured that the suggestions will prove very useful to Naval Surgeons.

A Provincial Surgeon.—Not yet. Some of those now in course of delivery will appear in our next Volume.

Dr. Ayres.—The case shall appear soon.

An Old Fellow.—The Bill would have no such effect. It alters in no one respect existing qualifications.

L. P. S.—According to the rules of the Society, the member cannot receive sick pay without a certificate from a qualified medical man. A chemist and druggist is not a qualified medical man. The effect of Mr. Brady's amended Bill would be to confine medical practice to *legally* or *professionally* qualified Medical men, a professional qualification being the diploma from any British University, College, or Hall.

An Old Subscriber.—We regret that we have not room to insert the examination questions.

Dr. C.—We were informed by Mr. Brady that the report we copied from the *Times* was correct—that Lord Palmerston said he should oppose "some provisions" of the Bill, not its "further progress." A reporter who had given the latter version in another daily paper, told us that Lord Palmerston stood with his back to the reporters' gallery, and spoke in such a way that "reporting became very much a matter of guess work."

Medicus.—We had rather defer any notice of the proceedings until they are concluded.

M.R.C.S.—There is nothing in the Advertisement to indicate the quackish tendency of the book. Publishers who lend their names to such works are the responsible parties.

Dr. B.—Mr. Finlaison's Report on the Sickness and Mortality in Friendly Societies, is a Parliamentary paper, and may be procured at the office for the sale of such papers, in Great Turnstile, Lincoln's-inn-fields.

Veterinary.—De Quincey says this term is derived from *veterana*, a word he has met with in Monkish writers to express *domesticated quadrupeds*. It is not so easy to say how *veterana* came to be so understood.

Dr. M.—The spirometer was introduced into the Recruiting Office in London about the year 1845, by Staff-Surgeon Hall, now Inspector-General of the Medical Department of the Army in Turkey. It was continued by his successor, Staff-Surgeon Burrell, and is now in daily use at the Recruiting Office, Duke-street, Westminster.

PLINY'S DENTISTRY.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having had occasion of late to look over the Works of Pliny, I was struck with the extent to which that ancient naturalist and philosopher had carried his researches and studies on this interesting subject, as, in some editions, even the index of the article "Dentes" occupies several closely-printed columns. He recommends tooth-powder (dentifricia) of hartshorn, pumice stone, burnt nitre, lapis Arabus (?), the ashes of shells, as well as several ludicrous substances, in accordance with the mystical prejudices of that age.

Among the remedies for fixing (firmare) teeth, he mentions tunia, acet. scillimon, rad. lapath. sat., and vinegar; and loose teeth are to be made firm by chilidonia and veratrum nig., and a variety of other remedies, among which some, at least, are rational, and tend, moreover, to prove that more attention was paid to the physiological department relating to that highly-important portion of the human body than we have been hitherto aware of, as even the most recent works on dentistry do not mention any of these facts. I am, &c.

Conduit-street, April 17. GEORGE HAYES.

[We have several valuable practical papers on Dentistry in hand.—Ed.]

M.D.—The glyceriue is used undiluted, a small quantity being rubbed in with the hands, exactly as a hair-oil.

Dr Gillespie.—We will allude to the subject next week.

Dr. Charlton's proof had not arrived from Newcastle at the time of going to press.

COMMUNICATIONS have been received from—

Dr. BROWN; Dr. MORIARTY; Dr. MORRISS; Dr. GILLESPIE; W. H. BORHAM, Esq.; JOHN GAY, Esq.; G. B. CHILDS, Esq.; Dr. STOKES; CÆSAR HAWKINS, Esq.; JOHN PROPERT, Esq.; HENRY LEE, Esq.; JOHN BROWN, Esq.; Dr. AYRES; Sir JOHN LIDDELL; R. B. BALLARD, Esq.; Dr. NEALE, of Ombersley; T. TATUM, Esq.; Sir BENJAMIN OUTRAM; A PROVINCIAL SURGEON; Dr. AYRES; AN OLD FELLOW; L. P. S.; AN OLD SUBSCRIBER; Dr. C.; MEDICUS; M.R.C.S.; Dr. B.; VETERINARY; Dr. M.; GEORGE HAYES, Esq.; HARVEY B. HOLL, Esq.; HAYNES WALTON, Esq.; Mr. HORNIDGE; Mr. BAKEWELL; Mr. ALLCARD; Mr. SUMMERS; G. W. CALLENDER, Esq.; Mr. STRETTON; FRED. ABELL HUMPHREY, Esq.; JOHN DIX, Esq.; Mr. HASTINGS; "M.D."; Mr. PALMAR; Dr. CRISP; Dr. E. A. PARKES; Dr. COWAN, Reading; Dr. HENRY; SECRETARY OF STATISTICAL SOCIETY; JOHN BRADY, Esq., M.P.; Mr. FITZROY.

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture IV.

It was my intention to have commenced to-day the examination of the more important secondary diseases of fever; but we must postpone this part of the subject, and take the opportunity of studying the general symptoms of fever as they are presented, in their most aggravated and appalling form, in the case of the young man Hardcastle. This patient is a native of England, and has been but a short time in Dublin, and his case is full of instruction.

I have mentioned, that this patient is not a native of Ireland, because it is probable, that this circumstance has acted in modifying the symptoms of his disease. Had this patient been attacked with fever in his native place, he probably would have shown the symptoms of what is called typhoid fever, and the case would have been a comparatively mild one. But, at all events, this much we may believe, that different countries present endemic, sporadic, and even epidemic fevers, with characters in some degree peculiar to themselves; and we are not yet able to explain, why fever in one country differs so much from fever in another—why maculated typhus should be so common in Ireland, and so rare in England—nor why the fever in Paris should so constantly present a particular local lesion. Many causes, doubtless, act; and I suppose among others, such as climate, diet, soil, and so on, that the race and temperament are to be reckoned. And I have suggested that, if the various families of mankind have a physiological stamp, they, probably, have also their pathological peculiarities; however this may be, it becomes a curious subject of inquiry, to determine what are the modifications of the symptoms of the fever in Ireland or in any other country, when the patient is not a native of the country, and especially if he has not been long resident in it. The most extraordinary case I ever witnessed was that of a gentleman, a native of France, who, after a long exposure to contagion, contracted maculated typhus here. He was a man of a sanguinco-nervous temperament, and exhibited, during his illness, a succession of symptoms widely different from those which we commonly see in the spotted typhus of this country. He was profusely maculated, and the peculiarity of the case consisted in the irregular manifestations of various local symptoms, and the inconstancy of the general condition, especially with reference to excitement or collapse. This gentleman happily recovered, after passing through a storm of disease, such as I and his other attendants, Dr. O'Ferral and Dr. Graves, had never seen before.

Hardcastle is a young man who has been well educated, and he is evidently above the rank of the ordinary hospital patient. His symptoms have been, from an early period of the disease, alarming in the highest degree. You will seldom see a worse case of adynamic fever. We may safely say, that for the last fortnight, both by day and by night, there has been an uninterrupted struggle between Medical art and the fell disease which is upon him. During that time he has been lying more like a decomposing corpse than a living man; but he has been kept from dying, by the bold and constant exhibition of stimulants, by tonics, and by food.

Some of you may wonder why it is that we thus go on with the increasing exhibition of stimulants—the untiring efforts to support life; although for the last ten days, at least, we have been hourly expecting his death? And the answer is, that we believe his disease to be one which may subside, sooner or later, under the law of periodic action. His recovery will then take place,—not in consequence of the action of any specific which has the power of curing fever, but from causes the nature of which is hidden from us. We are like the defenders of a post attacked by a powerful enemy, but yet expecting succour, and we seek to hold the place until that succour arrives.

There are two points in this case worthy of notice. One is, that the nervous system has been so little engaged. He has had occasionally a slight delirium, and latterly some agitation and slight subsultus tendinum; but, though he generally appears sunk in stupor, it is not true coma, but rather the stupor of exhaustion, for, when you rouse him, his intelligence appears to be good. Is this escape of the brain to be looked on as favourable, or the contrary? According to an old and well-founded opinion, all anomalous circumstances in fever are to be feared. You know the aphorism, "*Pulsus vultus et urina, bona, et æger moritur.*" This contains an important truth; but, in typhus, the want of nervous symptoms is in general favourable; for of the symptoms referrible to one of the three cavities, doubtless those indicating nervous lesion are the most formidable.

The second point to which I wish to direct your attention is, that, although this patient presents the symptoms of typhus so decidedly, he cannot be said to have any maculæ or petechiæ. In fact, his skin has been unaffected; there has been none of the so-called exanthematous eruption of typhus; and, even at this advanced period, the existence of petechiæ is so doubtful, that I would not say that he has them. Yet, if ever a man had the *typhus gravior*, this man has it. His surface exhales the peculiar odour of typhus, strongly marked; he is prostrated to the last degree; he has been kept alive by the most powerful stimulation; he has a feeble heart, and well-marked secondary affections of the intestinal and bronchial surfaces; his mouth is full of sordes; his tongue black, dry, and cracked; his breath fetid. The stethoscope indicates a general and severe bronchial affection, and there is a wasting diarrhœa.

I am not going to take up your time by a discussion as to the distinctive characters of typhus and typhoid fever, about which so much has been written of late. But it would be, I think, difficult even for the advocates of the distinction, to declare in which class this case should be placed. In this instance, as in most others, the settlement of the question is of little value; for, whether the disease be typhus or typhoid fever, the treatment should be no other than that which we have so far carried out. I may say this much, however, that the presence or the absence of an early eruption having some similarity to an exanthem; or, again, the presence or absence of petechiæ, appears to be insufficient to justify our drawing a strong line of distinction between these diseases. As to the doctrine, that the early eruption in typhus is a true exanthem, and that its absence in any given case points out that the disease is not typhus, but typhoid fever, I would advise you to receive it with more than caution. Again, it is stated, that the non-maculated fevers are often protracted and dangerous; so they are, but not so often as they are short and easily managed. And I have not seen that relief of organs in typhus, which some describe as the rule, when the eruption appears. How, then, are we to look on the eruption? Certainly not as a distinctive mark between two different diseases. Gentlemen, we know that typhus fever will run its course, and destroy life, without the production of any hitherto ascertained anatomical change. We know further, that in many cases, local alterations are formed; but, that there is the greatest inconstancy in different epidemics, and in different patients during the same epidemic, in the seat, amount, in the time of appearance, and in the results of these local changes. The cutaneous affection is plainly one of this group of secondary affections; and its absence or presence can no more be said to distinguish the disease, than the absence or presence of any other of the secondary affections. I think we may admit, that an early and florid eruption is often met with in cases in other respects well marked; and, again, that such cases generally require and bear stimulation.

To return to the case of Hardcastle. We observe that there has been as yet no tendency either to the critical or periodical retrocession of the secondary diseases, nor to the critical or periodical termination of the general affection. The 14th day passed by without any crisis, or without any subsidence of the disease; the 18th day passed by; the 21st day has passed by; and he is now in the 24th day of this terrible disease, kept alive by the use of wine, administered every hour, and also by the occasional free use of hot brandy punch. He presents an appearance to-day to which I wish specially to direct your attention. You may remember that Saturday last was the 21st day, and it was then reported to me that the patient was getting a bed-sore. Upon examining him, we found, in the ordinary situation of bed-sores, a blush of redness and a slight degree of œdema; and beyond that there was nothing remarkable. There was this point, however, which I observed at the time, although it was not until to-day that I thought it of importance, namely, that there was already a solution of continuity of the skin. Now, this is remarkable; and if such a case should occur to me again it would awaken my attention. In the ordinary cases of bed-sores, we seldom see a solution of continuity of the skin in an early

period; we see lividity, blackness if you will; but a solution of continuity of the skin before the ordinary appearances of mortification have occurred, is extremely rare.

In this patient, on Saturday, just at the very centre of the the livid patch on the skin, there was a slight solution of continuity. During the evening, the nurse observed that several dark-coloured vesicles or pustules were making their appearance on various parts of his body. Mr. Parr saw these on Sunday, and he found that between the shoulders there was an eruption of livid tumours, which appeared to be something between vesicles and pustules; and to-day (Tuesday) such of you as saw the patient will not soon forget the extraordinary appearance of his back. I have been attending on fever in this Hospital since 1827, and I never saw anything of this kind before. Now, it is a very remarkable circumstance, that this eruption of gangrenous vesicles or pustules should have occurred upon the twenty-first day; and this case, as far as it goes, appears to strengthen an opinion which I have long held, that we were in error in attributing what are termed bed-sores in fever, simply to mechanical causes. The general idea is, you know, that they are simply the result of pressure long continued on a particular part of the body, from the neglect of turning the patient in bed, of pressure combined with the effects of position. Now, there can be no doubt that these are predisposing causes, but whether they are the sole and entire causes is another matter; and I am, to a great degree, convinced, that the bed-sore in fever is often one of the group of secondary affections analogous to the ulceration, or to the tumefaction and ulceration, of the glands of the intestine—analogous to the bronchial affection which occurs in the middle stages of the disease,—analogous to the other secondary organic diseases of fever. And if analogous to them, it should be more or less observed to be under the law of periodicity; it should appear at a certain time, and it should disappear at a certain time, or, at least, exhibit a tendency to do so. We have observed this very curious fact. There are cases in which the system seems to be in a state that bed-sores will form from the slightest possible causes, that is to say, that whenever there is any irritation or any pressure, no matter how slight, a bed-sore will form in any part of the body. Some years ago we had a patient in this hospital, who, after the 12th day, showed this tendency to bed-sores. She had bed-sores on the nates, and one on each shoulder. Then the tendency to the multiplication of these bed-sores increased, and every morning two or three new local diseases of this kind were discovered. Wherever there was the slightest possible pressure, we found a gangrenous spot; in the fold of the arm, in the fold of the pectoral muscle, where the mamma leant upon the arm, where the head leant upon the hand in sleep, the mark of a black hand was stamped upon the face,—where one leg lay on the other,—in every possible position in which anything like pressure was made, or irritation excited, there were bed-sores; and this went on repeating itself, day after day, up to a certain day, until there were about thirty sloughs in different parts of the body; and from that day,—I might say from an hour of that day,—no more bed-sores formed, and the patient then had to go through the process of throwing off all those sloughs, the granulation of the cavities from below, and their cicatrization. She was kept lying on her face for upwards of a month, and finally recovered.

Now, what I want to draw your attention to in the case of Hardcastle is, that this extraordinary eruption of gangrenous patches on his back is not of the nature of bed-sores in the ordinary sense of the word. These patches are not produced by pressure. We find them in great abundance in the hollow of the back, where pressure is relieved by the pelvis and by the shoulders. We find them in abundance in the interscapular region; but if we wanted additional proof, it is this,—that we find them on the anterior portion of the thorax. They came out as vesicles. These vesicles became hard at the top, then black, and soon the mass dropped out; and this patient's back is now as if you took a sharp gouge and punched out circular portions of the flesh in a vast number of spots. Now, it can be hardly doubted, that this singular appearance is simply an example of a secondary disease affecting the surface; and it is very remarkable that it should have appeared on one of the critical days—upon the day when, in the ordinary course of fever, the disease should have subsided. And it strengthens greatly the opinion, that not only the general disease is under the law of periodicity, but that the secondary alterations are so too.

As a general rule, gentlemen, in prognosis, the occurrence of any vesicular eruption whatsoever in fever is bad. We have in fever several forms of vesicular eruptions. But, suppose a patient in the eighth or tenth day of fever, when he is otherwise going on well, you take his hand to feel his pulse, and you are surprised at seeing a vesicle upon his arm. Do not neglect that—do not overlook it. The mere circumstance of that solitary vesicle forming so silently, without any pain, without any notice, points out that there is mischief before you—that the case is likely to go wrong. It is a very important prognostic. Here we have on this patient an eruption of vesicles running rapidly to deep gangrenous destruction of the part, for some of the cavities formed by them are singularly deep, though circumscribed. Now, suppose that in place of that disease attacking the skin, upon the fourteenth day, on the tenth day, or whatever day you please, in any case, a similar condition should attack the intestine. Suppose that the typhoid matter suddenly infiltrated a gland in the intestine, and that that should fall as suddenly to gangrene, and that there was a solution of continuity; you will at once see the progress of the worst form of the typhoid secondary disease of the intestine. You may look on this man as at this moment turned inside out, and that on the surface of his skin you are able to learn the history of the worst form of the typhoid ulceration of the intestine. This extraordinary condition of his surface no one will say is inflammation of his skin. Apply the same view, and will you say, that the disease of the intestine is inflammation of the intestine? Certainly not. Whether this man is to live, gentlemen, or to die, I believe none of us can venture to say. Of course, the chances are enormously against him; but, in the treatment of fever, you are never to despair so long as the patient can swallow. So long as he is able to take nourishment, so long as he is able to swallow wine, no matter how dreadful or apparently hopeless the symptoms may be, you are not to desert him, but—to use the phrase of our glorious sailors—you are to fight the ship while she swims. In a disease under the mysterious law of periodicity, every hour of compelled life is a clear gain. And, over and over again, you will find that your efforts will be crowned with success. You will see a patient lying with his back icy cold; you will see him pulseless,—his lungs filled up with secretion,—his belly tympanitic,—with dreadful diarrhœa,—the lower extremities gangrenous,—himself in a state of insensibility,—and yet, even under those circumstances, a recovery is possible. But that recovery can only be effected by the steadfast determination of the Physician not to desert his post until the vital spark has actually fled; and, if you commit an error in holding on,—in hoping against hope,—at all events it is an error on the right side.

LECTURES
ON THE
FUNCTIONAL DISORDERS OF THE STOMACH.

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Lecture VIII.

ON SOME OF THE REMEDIES FOR STOMACH DISORDERS.

THE MINERAL ACIDS—THE VEGETABLE BITTERS—THE PREPARATIONS OF STEEL—PURGATIVES—GENERAL RULES OF LIVING.

The mineral acids, especially the nitric and the muriatic, have of late years come much into vogue as remedies in certain forms of indigestion.

It was remarked by Heberden, that persons suffering from excessive acidity of the stomach are not always injured, and are sometimes even benefited, by acid drinks. He says:—

"Potus acidi non semper nocent ægris acore ventriculi laborantibus, nonnunquam etiam auxilio sunt."

The good effects of acids were pointed out more distinctly by Pemberton. Speaking of the administration of alkalies, he says:—"This" (the giving alkalies) "is one method, and that the more common one, of endeavouring to destroy the abundant quantity of gastric acid. Sometimes, however, it abounds so much, that a greater quantity of alkali may be required to render it inert than can with propriety be administered internally; in which case complete relief is frequently obtained from the very opposite treatment, namely, by a more powerful acid."

The acid which Pemberton was in the habit of using is the nitric; which he gave in doses of five drops, every four hours, in cold water.

The good effects of acids in the treatment of some kinds of stomach disorder were subsequently fully established by Dr.

Prout, who did more than any one else to bring these medicines into fashion.

Prout found them of especial efficacy in the gastric disorder that occurs in what he termed "the oxalic diathesis," and that is marked chiefly by distressing flatulence and palpitation, or irregular action of the heart, occurring some time after meals, and by the presence of oxalate of lime in the urine.

The mineral acids are often useful to persons in whom digestion is habitually slow and feeble, from a scanty secretion of gastric juice, and who have a sense of weight or oppression at the stomach after meals.

They are often useful, also, as Pemberton showed, in the indigestion attended with excessive formation of lactic acid that occurs in weak and nervous persons, and when the stomach has been for some time disordered and weakened by a source of irritation elsewhere.

In other forms of indigestion, they are seldom of benefit. They do positive harm in the indigestion that results from organic disease of the stomach or from an inflammatory condition of its mucous membrane, and generally do harm in the indigestion of gouty persons, and wherever the urine throws down a sediment of lithate of ammonia or of lithic acid.

The mineral acids have a tendency to cause deposits of lithic acid in the urine, and can seldom be given with advantage when such deposits exist.

The injunctions of Dr. Prout on this point are very positive. Speaking of the remedies adapted to the ailments that result from the oxalic diathesis, he says :—"The effects of the mineral acids must be watched; and when they begin to produce a deposition of the lithate of ammonia, or of lithic acid, their use must be suspended. Indeed, in all instances, the mineral acids require to be left off after a time, as, when too long persisted in, they not only cease to do good, but in most instances do harm. In cases of this diathesis, where the patient lives at a distance in the country, I commonly recommend the use of the muriatic acid, (or nitro-muriatic acid, as the case may be,) to be persisted in till the lithate of ammonia, or the lithic acid, begins to appear in the urine, or for *a month;* and by adopting such a course of acids three or four times in the year, and by a carefully regulated diet, I have seen the diathesis gradually subdued, and at length removed altogether."

The mineral acids produce their effect, partly, perhaps, from their direct action on the coats of the stomach, and partly from their general tonic influence on the system at large.

The best time for giving them is half an hour or three quarters of an hour before meals.

Another class of medicines often of use in dyspepsia is that which includes the vegetable and mineral tonics.

The most important medicines of this class are the vegetable bitters,—quinine, gentian, calumba, strychnine,—and the different preparations of iron.

Quinine, and the bitters generally, are especially grateful to persons who have injured their stomachs by hard drinking. With such persons they improve the appetite and strengthen digestion, and have a bracing effect upon the system at large.

In persons exhausted by over-work, or wherever weakness of the stomach is the result of general debility from other causes, they often do much good in the same way—*by improving the appetite* and strengthening digestion.

They do harm in organic diseases of the stomach; in plethoric states of the system; and generally where there is a furred tongue, or where the urine throws down a sediment of lithic acid, or of lithate of ammonia. Their most striking effect is, to improve the appetite, when this has been impaired from hard drinking, or from over-work, or from nervous exhaustion from other causes; and the best time for giving them is from half an hour to an hour before meals.

The different bitters have not precisely the same effect. Calumba has a sedative influence not possessed by the others, and probably on this account has had a wider reputation as a remedy for mere indigestion. Gentian and chiretta (which is of the gentian tribe, and is much employed by practitioners in India,) tend to increase the secretion of the liver, or, at any rate, do not impede the secretion of the liver, which quinine and quassia seem often to do. They are, therefore, better suited to bilious persons, and to those cases of indigestion where the secretions of the liver are defective.

The different preparations of steel are especially useful in the indigestion that occurs in chlorosis, and generally where weakness of the stomach results from anæmia.

They do harm in plethoric states of the system, and generally where there is a furred tongue, or where the urine throws down a sediment of lithate of ammonia or of lithic acid.

The citrate, or ammonio-citrate, is the most agreeable preparation to the taste, and generally the most grateful to the stomach. If there be any disposition to sickness or nausea, or any tendency to furring of the tongue, it may be given in conjunction with the bicarbonate of soda or potash. This makes a mixture having much the same effect as Griffiths' mixture,—the mistura ferri composita,—and far more agreeable.

The muriated tincture of iron is more astringent than the other preparations, and may be given in conjunction with dilute muriatic acid, in the forms of indigestion suited to this latter medicine, when these exist in states of anæmia.

The sulphate of iron, like the other metallic sulphates, has a tendency to cause sickness, and should not be given in cases where a disposition to sickness exists.

Steel medicines do good by improving the quality of the blood rather than by their immediate action on the coats of the stomach, and are best given at meal-times. They then are mixed with the food, and gradually absorbed with the products of digestion, and are less apt to offend the stomach and to cause headache than at other times.

Whenever steel medicines are given, it is essential that a regular action of the bowels be kept up. These medicines tend to confine the bowels and to cause evolution of sulphuretted hydrogen in them; and, unless this tendency be counteracted, they are apt to fur the tongue and cause headache.

The choice of purgatives is a very important matter in stomach disorders. The different purgatives exert their chief action on different portions of the intestinal canal: some excite the secretion or the peristaltic movement of one part, some of another. In disorders of the stomach and bowels, where a purgative is required, care should, therefore, be taken to select those which are least prone to irritate the injured or disordered part.

Castor-oil, for example, offends the stomach, but acts very mildly on the large intestine. It should not be used in stomach disorders, or where, from any cause, a tendency to vomiting exists; but is better than any other purgative in dysentery or during convalescence from typhoid fever, when the intestines are ulcerated, and in various other conditions where a speedy and sure purgative, and one not apt to irritate the large intestine, is required.

Senna acts chiefly on the small intestine, and, besides exciting its peristaltic action, increases the secretion from its mucous membrane. It acts, also, on the liver, increasing the secretion of bile. In conjunction with a few grains of calomel or blue pill, it is, as every one knows, one of the best purgatives in bilious states of the system, or where an evacuant is required; but in mere disorders of the stomach, it is often objectionable, from the tendency it has to cause sickness.

The best purgatives in stomach disorders are aloes and colocynth, which exert their chief action on the large intestine. These medicines may do much harm when the large intestine is ulcerated or inflamed; but in simple ulcer of the stomach, and in the most severe functional disorders of the stomach, they may generally be given without causing either pain of the stomach or sickness. In some kinds of functional disorder of the stomach, aloes seem, indeed, like other bitters, to improve the appetite and strengthen digestion.

Aloes appears to act more exclusively on the large intestine, and irritate the stomach less than colocynth, and hence, in stomach disorders, is generally preferable to it.

Where, from the existence of piles, or from pregnancy, or some other condition, these medicines are objectionable, the best substitutes for them in stomach disorders are the saline purgatives, which exert their chief action on the small intestine, and have little tendency to cause pain in the stomach or sickness.

But, if much may be done to remedy the disorders of digestion by medicines suited to particular emergencies, still more may often be done to strengthen and improve digestion, especially with the overworked inhabitants of this great city, by horse-exercise; by occasional change of air and scene; by sea and other bathing; by rest and early hours;—by all conditions, in fact, which tend to invigorate the body, and which increase the power of digestion, as they often do the exhausted mental or muscular power, by improving the nutrition of the organ on which it depends.

Independently of such conditions as these, much may also be done to strengthen and improve digestion by certain general rules of living.

All writers on indigestion, from the time of Celsus, have, in-

deed, laid down general rules or maxims, the observance of which is calculated to render digestion more easy and perfect.

According to Sir Henry Holland, one of the best as well as latest writers on this subject, the most important of these maxims are the following:—

1. That the food should be well masticated.
2. That the stomach should never be filled to a sense of uneasy repletion.
3. That there should be no urgent exercise, either of body or mind, immediately after a full meal.

The importance of proper mastication has been long generally recognised, and might have been inferred from the existence of special organs for this purpose, in some form or other, in all animals that eat solid food.

By mastication, the food is ground down and intimately mixed with saliva. The triturition of the food allows the gastric juice to act speedily on every particle of it on all sides, and so hastens that solution of it in the stomach in which stomach-digestion essentially consists. The chemist imitates the process when he grinds down in his mortar any hard and sparingly-soluble substance which he wishes to dissolve. The bird that feeds on hard grains, by an instinct more unerring than man's reason, swallows pebbles to increase the grinding power of its crop.

If the food be tough, and so escape proper triturition, or if it be swallowed in large morsels, through which the gastric juice cannot readily filter, it is dissolved in the stomach much more slowly, and tends to cause uneasiness of the stomach, and all the other evils that result from slow and imperfect digestion.

There has been much difference of opinion respecting the uses of saliva. The first and most obvious use of it is, to lubricate the mass of food in the mouth, and so make it more easy to swallow. The quantity of saliva is in great measure determined by the need of it for this purpose. The more liquid the food the less, *cæteris paribus*, is the secretion of saliva. The saliva must also serve to keep separate the particles of the triturated food, and thus expose them more fully to the action of the gastric juice.

Liebig, considering the great disposition which saliva has to froth, has rightly remarked, that it must convey into the stomach atmospheric air, and has suggested that a certain quantity of air, or rather of the oxygen it contains, may contribute to set in action, or promote the digestive process.

Besides these mechanical uses, saliva has a chemical action on the starchy principles of the food. It has no solvent or digestive action on albuminous substances, but, like the pancreatic juice, it promotes the transformation of starch into sugar, —the first step in the series of changes which starch can undergo in the animal body.

Seeing that proper mastication may contribute to digestion in various ways, it is obviously important, as regards digestion, that the organs of mastication be in a sound condition. If many of the teeth be wanting, the food may escape proper triturition. If the teeth he filthy, or be much decayed, the saliva, always prone to decomposition, very readily becomes fetid; and the food intimately mixed with this saliva, like food tainted in other ways, is apt, in persons of weak digestion, to offend the stomach, and to undergo in the stomach common putrefactive changes, thus causing all the discomfort that arises from surfeit.

The second maxim, "not to fill the stomach to a sense of uneasy repletion," is more important than the maxim we have just considered, and more frequently broken. In the middle and upper classes of society, indigestion is too often, as a humorous writer termed it, "the remorse of a guilty stomach." The appetite is indulged, and more is habitually eaten than is required to nourish the body, or than the stomach can long continue to digest. The consequence is, that the stomach suffers, and that superfluous matters, including the hurtful products of imperfect digestion, pass into the blood, disorder the processes of nutrition in various parts of the body by polluting the nourishing stream, and often cause permanent change of structure in the arteries, and in the liver and the kidney, which serve to eliminate the superfluous matters from the system.

The sufferings of the stomach itself are but a small part of the ailments that habitual over-indulgence of the appetite brings on. Not unfrequently a vigorous stomach digests much superfluous food for a long time without pain or uneasiness, and the penalty of the indulgence is paid in occasional fits of the gout, or, more remotely still, in the various ailments that result from those permanent changes of structure that high living tends to bring on.

Experience has shown, that uneasy digestion more frequently results from excess in the quantity of food than from any fault in its quality,—a circumstance which our present knowledge of the process of digestion enables us fully to explain.

The gastric juice, out of the body, will dissolve the various kinds of food; but, as Spallanzani long ago showed, it will dissolve only a limited quantity of any kind. When this limit is attained, the solvent power is expended. The digestive power may be restored to a certain extent by the addition of water or of free acid; but, to dissolve much more of the food, there must be a fresh quantity of the juice.

The stomach at any time can only furnish a certain quantity of gastric juice. If more food be eaten than this can dissolve, part of the food is imperfectly digested, and causes uneasiness of the stomach; and often the undigested food, as Dr. Beaumont has shown, excites in the mucous membrane an erythematous inflammation, which prevents the proper nutrition of the membrane and the restoration of the expended power.

Eating too frequently is equivalent to eating too much. When the power of the stomach is expended, it is gradually restored, like the intellectual power of the mind or the mechanical power of the muscles, by the nutrition of the organ on which it depends. For this restoration of power, whatever be its kind, an interval of rest is necessary.

The absolute quantity of food required to nourish the body varies greatly in different persons,—partly from inherited peculiarity of constitution, partly from habits of life and other conditions. The supply must equal the demand, so that no positive rules as to quantity can be laid down. In some persons, without any peculiarity that constitutes actual disease, the waste of the body is much greater, and what is eaten is less perfectly assimilated, and more food is consequently required than in others. The rule, therefore, laid down by Dr. Holland, not to fill the stomach to a sense of uneasy repletion, is much better than any positive rules as to the quantity of food. The quantity of food should clearly never be greater than the stomach can easily digest.

The third maxim, "that there should be no urgent exercise, either of body or mind, immediately after a full meal," merely enjoins obedience to a natural tendency, which man has in common with other animals. All alike have a disposition to rest when the stomach is full. Digestion requires an additional flow of blood to the stomach and an expenditure of nervous power, and goes on more slowly when the means of its support—the nervous influence and the blood—are needed elsewhere. Men who earn their living by bodily labour, and have digestive power to spare, may often violate this rule with impunity; but studious men, and men of feeble digestion, can seldom do so without aggravating their ailments. The work of digestion is quite as much as the system can well do at a time.

It is also important to easy digestion that the meals should be taken at proper times. With regard to the absolute time of meals, much depends on habit; and this again is often determined by the custom of society, or the needs of business. The man of business, to avoid working immediately after dinner, must dine late; the idle man must often dine alone, or he must dine late. Our legislators, who do their work at night, and people of fashion, who visit at night, must have little sleep, or they must breakfast late, and, consequently, dine late. They are hardly free agents in the matter, as long as they follow the business, or enter into the social amusements, of their class.

The following rules are, I think, the best that can be laid down on this point:—

1. That the substantial repasts should be separated by an interval sufficient to allow the stomach to recruit its power.
2. That abstinence from food should never be so protracted as to induce a sense of exhaustion. Exhaustion from fasting, as from other causes, weakens the digestive power. If, then, the interval between breakfast and dinner be long, a light luncheon should be taken; if the dinner be in the middle of the day, a light supper should be taken.
3. A third rule is, that the last heavy meal should be some hours before bed-time.

The process of digestion, when it is easy and the food was required, favours sleep. But sleep renders the digestion slower, and thus prolongs the irritation which uneasy digestion sets up; and the digestion of a heavy meal, by causing uneasiness in the stomach, and by furnishing superfluous or noxious matters to the blood, when from the greater slowness of respiration and secretion these are less readily consumed or excreted, often disturbs the sleep.

As Dr. Holland has remarked, much harm is done in this way by the lateness of the present fashionable hour of dinner. This is well suited to persons who are to spend great part of the night in the House of Commons or at a ball, in whom it pre-

vents the exhaustion that would otherwise result from many hours of excitement; but it is a source of much mischief to persons whose occupations call them up in good time in the morning, and who must, consequently, spend their nights in sleep.

The food allowed to dyspeptics should not be too much restricted as to kind. The body requires a great number of principles for its healthy nutrition, and, unless these are furnished, the incessant waste of the body cannot be repaired. If the diet be too much restricted, some principle or principles may be wanting, which, although they enter only in extremely small quantity into the composition of certain tissues, may yet be required for healthy nutrition.

The error most commonly committed on this point is to debar the patient from vegetable food. Persons who eat freely of milk, which seems to contain all the nourishing principles of both animal and vegetable food, may abstain with impunity from fresh succulent vegetables and fruits; but persons who eat sparingly of milk, as dyspeptic persons often do, from inability to digest it, cannot long abstain from succulent vegetables, or their preserved juices, without falling, in some degree, into that faulty state of nutrition that constitutes scurvy.

The best diet is, generally, a mixed diet of animal and vegetable food; and this may be sufficiently varied, without including the more unwholesome articles of the two classes.

Persons of weak digestion should abstain from veal and pork, and from all salted, dried, or smoked meats, which experience has shown to be particularly hard of digestion.

They should also abstain from new bread, which is apt to ferment and expand in the stomach; and from peas, beans, and other vegetables which are hard to digest, and have an especial tendency to cause flatulence. With such restrictions as to the kind of food, and with the restrictions as to quantity which I have before mentionod, the patient may generally be allowed to follow his own desires.

On the question of drinks it is still more difficult to lay down positive rules. Much has been written of late respecting the effects of alcoholic drinks, and opinion is still divided on the use and abuse of them. The following points seem, however, to admit of no reasonable doubt.

1st. That alcoholic drinks, by the stimulus and support they furnish, are of great service in various diseases attended with exhaustion or depression; or, in which there is inability to digest solid food.

2nd. That the habitual use of them in moderate quantity is often beneficial to persons whose occupations are exhausting or depressing; or, who have long been accustomed to such stimulus.

3rd. That by the mass of mankind, high and low, they are drunk to injurious excess.

In persons who suffer from indigestion, if taken at all, they should be taken in very moderate quantity, and only at the time of meals, or soon after. If taken when the stomach is empty, they stimulate the stomach when it has no work to perform, and are absorbed more rapidly, and are consequently more apt to cause disorder in the head and elsewhere than at other times.

The quantity that can be taken with advantage, or without injury, varies greatly in different persons, according to the constitution, the size of the body, the mode of life, and the previous habits. Any quantity is hurtful that oppresses the head, or makes the skin hot, or disturbs the sleep.

The effect of the different fermented drinks, when taken to excess, differs greatly.

The distilled spirits do the greatest direct injury to the stomach and the liver. The victims of spirit-drinking frequently die of organic disease of the stomach, or of that disease of the liver which is here fitly called the gin-drinker's liver; but they suffer little from gout.

The heavy malt liquors, probably from the greater dilution of the spirit, have little disposition to inflame the stomach or the liver, but have an especial tendency to bring on gout. No men are such melancholy victims of gout as men of the lower classes in London, who make their hard work an excuse for drinking enormous quantities of porter.

Wines are free from the strongest objections to both these classes of drinks. They have much less tendency than spirits to damage the liver, and much less tendency than malt liquors to bring on gout.

All seem to be intoxicating in proportion to the quantity of spirit they contain. All, therefore, if taken to excess, injuriously affect the brain.

These leading facts, respecting the different effects of alcoholic liquors, may serve, in some degree, to guide us in prescribing one or the other of them.

Spirits, and the drier wines, are best suited to gouty persons, or to men in the middle of life, who are of gouty families, or whose mode of living disposes to gout,—persons who would do well always to abstain from heavy malt liquors.

Malt liquors, from containing more of the elements of nutrition, are especially suited to agricultural labourers and others, whose work is hard, and whose diet is scanty and not sufficiently varied.

The liquor that is most generally wholesome is wine.

Tea and coffee are not open to the same objections as fermented drinks, but they are doubtless commonly taken to very injurious excess by nervous or excitable people in the upper and middle classes, who do not counteract their influence by bodily labour.

If harm be done by improper food and drink, harm may also be done by improper physic, or by physic taken at improper times.

On this point, much good advice may be given by a Medical man who knows the nature of the disorder he is called on to treat, and the kind and degree of influence which his remedies exert.

We have now considered at some length the various ailments of digestion. It may be some comfort to persons who suffer from them that a stomach easily disordered may be the means of preserving them from more serious ills. Persons in the middle and upper classes of society who have strong stomachs generally abuse the gift,—eat and drink more than the system requires; go on doing this for a time with seeming impunity; but pay, at length, the full penalty of their over-indulgence, in gout, or in some of the more serious ailments that result from the changes of structure in the different tissues, which over-indulgence at table tends to bring on.

The man whose stomach is easily upset is early taught to avoid such excesses, and so escapes the penalty.

I believe it would be found that, in the middle and upper classes of society, a large proportion of those who attain an advanced age are in some degree dyspeptic.

ORIGINAL COMMUNICATIONS.

ILLUSTRATIONS

OF THE

PROPAGATION OF ASIATIC CHOLERA BY HUMAN INTERCOURSE.

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[Read before the Pathological Society of Newcastle and Gateshead, January 12, 1854.]

(Continued from page 375.)

On the evening of Friday, the 16th, Ann Gibson, aged 25, housekeeper to Mr. Forster, a young gentleman of independent property, residing in an isolated and well-built house to the east of the Rectory grounds, left her master's dwelling, and retired to the house of her brother, at the west-end of the village. We could not ascertain that Ann Gibson had visited any of the infected houses or individuals; but her master, Mr. Forster, had called on Mrs. Vardy on the day of her death, and had been admitted upstairs into the room where she lay sick. Mr. Forster himself was seized with cholera on the following day—Saturday, the 17th—and after being in considerable danger, eventually recovered. Ann Gibson was attacked with cholera on the night of the 16th, when she removed to her brother's house, and died on the 19th. Her brother, after her demise, left the house, and proceeded to River Green, three miles to the northward of Whalton, to apprise his relations there of his sister's death; and, on the following day, the family at River Green was affected with severe vomiting and purging, but no case went on to developed cholera.

Mr. Moore's man-servant, Nicolson, was attacked with cholera on the 17th, and died on the 18th; and, on the latter day, Lieutenant Meggison, aged 63, a gentleman universally respected for

his extensive charities and kindness to the poor, and residing in a large and isolated house, was seized with the malady, and died on the 19th. Mr. Meggison had visited the Womacks, Mrs. Nicolson, and Mrs. Vardy, while they were suffering from the disease.

On the 20th of September, James Ridley, aged 44, a labouring man on Crawford's farm, was attacked with cholera, and died on the 23rd. He had been much about Crawford's house during his illness.

These were the fatal cases; but two others—Sanderson, a tailor, and a Mrs. Douglass—are reported to have died of cholera. Both were aged people, and both resided in cottages contiguous to those wherein Ridley and Gibson died, and had communication with them.

Of the eight fatal cases, not including Mrs. Douglass and Sanderson, communication of some kind or other may be traced in all. We place them in the order of their succession. 1. Womack; 2. Mrs. Moore; 3. Mrs. Vardy; 4. Crawford; 5. Ann Gibson; 6. Nicolson; 7. Mr. Meggison; 8. James Ridley. The cases that exhibited symptoms of well developed cholera, but recovered, were Mrs. Nicolson, Mrs. Crawford, and Mr. Forster. After Womack's death, a considerable number of cases of diarrhœa of the usual painless character, and at times accompanied with vomiting, showed themselves in the village.

Number One.—Womack had communication with Newcastle, having visited that town while cholera prevailed there. He was visited by Mrs. Nicolson, and by Crawford (No. 5), and by Lieutenant Meggison (7). All these were attacked with cholera. Ann Gibson had perhaps not visited any cholera sufferers, but her master had seen Mrs. Vardy during her illness, and was attacked himself twenty-four or twenty-eight hours after. Mrs. Moore (2) seems to have taken the disease from her servant Nicolson, who was then in attendance on his wife, and himself died of cholera three days after his mistress. Mrs. Vardy could only have received the disease through her husband, who himself remained unaffected. These facts tend in some degree to corroborate the opinion recently set forth by the Cholera Committee of the Royal College of Physicians in London, that the material poison of cholera may attach itself to the clothes of individuals, and be thus transported from one house or one locality to another. There are numerous and well-authenticated examples of the disease having been carried to great distances by the clothes of persons who have died of the disease; and we do not see any difficulty in admitting that the clothes of the living who may themselves escape may convey the contagion to those predisposed to take it.

During this period of the acme of the disease, the atmosphere over Whalton—as over all Northumberland, Durham, and the northern part of Yorkshire—was remarkably close and still. Heavy clouds obscured the sun, and seemed never to move from their position. The temperature of the air was even during the night rarely below 60° Fahr. No remarkable barometric changes were, however, observed.

Some interesting information relative to the outbreak of cholera at Burradon, a village about five miles east of Newcastle, has been furnished to us by Mr. Pyle, of Earsdon. Burradon contains fifty-two inhabitants, chiefly pitmen and their families. It is not an unhealthy village, nor is its sanitary condition worse than that of the surrounding villages. No diarrhœa had existed there previous to the occurrence of the first case of cholera.

Thomas Rutter, a workman in Messrs. Hawthorn's locomotive engine manufactory, at Newcastle, was taken ill in that town on the 17th of September, and was conveyed to Burradon on that day, but died in about twenty-four hours after his arrival there. Catherine Campbell attended on him during his illness; and, on the day of his funeral, she was attacked with cholera; and, a few hours later, Rutter's daughter was likewise seized with the malady. The disorder then spread through the village, and attacked one-half of the inhabitants; but Rutter was the only one who died. In this case, the pestilence seems to have been brought out of Newcastle by Rutter, who was attacked with it in that town; and the next persons affected were those who waited upon him. The tendency of the cases to occur in groups among families and their relatives who visited them was here very remarkable.

During the prevalence of the disease at Newcastle, an outbreak of cholera occurred at Broomhill, near Warkworth, a colliery village, situated in a rural and healthy district, about twenty-six miles from Newcastle. We have obtained no Medical report relative to the cases here; our information has been derived from the Rev. Dixon Browne, of Acklington, who most readily undertook to make the inquiries we suggested.

A child, whose mother was then ill of cholera, and died twelve hours after, was brought out from Newcastle to Broomhill with its clothes, and was taken to the house of the deceased's sister, the wife of a pitman in one of the cottages. We have not been able to ascertain whether the child had any diarrhœa when it was brought out; but, about a week after its removal from Newcastle, the aunt, who had received it into her house, was attacked with cholera, and soon died. Previous to this, all parties agree in stating that there was no diarrhœa in the village; but, after the woman was taken ill, it spread rapidly. The day after the aunt of the child was seized, a man who lived in a row of houses detached from the one in which the first case had occurred took cholera. He was not known to have had communication with the infected house, and he eventually recovered; but his wife, who nursed him, took the disease, and died six days after. We are informed that there was a stagnant sewer or open drain near the house first attacked at the angle of the square, but the other houses equally near to this supposed source of disease did not suffer. Every individual in the house where cholera first appeared was sooner or later seized with diarrhœa; so we may presume that the child first alluded to did not escape. The chief point of interest regarding the Broomhill outbreak is, that the characteristic cholera diarrhœa did not show itself in a single instance till a communication had taken place, by means of the child and its clothes, with an infected house in Newcastle.

From the spread of the disease to the westward, some interesting observations may be selected.

The hamlet of Broomhaugh, near Riding Mill, seems to have had the disease conveyed to it, as in the case of Whalton, by the agency of the carrier.

James Richardson, the carrier of Broomhaugh, was in Newcastle on Tuesday, September 13. On his journey thither he got very wet from rain, and was obliged to remain in his damp clothes till his return. He then felt himself unwell, but thought that a night's rest would remove all his uneasiness. On Wednesday, the 14th, he had diarrhœa; and, on the three succeeding days, it returned more severely. All this time he did not alter his diet or discontinue his usual occupations, and only took some homœopathic remedies which he had in the house. On Sunday, September 18, the case assumed the character of developed cholera, and he died early the next morning. Mrs. Richardson, wife of the above, was attacked with cholera on the 20th of September; but, by the timely administration of remedies, she recovered. Her child, aged eighteen months, had had diarrhœa from teething for some days, but became worse on the 23rd, and died four days after with convulsions. Mr. Lowrey, of Corbridge, our informant, does not believe the child's death to have been occasioned by cholera. The deceased carrier's aged father, his brother, niece, and maid-servant, all residing in the same house, were now attacked with diarrhœa; but, by the timely administration of remedies by Mr. Lowrey, they all recovered; after which time almost every person in the village was more or less affected with the same complaint, but no more fatal cases occurred.

Previous to the carrier's return from Newcastle on the 18th of September, and, indeed, until his death on the 20th inst., no diarrhœa had existed at Broomhaugh, excepting the child's, from teething, nor were the adjoining hamlets and farm-houses, which did not communicate with the infected locality, affected with the complaint.

The details of the progress of cholera in Hexham have been furnished to us by Mr. Thomas Stainthorpe, M.R.C.S., of Hexham; and by Mr. Rowell, Student of Medicine in Newcastle.

The first case in Hexham was that of a labourer, Henry Woods, aged 64, who came up to Hexham with his wife on Wednesday, August 31, having walked the whole distance (twenty miles) from Newcastle in the course of that day. On Friday, September 2, he was attacked with diarrhœa, but did not send for Mr. Stainthorpe till the following day, when he had already passed into the collapsed stage. Woods died on Saturday, September 3; and, on the next Thursday, September 8, a young girl, Irving, aged 7, who lived in the room immediately above that wherein Woods died, was seized with decided cholera, but ultimately recovered. The day following, September 9, Mr. Stainthorpe was called to see a young man, Richard Nelson, who had been constantly in Irving's house during her illness. Nelson died in about eighteen hours; a child subsequently died in the same house; and two others were attacked, but ultimately recovered. We are told that when the Medical men were called to the first cases, they could hardly reach the bed-side of the sufferers, from the crowd of curious friends and strangers who pressed around their couch. Soon after this, the disease spread throughout the town. Among those who fell victims to it was

Mr. Farbridge, a Medical Practitioner, unfortunately of intemperate habits, but who was, we believe, very active in his attendance on the sick. Mr. Farbridge's house has been reported to have been exposed to the effluvia emanating from numerous pigsties, privies, and slaughter-houses. We do not believe that Mr. Farbridge's house was more exposed to the above-named sources of disease than many others around it which escaped. In Broadgates, where Mr. Farbridge lived, there were comparatively but few cases of diarrhœa, but the mortality from cholera was the highest, for Mr. Farbridge's wife and two daughters took the disease, and were carried off by it.

We next proceed to trace the spread of cholera from Hexham to the adjoining village of Corbridge.

On the 13th of September, Catherine Coyle, a vendor of small wares, left Hexham for Corbridge at an early hour, on her usual avocations. This poor woman was a neighbour of Richard Nelson, who died of cholera on the 10th of September. She had attended him constantly during his illness, and had assisted in laying out his corpse. The distance from Hexham to Corbridge is about four miles. Shortly after leaving Hexham, she was attacked with vomiting and purging, but managed to reach a row of cottages on the north side of Corbridge, and there sought shelter. Here she again vomited on the floor of the cottage, and was then removed by the inmates into an outbuilding on the opposite side of the road, from whence, after remaining there for some hours, she was taken back to Hexham in a cart, and died there the next day. The cottages in question are four in number, standing on a line, and united together; but they are at some distance from the rest of Corbridge, and are isolated from every other building. They are well supplied with the best of water at their very doors, and no immediate nuisance of any kind exists. Corbridge is, if anything, better supplied with spring water than Whalton itself. No diarrhœa existed in these cottages or in Corbridge before Catherine Coyle's visit. The woman who inhabited the cottage into which Coyle first entered, with her mother, was soon after attacked with diarrhœa; and the complaint then spread to every individual in these four cottages. Among the five families that inhabited these cottages there was an old woman, Anne Jamieson, who, with more humanity than the rest, visited Catherine Coyle as she lay in the outhouse. Two days after, viz., on the 15th of September, she was seized with cholera, and died on the 16th inst.

On the 18th, her husband, aged 75, who had previously suffered from chronic bronchitis, was attacked with choleraic diarrhœa, and died on the 30th.

During the latter part of September and the commencement of October, diarrhœa prevailed most extensively in and around Corbridge, but no more fatal cholera occurred.

Mr. Lowrey, who is an anti-contagionist, but a careful and honest observer of disease, detailed to us a similar instance of apparent importation as having occurred under his observation, in Corbridge, in the year 1832. A travelling tinker came up from Newcastle, while the disease was prevailing there, and stopped at a house in a different part of Corbridge from the cottages above alluded to. He was here seized with cholera, and died. An aged couple, residing in the immediate vicinity, were next carried off, and then diarrhœa, which had not previously existed, became general.

At Haltwhistle, on the line of railway between Newcastle and Carlisle, Mr. William Smith reports to us, that a woman from Newcastle was affected in the workhouse with violent vomiting, purging, and cramps. She, however, recovered; but the matron of the workhouse took ill with the same symptoms the following night. Next, her daughter was attacked in a most severe form. All these cases, however, recovered; and we do not bring them forward as positive instances of importation of the disease, as Mr. Smith is of opinion that some diarrhœa prevailed in Haltwhistle before that time. The coincidence, however, and the sequence of the attacks, are remarkable.

In South Shields, Mr. William Coward informs us that most of the earliest cases were importations from Newcastle. Many of these were of sailors who were seized with the disorder while the ships were working down the river, and most of them were far advanced in cholera before they obtained Medical aid at Shields. Mr. Coward does not think that any decided cases of cholera appeared in Shields before the outbreak at Bill Quay at the end of August. One of the first cases in South Shields was that of a coal trimmer, who worked at Pelaw Main, close to Bill Quay. This man was seized with cholera while at Pelaw Main, and was brought to his home at Shields. He, we believe, eventually recovered; but his wife and three children took the disease, and one of them died.

The village of Spital Tongues contains about 200 inhabitants, and is separated from Newcastle by an open space of considerable size, called the Leazes. In 1849, Spital Tongues escaped the cholera. The village lies at a considerable elevation above Newcastle, and the houses are far from being the worst of the kind that are usual in colliery villages. There is, however, but little drainage, but a strong runner of water flows from the colliery past the east end of the village. In September, 1853, Spital Tongues was not certainly in a worse condition than it was in 1848-49.

The first case of cholera here was that of a man named Thos. Heslop, who came over from Gateshead, where cholera then prevailed, with the preliminary symptoms upon him. He lodged at the house of a person named Willis. Willis's wife next took the disease, and then Heslop's wife, who came over from Gateshead to attend her husband, was attacked. Mrs. Willis died on the 15th of September. The aunt, Mary Heslop, who attended upon her, was attacked with choleraic diarrhœa. Heslop's mother came over from Sunderland to see her son, and took cholera, and died at Spital Tongues. The same tendency to form groups among relatives and those most likely to visit the sick, was observed here as elsewhere.

For the details of the cholera in Sunderland we are indebted to the excellent report report published in the local papers by Dr. Joseph Brown, of that town.

Few persons have had more opportunities of studying the progress of cholera than Dr. Brown, and few, if any, are better qualified to observe it.

We extract from Dr. Brown's report, without any comment of our own.

"During the spaee of nine weeks which has elapsed from the occurrence of the first case, on the 21st of August, (in the person of John Laidman, a sailor, who landed sick of the disease from Hamburg,) to the present time, there have taken place within the municipal borough 28 deaths, and, within the entire district comprised in the union, 32 deaths from cholera. When these cases are carefully surveyed, and the circumstances under which the disease invades the parties affected are ascertained, they are found to form groups, of which the individual cases stand related to each other. We have first that of Deptford. A man of the name of Walker goes to Bill Quay, on the Tyne, to attend the funeral of his sister, who had there died of cholera. He remained in this infected district three entire days. He returned to his home, and promptly sickened of the disease which had proved fatal to his sister. Five persons living in the neighbourhood of Walker's house, and having intercourse with him during his illness, sickened and died of cholera. These were, John Howe and his wife, occupying a part of the same cottage in which Walker lived; Thomas Cummins and John Horne, dwelling in the same little court with him; and Catherine Jeffery, who did not live there, but in Church Street, Deptford, but who, being mother of Mrs. Howe, nursed her in her illness; while a little boy, named John Ferry, living close to where Mrs. Jeffery sickened and died, also fell a victim to the disease. Thus six deaths resulted in all appearance from Walker's illness. Let us now look at another group. A man named Taylor sickened in his house in the Low Street, Sunderland, on his return from Newcastle; and, after lying ill for some days, died. Two women, relations and neighbours, Ann Scott and Sarah Atkinson, living in Brewery-bank, Monkwearmouth, who washed Taylor's linen, worn during his illness, became affected with the disease, and died of it. Still, to continue on the subject of groups. A person, named Barbara Frater, died of cholera at Fulwell (a village two miles from Sunderland). Her brother, James Jones, and her daughter, of the same name as herself, both of whom attended her funeral, (while the latter carried to her own home the clothes of the deceased,) died at Southwick of the same disease which had proved fatal to their relative. Of every case which has occurred, your Committee has been able to trace the antecedents without the borough, its consequences within, or more frequently both, excepting of two cases."

We have thus endeavoured to trace the introduction of the disease into some of the localities at a distance from the great centre of infection at Newcastle. That the malady commenced on the river, and possibly at Bill Quay, is generally admitted; yet, if it depended solely on atmospheric or local causes, it is singular that it should have passed over the densely-populated and filthy localities in North and South Shields, and should even have spared Walker and the Felling, in the immediate vicinity of the spot where it first manifested itself, until a considerable time had elapsed.

We do not hesitate to express our conviction, that cholera is an imported disease; we regard it as a pestilence *sui generis*,

and a pestilence belonging to the present century. We do not believe that cholera can have a local origin, or that it can be produced or evoked by mere local causes; nor do we think it probable that it will become a permanently established disorder in this or in any other country in Europe. As to the mode in which the infection is produced, whether from exhalations from the lungs of the sufferers, or from attaching itself to their clothes and excretions, we would hesitate in pronouncing an opinion. That it is propagated by human intercourse, appears to us an indisputable fact; but the extraordinary rapidity with which in some instances it is communicated to the by-standers and attendants, would almost make us doubt whether the theory of a material poison taken first into the lungs, and then gradually elaborated in and contaminating the system, as is supposed to be the case in scarlet fever and other of the exanthemata, can be fairly applied here. If, however, we apply to cholera those rules which we employ in judging of the contagious nature of scarlet fever, we can hardly fail in the conclusion, that the malady presents the requisites for being considered a transportable disease. A pestilence such as cholera appears to be is probably not subject to laws identical with those which regulate the contagion of the exanthemata. Its action, in certain cases where great predisposition exists, may be well imagined to be more rapid than the long-established contagious diseases above referred to. That the neglect of sanitary measures will impair the health of a large community, and thus predispose it to the reception of disease, we readily admit; but this circumstance alone will not by any means explain the virulence of the disease in Newcastle or in the surrounding villages. Many localities in Newcastle escaped cholera where there was every predisposing local influence; and, *vice versâ*, many villages above the average in regard to their sanitary condition were severely visited by the disease. Many villages, too, escaped, which were as much below the average in respect to drainage and privy accommodation as the former were above it.

We ourselves ascribe much of the severity of the recent cholera visitation to, first, its malignant character as imported from abroad; and, secondly, to the peculiar condition of the atmosphere, which, at the period of its invasion, and until it began to decline, was indeed most remarkable. The air was comparatively dry, if we may judge from the condition of the soil, etc.; but thick, heavy, dark clouds hung in the sky, and apparently retained their position almost unaltered for a long period. These clouds extended far beyond the limits of the disease, nor did they seem to descend as mist upon the town, but remained floating far above it. Over the whole country the atmosphere was extraordinarily still; and the temperature, both of the day and night, was high. Ventilation, even in the largest houses, was impracticable; and to this still condition of the air, allowing of the accumulation, and hindering the dispersion of the fomites of the disease, we ascribe much of the virulence of the malady. Had it been possible to have removed the inhabitants of the infected districts or houses *en masse* to a more exposed situation, as to our open town moor, it would, we believe, have most materially influenced the progress of the disease. It was not merely the impossibility of ventilating the apartments of the sick, but the overcrowding that resulted from the often well-meant attention of friends and relatives, that increased the malignity of the poison. All of us can recall to our minds scenes that occurred in that dreadful visitation, where we repeatedly found the rooms of the sufferers crowded with friends and relatives, some attracted thither by sympathy, many by irresistible curiosity, and more, perhaps, by the brandy that was so freely distributed on every side.

The proposal to remove the labouring population of the infected localities to tents on the town moor was unfortunately not appreciated by the sufferers. Nothing but the fear of contagion could have induced them to adopt such an alternative; and, having before their eyes the ill-advised but confident statement of the Board of Health in London, that "cholera is not a contagious disease," they felt themselves justified in resisting all importunities to remove to such an inconvenient distance. Even the House of Refuge in the New Road was never more than half filled.

Sanitary measures, draining, whitewashing, and sweeping of streets, are all good, and beneficial to the public health; but, to be effectual, they must have been some time in operation; and no immediate benefit, but rather the reverse, will result from the stirring up and removal of night-soil, and other accumulations, when the pestilence has broken out in a town. It is to the inside rather than to the outside, of the houses our attention must then be directed. Fresh air and thorough ventilation is the main desideratum; for the over-crowded room, even though it be the hall of a palace, is more dangerous under such circumstances, than the open ditch or cesspool. We are glad to see that our views in this respect are partly corroborated by Mr. R. D. Grainger, who, though a pledged anti-contagionist, seems fully aware of the evils of over crowding. Above all things, the establishment of well-aired houses of refuge seems to us most likely to influence the progress of the disease. If, as we hope we have shown, the cholera is really often propagated by human intercourse, the separation of the healthy from the sick must be an essential feature in our treatment; and without some such provision for obtaining an adequate supply of fresh air both for the sick and for the healthy, we do not believe that the most vigorous operations of the best-constructed Board of Health can stay the progress of the cholera.

Note.—The Report recently issued by the Cholera Committee of the Royal College of Physicians of London, is a document of great value. The opinion we have maintained, that cholera is propagated by human intercourse, is there fully confirmed, while, at the same time, the reporters adopt the theory that the essential, material poison of cholera, though capable of being transported from place to place, by the clothes, etc., of individuals, yet may multiply itself in the atmosphere of the place to which it has been transported. In this way they seek to account for its rapidity of outbreak in certain cases. But the atmospheric conditions under which this multiplication of the poison occurs, are evidently unknown; for though the Reporters hold, that a damp condition of the air is one essential ingredient for this purpose, the spread of cholera in Egypt, in Arabia, and in the arid countries of Central Asia, will not admit of this doctrine being generally applied.

STATE OF THE BLOOD IN GOITRE.

By DR. RICHARD NEALE.

Late Physician's-Assistant, University College Hospital.

Having read two cases of Goitre, reported by Dr. T. S. Holland, in the *Quarterly Microscopical Journal* for April, 1853, in which the pale corpuscles of blood, in one case, taken from the spleen, in the other, from the pulmonary artery, were greatly increased in number, I was induced to examine the blood of several persons similarly affected residing in a neighbouring hamlet.

In my cases, a drop of blood was obtained from all who were the subjects of goitre, and who were willing to submit to the operation, from the finger, spread over about a square inch of glass, and carefully examined with a magnifying power of 436 diam., and the corpuscles measured, with a micrometer, each division of which equalled $\frac{1}{4000}$th inch, all made by Smith and Beck.

A very thin stratum of blood was thus examined, all the corpuscles being on one plane, and often large interstices were left between the rouleaux. I am thus explicit, to give the reader an idea of the quantity of blood in the field, and thus render him better able to judge of the relative numbers of the pale bodies, and also of the instrument employed, so that errors in observations may ascribed to their right source, the observer.

Case 1.—Mary Manns, aged 61, married, has had eight childred, six died young; has had no particular illness; never had ague; no splenic disease detected, "but feels a coldness and creeping down the spine as though cold water was running down; has frequently a trembling all over, as though she had the 'aguey-like,' but never had true ague." She has lived all her life in the same parish, which is quite free from ague. She noticed a full neck when eighteen, which greatly increased during pregnancy, and now, the circumference of her neck is a foot and a-half; the centre of the thyroid or isthmus being the largest portion, although the lateral lobes are greatly enlarged also.

Nov. 26—(Examination No. 1.)—Blood not well run together in rouleaux, but more in masses. Red corpuscles $\frac{1}{4000}$th to $\frac{1}{3000}$th of an inch—a deceptive appearance of a nucleus in some few. "Intermediate" (a) corpuscles slightly larger, not capable of being numerically estimated on account of state of blood. Pale corpuscles large, $\frac{1}{2000}$th to $\frac{1}{1000}$th of an inch,

(a) I here mean, by "intermediate" corpuscles, those that may be seen in all blood under the microscope which have the tinge peculiar to the red corpuscles more faintly marked, do not seem to have the peculiar attraction for the red that these latter have for one another; and hence hold aloof from the rouleaux, and have a slightly increased diameter over the red.

round, oval, or irregular, granular, 2 or 3 nuclei—4, 8, 12 seen in the field. Mixed with these were smaller pale discs, only slightly granular— number not estimated.

Dec. 10.—(Examination No. 2.)—Blood not well run together, yet still in moderately-formed rouleaux; red, $\frac{1}{4000}$th to $\frac{1}{3500}$th of an inch, regular; intermediate, larger, $\frac{1}{3500}$th to $\frac{1}{3200}$th of an inch; pale, large, some regular, others egg-shaped or irregular, granular, varying in diameter from $\frac{1}{3000}$th to $\frac{1}{2000}$th of an inch, 6—10—12 in field. A few smaller pale discs, $\frac{1}{4000}$th of an inch, very slightly granular.

Case 2.—Mrs. P., married, aged 32; has had several children; previous history much the same as Case 1, but does not complain of the cold feelings; one little girl, aged 4 years, has a slight apparent enlargement of the thyroid gland. The right lobe of the thyroid gland in the mother is the largest portion of the goitre, which, although not very large, causes a deformity and inconvenience, as in Case 1. Circumference of throat, 14 inches.

Nov. 30.—(Examination No. 1.)—Blood well run together in rouleaux; red bodies, generally large, $\frac{1}{3500}$th of an inch; intermediate, more numerous than in any specimen examined, not quite $\frac{1}{3000}$th of an inch, and slightly granular, but very slightly so; pale, in no case much larger than red; the largest seen but little more than $\frac{1}{3500}$th of an inch, while smaller bodies, pale, slightly granular, are very numerous; one, well seen, is beautifully rotund and granular: these last vary from $\frac{1}{5000}$ to $\frac{1}{4000}$th of an inch. 50 pale bodies were counted at one time in the field, but frequently only 5—12 were seen.

Dec. 10.—(Examination No. 2.)—Just the same appearances, except the smaller pale bodies were still very numerous; and 6—8—10 larger ones were noticed in the field, varying from $\frac{1}{3000}$ to $\frac{1}{2000}$th of an inch in diameter.

Case 3.—Mary Pointer, aged 17, daughter of Case 5; has only had scarlet fever; has never menstruated. Has noticed a full neck for several years; it is now a very full neck, but causes no deformity.

December.—Blood well run together in rouleaux; red, $\frac{1}{3500}$; intermediate, more numerous than ordinarily, slightly larger than red; pale, granular, increased in number from $\frac{1}{3000}$ to less than $\frac{1}{4000}$th of an inch in diameter; 10—12 in field.

Case 4.—Hannah Phillips, aged 48, married, never suffered from any particular illness; has lived in the parish all her life. Has no creeping sensations except during the menstrual periods, which have not yet ceased. Has had a full neck ever since she was a child, but it has increased rapidly during each pregnancy, and especially during several bad labours, Since pregnancy has ceased, it has not enlarged. Present state: Left lobe as large as an infant's head, firm; right lobe smaller, also firm, size of a goose's egg; centre or isthmus of thyroid large and prominent; circumference of throat nearly $1\frac{1}{2}$ feet.

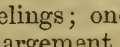
Dec. 6.—(Examination No. 1.)—Blood well run together; red, rather large, $\frac{1}{4000}$ to $\frac{1}{3500}$th of an inch, intermediate, numerous; well seen, almost colourless; nearly the size of pale bodies, giving the idea of pale bodies having lost their granular aspect. Pale, slightly granular, numerous, varying from $\frac{1}{4000}$th to $\frac{1}{3000}$th of an inch; granular aspect not well marked, and some pale bodies quite transparent, non-granular, $\frac{1}{4000}$th of an inch, were seen, 6—12 in field. This layer of blood was very thin, large interspaces.

In one instance, a corpuscle was seen, with a well-defined nucleus at one side, $\frac{1}{16000}$th of an inch, the envelope being exceedingly pale and transparent, not in the slightest degree granular. No acetic acid was used. Diameter of corpuscle about $\frac{1}{3500}$ of an inch.

Dec. 10.—(Examination No. 2.)—Same appearances, excepting nucleated body now seen. Pale bodies scarcely so numerous as in examination 1.

Case 5.—Ann Pointer, aged 57, mother of Case 3, has five children living, two out of three of her daughters having full necks. The woman herself noticed a full neck when she was a child, but since marriage, especially during pregnancy, it has enormously increased, until now it is not only a great deformity but causes vast inconvenience by pressure upon the trachea. Never had fever nor ague, only rheumatic fever. Frequently, even during the hottest days of summer she feels starved, and has a distressing sensation of cold creeping all over her, especially down the back. In other respects her health is pretty good.

Present State.—Thyroid body enormously enlarged; feels firm, especially right side, where the enlargement fills up the hollow between ramus of jaw and shoulder, as large as a half-quartern loaf. Circumference of neck over largest part, 2 feet all but 1 inch. The woman states, that, when suffering from cold, the tumour is even larger than this.

Dec. 9.—(Examination No. 1.)—Blood very remarkable, run together in moderate rouleaux; red bodies, varying in size, shape, and regularity, from $\frac{1}{5000}$th to $\frac{1}{3000}$th of an inch, some being beautifully rotund and regular, while some of the larger ones were irregular in outline,  not unlike broken-up corpuscles. This appearance was not due to exposure to air, etc.) With the red corpuscles were intermingled a great number of reddish-coloured granules, $\frac{1}{18000}$th to $\frac{1}{12000}$th of an inch; and two red corpuscles were seen, , as though one of these granules or nuclei were lying on the disc; but the most careful examination and manipulation could not alter the relative position of the nucleus (?) and cell; consequently, if they were not nucleated red corpuscles, the deception was very great. In some instances, two of these granules were lying in juxta-position, so as to give the idea of an investing envelope, thus ; they were seen in the interspaces between the rouleaux. Intermediate bodies, numerous. Pale: at first sight, these appeared to be very deficient in number, but, on more careful examination, a great number of small, very slightly granular, and very pale and transparent discs were seen, about $\frac{1}{4000}$th of an inch, the numbers of which it was impossible to determine accurately, on account of their transparency, and difficulty of distinguishing them 10—14 were easily counted in field. Besides these, there were other granular corpuscles, more resembling the ordinary pale bodies, not in all cases very regular in outline, and in some cases creased, as it were, on the surface —3—4—6 were noticed in different fields, size $\frac{1}{3500}$th to $\frac{1}{2200}$th of an inch. To the sides of some are adhering little pale granular bodies of the same size, only destitute of colour, as noticed when speaking of the red corpuscles.

Dec. 10.—(Examination No. 2.)—Blood in loose rouleaux, red; more regular in outline, and very few of the irregular ones seen; still some were present; pale; more regular on surface than in Examination 1, more readily detected, especially the smaller ones, which were equally numerous with first report; granules both pale and reddish, less numerous; in other respects the blood resembled the first report.

Case 6.—Charlotte Davies, aged 35, married, had seven children; no illness except that connected with childbed; has never felt the cold, creeping sensation complained of by others; has had a full neck ever since a child, but during the last three years it has decidedly increased, and still continues to do so. At present it causes her inconvenience, on exertion, from pressure upon the trachea; there is a general, equable fulness on either side, not so great as to cause any marked deformity; circumference, 14 inches.

Dec. 6.—(Examination 1.)—Blood well run together, red $\frac{1}{3500}$th inch; intermediate more numerous than any yet noted, $\frac{1}{3000}$th, rather oval, pale, slightly granular, in great abundance, varying in size from the $\frac{1}{5000}$th to the $\frac{1}{3000}$th inch—10, 12, 20, easily counted in different fields.

16th.—(Examination 2.)—Blood in rouleaux, red $\frac{1}{4000}$th to $\frac{1}{3500}$th of an inch; intermediate, very numerous, $\frac{1}{3000}$th of an inch, pale, not so numerous as on the 6th instant, but much larger and more irregular, varying from $\frac{1}{3000}$th to $\frac{1}{1700}$th of an inch, slightly granular; only a few small ones, $\frac{1}{4000}$th, seen.

Case 7.—Mary Mole, aged 26, married six years, has three children; never suffered from any particular illness; does not complain of any cold, creeping sensation; has had a goitre for eight years, which has always increased during pregnancy, and is now of considerable size, and is still enlarging, firm, and resisting, the left lobe being the larger; circumference of throat, 17 inches.

Dec. 9.—(Examination No. 1.)—Blood well run together, red; ordinary size, $\frac{1}{1400}$th of an inch: intermediate numerous, slightly larger $\frac{1}{3500}$th of an inch, pale, decidedly increased in number, granular, varying in size from $\frac{1}{4000}$th to $\frac{1}{3000}$th of an inch; 5—10, in one instance 24 counted in field.

16th.—(Examination No. 2.)—Blood well run together, red $\frac{1}{4000}$th; intermediate, numerous, $\frac{1}{3500}$th, some quite as pale as the pale corpuscles, only not the slightest approach to a granular aspect; pale 10—12—14, of various sizes, $\frac{1}{4000}$th to $\frac{1}{2000}$th, granular and regular.

Those who have had the opportunity of examining the blood microscopically in cases of leukæmia depending upon splenic disease, will see the close analogy of the blood in that disease with the cases of goitre above noted, although the "pale corpuscles" are not so greatly increased in the latter as we often find them in the former affection; and in both instances we often find the blood examined one day differ materially, in the relative proportions of its constituent corpuscles, from that examined upon a subsequent occasion. In all the above cases, the numbers of the pale corpuscles were decidedly increased, in some greatly so, and in most the size of the pale bodies was also materially increased.

Whether the red discs were diminished in number, as is usually believed to be the case in leucocythæmia, I was unable to tell, not being able to bring Vierordt's calculating test to bear upon them; they did not appear to be so. In the two worst cases (1 and 5) it is noted that they did not form well into rouleaux; whether this was a simple coincidence, or a necessary consequence of such extensive changes in the gland, must be decided by future research. Those discs that I have named intermediate, for want of a better designation, appear to me to merit this distinction; but I shall wait for more mature observtions before I form a decided opinion of their exact nature and character.

With regard to the nucleated red corpuscles, two of which were seen in Case 5, and one much paler disc (intermediate) in Case 4, I could not, by the most careful manipulations, convince myself that the appearance was deceptive; and as Busk and Harting have both described them as seen in human blood, I feel the more decided that what I saw was real. In Case 1, the appearance was much less distinct.

The cold-water sensation, or "aguey-like" feel was complained of in Cases 1 and 5, without any leading questions on my part; while Case 4 only experienced the same symptoms at the menstrual periods. Theoretically, we might presume, such sensations arise from a deficiency of the red corpuscles, although undoubtedly such a theory is open to objection.

Appended are eight cases, healthy and diseased, male and female, showing the state of the blood, which may serve as comparisons, both as to the numbers and measurements of the corpuscles, with the seven cases of thyroid disease, all the observations being made with the same magnifying power, and tested with the same micrometer.

BLOOD FROM PERSONS NOT SUFFERING FROM GOITRE.

Case 1.—Eliza Brown, aged 31, married, pregnant; suffered from usual complaints of childhood; since then from chronic eczema; now quite well. Blood in rouleaux; red, $\frac{1}{4000}$th of an inch; intermediate, $\frac{1}{3700}$th, not granular, no nucleus, much lighter than red; pale, normally granular, 2—3 nuclei, $\frac{1}{3000}$th of an inch, 2—4—6 in field.

Case 2.—Richard Hamilton, aged 26; healthy; blood in rouleaux; red, $\frac{1}{4000}$th to $\frac{1}{3500}$th of an inch; intermediate, $\frac{1}{4000}$th to $\frac{1}{3700}$th of an inch; pale, round, regular, granular, $\frac{1}{3500}$th to $\frac{1}{2000}$th of an inch, 3—5 in field.

Case 3.—Joseph Blackston, aged 35; strong, healthy; blood well run together in rouleaux; red, $\frac{1}{4000}$th to $\frac{1}{3700}$th of an inch; intermediate, well seen, few in number, slightly larger and paler than preceding; pale, round, slightly granular, regular, $\frac{1}{4000}$th to $\frac{1}{3000}$th of an inch, 3—5 seen in field.

Case 4.—Charles Weston, 17, strong, healthy; blood in rouleaux; red, $\frac{1}{3500}$; intermediate, slightly larger; pale, 4—8 in field, regular, no smaller pale bodies, $\frac{1}{3000}$th of an inch.

Case 5.—Mary Weston, aged 56; suffered from asthma for several years, now labouring under an attack of acute bronchitis of two days' duration; blood well run together; red, $\frac{1}{4000}$th to $\frac{1}{3800}$th, outline indistinct; intermediate, well marked, not numerous; pale, 4—6 in field, regular, granular, $\frac{1}{3000}$th to $\frac{1}{2000}$th of an inch. No other bodies.

Case 6.—Jane Dainty, 21, healthy; blood in rouleaux; red, $\frac{1}{4000}$th to $\frac{1}{3800}$th of an inch; intermediate, few; pale, regular, round, granular, 8—10 in field, $\frac{1}{4000}$th to $\frac{1}{3000}$th of an inch.

Case 7.—Wm. Hill, 21; albuminuria, 12 months; general anasarca and dropsy; blood not run together, corpuscles generally large; red, colour not so deep as in health, $\frac{1}{3500}$th to $\frac{1}{3000}$th of an inch; intermediate, not recognisable; pale, not very granular, $\frac{1}{2000}$th, 5—6 in field.

Case 8.—Sarah Eaton, aged 21, healthy as a rule, now suffering from acute ovaritis, following premature and difficult labour; blood in all respects apparently natural; red, $\frac{1}{4000}$th; intermediate, $\frac{1}{3500}$; pale, $\frac{1}{3000}$; granular, 4—5 in field.

Ombersley, Droitwich, December, 1853.

CASES OF HERNIA.

WITH REMARKS.

By THOMAS TATUM,

Surgeon to St. George's Hospital, and Lecturer on Surgery.

Case 1.—Joseph Mathews, aged 32, was admitted into St. George's Hospital on March 9, 1854, with an inguinal hernia on the right side. He says, that there was no appearance of hernia until he was 10 years old, and the testis was in its natural situation. The hernia first made its appearance after a fall from a chair. It was reduced, and a truss has been worn ever since; and, although from time to time the rupture has come down, it was, with one exception, readily returned. The present descent took place at ten o'clock last night. A Surgeon was sent for, who, having tried various means to reduce it without effect, advised his being sent to the Hospital. On his admission, the symptoms of strangulation were slight; there was some pain in the bowels, and tenderness of the tumour, with nausea, but no vomiting. He was put into a warm bath, ice was then placed on the part, the taxis was employed, and the tumour was said to be diminished in size.

March 10.—I saw him for the first time this morning; there was a hernia about the size of an egg, but rather elongated, and but little diminished in size at its neck, within the inguinal canal; it was very tense, but by pressure it was rather lessened in size; this, however, evidently depended on the receding of the hernia with its sac. The testis was distinct below the tumour, and was smaller than its fellow. There was some pain and tenderness of the abdomen, and great tenderness of the tumour; there had been no motion since the descent of the hernia; the tongue was white but not dry; the pulse quick; and he frequently retched, but did not vomit. Though the symptoms of strangulation were not severe yet, considering the hardness of the tumour, the evident tightness of the stricture, the length of time the hernia had been down, and the increasing tenderness, I resolved at once to operate. The patient was put under chloroform; and, while in the state of unconsciousness, I made a last effort to return the hernia, but it was unavailing. I therefore at once proceeded to the operation. An incision, about four inches long, beginning above the external ring, was made through the skin and cellular membrane; the layers of fascia were divided, and what appeared to be the sac was exposed; this was carefully opened, and about an ounce of clear serum escaped; but no bowel was found in the cavity of this serous membrane, which, on further examination, proved to be an unobliterated portion of the tunica vaginalis, extending upwards to a point midway between the two rings, where it presented a complete *cul de sac*. It being now evident that the hernia was lying underneath this membrane, the posterior layer, which was vascular, dense, and closely adherent to the neighbouring tissue, was at once divided; and, after a little dissection, the hernial sac was exposed and opened, and about half an ounce of serum, deeply tinged with blood, escaped. At the upper part of the sac there was a small knuckle of intestine, nearly black, its surface dull, and covered with lymph. The stricture was very tight, and it was with difficulty that the nail could be passed under it. It was formed by the neck of the sac, which firmly embraced the gut, and descended on it, by a sort of intersusception, into the sac, so that the protruded bowel could be in part returned into the abdomen, without, however, freeing it from the stricture; and, on removing the pressure, it re-appeared. A bistoury was passed on a director under the stricture, and it was divided, and rather the more freely as I feared to use force in returning the bowel, in consequence of its doubtful appearance; it, however, showed signs of returning vitality on being released, was readily returned, and the wound was closed by sutures, and dressed. This hernia evidently belonged to that form to which the name of "infantile" has been applied by Hey, two varieties of which have been described; one, in which the hernia passes behind the upper end of the large serous tunic of the testis, which then laps round the sac from before; the other, in which the tunica vaginalis is inverted from above, so as to receive the hernia in a depression. It is doubtless to this latter variety that many cases described as encysted hernia must be referred. It will have been remarked, that the signs of inflammation on the intestine were greater than might have been expected from the symptoms present when the operation was decided on. I believe the inflammation was in great measure confined to the protruded part, and was increased by the long persistence in the employment of the taxis. It is not very unusual to find a very advanced stage of inflammation of a strangulated hernia in which there have been but few and mild symptoms of strangulation; and where,

had the operation been deferred until more prominent symptoms presented themselves, the protruded part would have been found past recovery. I operated in this case because the tumour was small, painful, and tense, with evidently a very tight stricture, and holding out little hope of reduction without the operation.

11th.—He had a good deal of pain in the bowels in the night, which was relieved by fomentations; and he had two copious evacuations.

17th.—There is much pain about the wound, with swelling and diminished discharge; a poultice was applied, to favour the escape of the discharge, which, from the nature of the operation, found much obstruction.

26th.—The wound has quite healed; but a small abscess, which had formed in front of the testis, was opened, and two drachms of pus evacuated.

30th.—Cured.

Case 2.—Eliza Young, aged 46, was admitted into St. George's Hospital on March 10, with a femoral hernia on the left side. She has had a hernia for twenty years, but it was always kept back with a truss. While at work, however, on the 8th, at ten o'clock in the morning, she was seized with great pain in the bowels, followed by sickness, and it was found that the rupture had come down. She was taken to bed, but all attempts to reduce the hernia failed. Considerable quantities of opening medicine were given, part of which was retained, and part rejected. The pain and vomiting continuing, she was sent to the Hospital at seven o'clock p.m. on the 10th. I saw her shortly after her admission. The hernia was about the size of a pigeon's egg, and lying in front of Poupart's ligament; it was very hard and tense, with a blush of redness over it, and exceedingly painful and tender; the abdomen was painful and tympanitic, but bore the weight of the hand without increase of pain; the tongue was furred and rather dry; the pulse 120, rather hard and sharp; skin hot, and the countenance flushed and anxious. She vomited frequently, but without stercoraceous matter.

As may be supposed, I did not long delay the operation. An incision, three inches long, was made over the tumour; the layers of fascia were divided; and the sac, on being exposed, was opened, and about two or three drachms of a thick fluid, resembling pus, escaped, and which I thought, calling to mind the redness of the skin over the hernia, proceeded from an inflamed and suppurating condition of the sac and its contents; the sac was now freely opened, and a portion of intestine found in it of a deep red colour. On examining it, a spot of a deep purple colour was seen, in the centre of which was an aperture, through which issued fluid fæculent matter, similar to what had escaped on opening the sac. A director was now passed under the stricture, and it was freely divided, to avoid the necessity of using force for the return of the bowel. The discoloured portion, including the aperture in the intestine, was now pinched up with the forceps, and a ligature tied firmly round it; the ends were cut off, and the hernia was returned; the wound was then closed by sutures, and lightly dressed; an opiate was given, with a view to keep the bowels quiet; but in the night the effects of the purgatives she had taken began to show themselves, and she had five copious evacuations within a few hours.

11th.—Feels pretty well; there is some pain and flatulence of the abdomen; the tongue is white but not dry; pulse 100, rather sharp, but compressible; countenance less anxious. The opiate was repeated in the night, and again to-day; and an epithem of heated chamomile flowers was applied to the abdomen.

12th.—Feels well; the tongue is clean; pulse 90; little pain in the abdomen; bowels open once in the night and two or three times in the day. To repeat the opiate. Ordered her beef-tea, with a small quantity, occasionally, of weak brandy and water. She went on well until the 17th, when the wound assumed a phagedænic appearance, with sloughing, accompanied by a good deal of constitutional disturbance. From this, however, she happily recovered; and is now (April 4) nearly well.

Case 3.—The following case occurred some short time ago, when I was sent for by a gentleman, to come with all haste, and assist him, as he had met with a difficulty in an operation for strangulated hernia. On arriving at the patient's residence, I was informed by the gentleman attending him, that he had had a scrotal hernia of large size for several years; that it was kept up pretty well with a truss, occasionally coming down, but always readily reduced. The last time, however, the reduction could not be accomplished; and, symptoms of strangulation coming on, the operation was proposed and consented to. The first stages, including freely opening the sac, and dividing the stricture, were completed without difficulty; but, on attempting to return the protruding bowel, large volumes of the small intestines forced themselves through the opening, in spite of all efforts to restrain them. On going to the patient, I found a healthy man, of middle age, lying on his back, with the thighs widely separated, and the space between them occupied by a large volume of intestine, extending nearly down to the knees. On examining the protruded mass, it was found to be composed of the whole, with a slight exception, of the jejunum and ileum, enormously distended with flatus, and of a bright red colour. The stricture had been freely divided in more than one direction, with a view of favouring the return of the bowel, but without any good effect; and, although the finger could be readily introduced into the abdomen, it was quite clear that there was little hope of returning the intestine in its present state. I concluded, therefore, that this could only be effected by diminishing the volume of the protruded bowel, the opening in the abdomen being already quite as large as was consistent with future safety. With a grooved needle, therefore, I made three or four punctures into the intestine, allowing the flatus to escape by the groove in the needle at each puncture, until the part collapsed, and then proceeding to a fresh part. By these means the whole of the protruded bowel lay in a collapsed state, not one-fifth of its previous volume; the apertures, of course, closed by the sliding of the coats of the bowel over one another on their change of volume. The protruded parts were now readily returned into the abdomen; the edges of the wound were brought together by several stitches, dressed, and supported with a compress. Anticipating much inflammation, I suggested a full dose of calomel and opium, to be repeated as symptoms might indicate, and the application of leeches over the abdomen. On the following day I found that our patient had passed a quiet night; the pulse, which had been 120, was now 90; the leeches had been applied, and some pain, which came on soon after the operation, was relieved. He expressed himself as free from all unpleasant symptoms. On my visiting him in the evening, I found that the bowels had acted freely; and, as there were no symptoms of inflammation, I did not call again. I heard, however, two or three months after, that he had recovered without any material check; that, from the extent to which the walls of the abdomen had been divided, a weakening and protrusion in the region of the hernia had been produced, but that it had been effectually protected by a truss with a larger pad than ordinary.

HYDATIDS IN THE UTERUS.

By RICHARD GRIFFIN, M.R.C.S.

Mary Collins, aged 46, was confined of her last child nine months since, and miscarried at the third month of utero gestation three years afterwards. For six years she has felt uneasiness about the loins and uterus, her menstruation being regular until within five months, when it ceased and she became ill, and was under medical care for two months, at the end of which she suddenly lost a large quantity of blood from the vagina, and a sanguineous or serous discharge has continued ever since. The medical adviser having ceased to attend her she applied at the sanatorium and was examined by Dr. Smith and myself. The uterus was slightly enlarged and tender, especially on the right side, her complexion anæmic, os uteri slightly ulcerated, particularly on its inner surface. A solution of argent. nit. gr. xx. to the ounce was applied to the ulcerated parts, and gallic acid, in ten grain doses, prescribed three times a day. At an interval of eleven days I was requested to visit her immediately at her own residence, as she was flooding, and a large substance had passed from the vagina after twenty-six hours' strong labour pains. The reason assigned for not requesting assistance earlier, was, that she had been hourly expecting the Union Medical officer, and if he had attended she would not have troubled me. As the hæmorrhage was not diminished, I passed two fingers through the os uteri and removed a coagulum, and also two bunches of hydatids; the flooding then ceased, and all ultimately went on well. On examining the mass of hydatids which had been passed previously to my arrival, I found they equalled in size a full-grown placenta; the part adherent to the uterus was as large as the palm of a hand, and appeared to be composed of a fibrinous substance resembling bundles of coagula, united looscly together; from this grew the cysts, which varied in size from bags of two inches and a-half in length to one inch and a-half in diameter to pins' heads, the majority of them being of the size of out-door English grapes, the clusters of which they much resembled. The greater number were of a pale pink colour, some white. The contents of those opened resembled in consistence the white of egg, and were of a pale brown colour; the separate cysts were many thousands in number. From their attachment to

the uterus, the clusters reached seven inches in length, the cysts growing one from the other, being attached by fine pedicles, thinner than horse-hair. Some were semi-flaccid, the majority tense, a few in the form of tubes, two inches in length, and a quarter of an inch in diameter, with enlarged extremities, from which were suspended small cysts, with fimbriæ attached to their depending portions. One large cyst had at least two hundred smaller ones attached to it. These cysts, when viewed as a whole in the preparation, resemble a mass of grapes, and form a splendid specimen of a growth which is so uncommon that I never saw more than one specimen. This occurred in the practice of T. G. Johnson, Esq., of Norwich, about sixteen years since. He informed me his patient had passed an immense quantity, as much, if my recollection be correct, as a large washhand-basinfull.

Weymouth.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

GUY'S HOSPITAL.

CASES OF TETANUS.

[Under the care of Mr. COCK, Mr. HILTON, and Mr. BIRKETT.]

Case 10.—*Injury to the Toe.—Sore Throat on the Ninth Day, and Trismus on the Eleventh.—Acute Tetanus.—Temporary Benefit from Chloroform.—Death on the Fifth Day of the Disease.—Autopsy.*—George Woodley, aged 11, was admitted, on account of tetanic symptoms, on March 12, 1854, under the care of Mr. Birkett. It appeared, that on March 1, he had crushed the middle toe of his left foot to such a degree, that amputation of the last phalanx had been necessary. The healing process had gone on favourably, and he had appeared in good health until the 9th inst., when he first began to complain of sore throat. On the morning of the 11th, trismus was present, and in the evening of that day tetanic spasms and violent opisthotonos had supervened.

At the time of his admission, the disease was therefore in its fourth day; it presented every indication of severity and acuteness. The spasms occurred almost constantly, and were attended by much pain. The jaw was fixed; countenance very anxious; pulse rapid. Mr. Birkett ordered the tincture of Indian hemp, in half-drachm doses, to be given every four hours. On the following morning, the disease being yet further aggravated, the administration of chloroform was commenced. Under its influence, the spasms became quite relieved for the time being; but as soon as its use was relinquished, they returned with even increased violence. Under these circumstances, it was determined to push the drug, and try the effects of its almost continuous inhalation. Throughout the day, and until late in the evening, the boy was according kept, with very short intermissions, persistently under its influence. During this period, about sixteen hours, nearly ten ounces of chloroform were used. No dangerous symptoms had occurred, but, as the boy got weaker, and as it was evident that the remedy, although it controlled the spasms, exercised no real beneficial influence, it was at length laid aside. Death took place early on the following morning. An examination of the body was made seven hours after death by Dr. Habershon. The meninges of the brain and cord were found congested, and the venous system generally was loaded with blood. The brain, the cord, and the nerves of the affected limb, were carefully examined, but presented nothing abnormal. The right side of the heart was distended with coagula. The lungs were much congested, and did not collapse. In parts they presented appearances much similar to those of sanguineous apoplexy. The mucous membrane of the trachea and bronchi was of a deep red colour.

Case 11.—Thomas Colville, aged 9, was admitted under Mr. Hilton's care, on May 19, 1853. His case was taken in detail by Mr. Blandford, one of Mr. Hilton's reporters, from whose account we abstract the following:—A month before admission, he lacerated the end of his left ring finger with a saw; the wound did not heal, but the phalanx became involved, and, on May 16, he applied at the surgery of Guy's Hospital, and had the bone removed. Up to this time his general health had not suffered, and he had had no alarming symptoms. While walking home with his father, after the operation, he complained, however, of pain in the back, which, during the rest of the day, continued to recur at intervals. In the evening, stiffness of the jaws came on. Next morning (17th) the spasmodic contractions of the muscles of the back were both more severe and more frequent, and the boy complained also of difficulty in swallowing. The following night was a very bad one, and during the 18th he suffered almost continually from tetanic spasms.

Admitted on the 19th (the fourth day of the disease) his condition was as follows:—Countenance flushed; skin hot and dry; pulse quick; angles of mouth drawn back, and teeth slightly exposed; can open the mouth without difficulty, sufficiently to take fluid, but has much difficulty in swallowing; breath of disagreeable smell; bowels have not acted for two days. The muscles chiefly affected are those of the trunk and lower extremities, in which the condition of contraction is almost persistent. To take five grains of quinine every four hours as a draught, and to have an assa-fœtida enema immediately.

20th.—Has passed a very restless night, and is in no respect better. Pulse 130. The enema caused aggravation of the spasms, and was not repeated. Mr. Hilton orders two grains of hydr. c. cret., with two of Dover's powder, to be given every four hours, and an aconite lotion to be applied to the hand. The quinine is discontinued.

21st.—No improvement. An enema was given last night, and acted freely on the bowels.

22nd.—Has been copiously purged, and is rather less feverish. Pulse 120; skin moist. The slightest movement excites a paroxysm of spasm.

23rd—Was a little delirious in the afternoon of yesterday, and to-day his power of moving the left hand appears to be lost. Late in the evening he had a violent spasm about the throat, during which the glottis was apparently closed, and for a while he was in imminent danger of suffocation. Respiration continues difficult, and he is much excited.

24th.—Is only conscious at times; the paroxysms still occur very frequently; he is very thirsty, but swallows with much difficulty.

25th.—At six yesterday evening a violent attack of spasmodic closure of the glottis again occurred, during which death from asphyxia took place.

It is much to be regretted that no *post-mortem* examination was permitted in this case. From the symptoms during the last few days, there was reason to suspect local congestion, if not actual extravasation of blood within the skull—an event which, although very rare, still does undoubtedly sometimes occur during tetanus. We shall cite a case next week in which it was proved by the autopsy. The case is of interest from the length of time which the symptoms were delayed after the occurrence of the accident. It may indeed be matter of doubt whether the accident or the operation were the real exciting cause; and it is, perhaps, not improbable that they both exerted some influence. It is very unusual for tetanus, coming on a month after the receipt of an injury, to run such an acute course as it did in this instance; and even yet more so, in this country at least, for the disease to come on within half-an-hour of the traumatic cause, as we must suppose it to have done if the operation produced it. Perhaps the greatest likelihood attends the supposition, that the disease was impending from the primary injury, and was lit up and much intensified by the irritation to the part inflicted by the operation.

The next two cases we shall dismiss very briefly, as they are examples of the chronic, mild, and it might almost be said, ordinarily curable, form of the disease. That the therapeutics of this form should consist in the administration of tonics and anti-periodics, may now be esteemed an established fact; and the results in each of these cases were strongly confirmatory of the rule.

Case 12.—*Chronic Trismus following on the Nineteenth Day after a Severe Contusion of the Forearm.—Recovery under the Use of Quinine.*—A man, aged 18, admitted in June, 1851, under the care of Mr. Cock, having had his right forearm crushed in machinery. Gangrene of the forearm followed; and, on the thirteenth day, Mr. Cock removed the mortified part by cutting through the ligaments of the elbow-joint and the trunk of the median nerve, the only parts not spontaneously separated. Six days after this—*i. e.*, the nineteenth from the accident—the man complained of stiffness about the lower jaw, and his forehead presented the wrinkles of commencing risus sardonicus. His pulse was but little accelerated, 96, and he did not suffer any pain. Mr. Cock ordered three grains of quinine to be given every four hours, and this remedy was regularly persevered with to the end of the case. During the first eight days, the constitutional symptoms continuing much the same, the trismus rather increased; there were, however, no tetanic spasms, very little pain, and but slight rigidity of the abdomen. After the eighth day the trismus gradually subsided, and recovery became esta-

blished. The stump had throughout progressed well. There had been troublesome but not obstinate constipation, as it had always yielded to aperients.

Case 13.—*Chronic Idiopathic Trismus.—Recovery under the Use of Quinine.*—A labourer aged 23, was admitted under Dr. Gull's care on June 8, 1853, with trismus and rigidity of the muscles of the neck and abdomen. The affection appeared to be idiopathic, and had persisted for five weeks in spite of treatment. His pulse was not materially quickened; and excepting debility, he had no constitutional disturbance. Dr. Gull prescribed quinine and wine, and under that treatment a very satisfactory convalescence was soon established, and the man left the Hospital well about three weeks after his admission.

The two following cases occurred some years ago under the care of the late Mr. Key. The particulars respecting them have been kindly furnished to us by Mr. W. F. Cleveland, now of Beaufoy-terrace, Maida-hill, but at the time of their occurrence one of Mr. Key's dressers. On account of the existence of intestinal parasites in the one, and of previous disease of the nervous system in the other, they are of great interest in connexion with the present subject.

Case 14.—*Extensive Burn.—Acute Tetanus on the Tenth Day.—Death in a Paroxysm, after Thirty-six Hours' Illness.—Autopsy.*—B. A., a spare but healthy girl, was admitted on Nov. 6, 1846, for a deep burn, extending from the middle of the right buttock nearly to the heel. There was at first an ordinary amount of collapse, which was relieved by the administration of brandy. The burn was dressed with a liniment of oil and lime water, and nothing unusual occurred till the evening of the 16th (10th day), when she first complained of the throat being sore, and it was observed by the sister of the ward that she opened her mouth with difficulty. The left hand was firmly clenched. These symptoms were recognised as tetanic, and a draught containing fifteen minims of the tincture of opium was ordered to be taken immediately, together with a liberal allowance of brandy.

Nov. 17.—During the night she remained restless until about 3 a.m., since which has been asleep. 3 p.m.—Is now awake, lying upon her back; breathing tranquil; pulse 120; skin moist; risus sardonicus well marked. The mouth is firmly closed, but she can protrude the tip of the tongue. The muscles of the left side of the neck are rigid, and are thrown into violent spasm when touched. 11 p.m.—She is able to open the mouth rather wider, and there is also not quite so much muscular rigidity. She has swallowed a little sherry, though with great difficulty.

At eight a.m. on the following morning, death took place thirty-six hours from the commencement of the disease. The nurse who watched her stated that she had taken a little wine during the night, and was quite sensible until a little before death. A violent paroxysm then came on, in which the mouth was drawn, the lips became livid, the hands clenched, and both legs, but especially the left, spasmodically drawn up. In this she died.

The body was examined twenty-nine hours after death. The ulcer resulting from the burn was a perfect specimen of an irritable sore. The brain and spinal cord were carefully inspected, but with negative results, excepting that on longitudinal section of the pons Varolii it was thought that its transverse vessels were a little more congested than usual. The cavities of the heart were distended with blood. There were some ascarides in the rectum. No important lesion of any of the viscera was found.

Case 15.—*Acute Tetanus on the Eighteenth Day, after an Extensive Burn.—Death on the Eighth Day.—Autopsy.*—Mary B., aged 25, a married woman, was admitted on November 10, 1846, on account of an extensive but superficial burn on the outer and back part of the right arm. A turpentine and lime-water liniment was applied to the sore, and all went on well until the 28th, (the eighteenth day,) when she began to complain of soreness of the mouth. On the day following there was some stiffness about the jaws, but the symptoms were still not urgent.

Nov. 30 (20th day).—In spite of an opiate she has passed a very restless night. There is difficulty in swallowing, and the mouth can be opened but very little, the angles of the mouth are drawn up, and the face is assuming the tetanic expression. Pulse small and slightly irregular, 100; tongue coated with a white fur; bowels have been freely relieved by house medicine; skin perspiring freely. Yesterday she complained to the sister of the ward of a jumping or spasm in one of her arms; but as it was known that she had been subject to fits generally recurring at the menstrual periods, and this was about the time at which she expected to be unwell, no attention was paid to it. During several days past she has indeed shown indications of mental disturbance in occasional incoherence of speech, childish conduct, and great irritability of temper.

December 1.—Has had spasmodic twitchings in the right arm, and complains of stiffness in the back of the neck. She can, however, open her mouth a little better than yesterday. Slept tolerably well last night. Is taking an opiate linctus every three hours, and has had an assafœtida enema administered.

2nd. She is now perspiring freely; pulse 90, regular; respirations 24 in the minute; the jaws are more firmly closed; neck rigid; muscles of the face under decided spasm; abdomen supple; great difficulty in swallowing. She is quite sensible, and anxious to leave the hospital.

3rd. Has passed a restless night, and complains of pain at the epigastrium, as if the diaphragm had become the seat of spasm. At 8 a.m. she had a violent paroxysm of tetanic convulsion, which was shortly followed by another, and about 2 p.m. by a third. Soon after the last Mr. Cleveland visited her, and the following is his graphic description of her condition, and of the attack which ended life. She was then sweating profusely; the countenance was extremely anxious; the features were frightfully distorted; eyes prominent, and lips livid. Still she was perfectly sensible, and could return rational answers when questioned. Presently another paroxysm commenced; she moaned, and seemed in the greatest distress; articulation became impaired; the voice was muffled; the respirations rapidly increased in frequency, becoming 54 in the minute; no pulse could be distinguished at the wrist; there was a quivering of the whole face; the eyes rolled; the lower jaw was spasmodically closed; the eyes were fixed. After this the breathing became gradually slower; the colour faded from her face, and in a few moments respiration ceased entirely. Shortly before death she had passed a stool involuntarily. Autopsy twenty-three hours after death. With the exception of the feet being firmly flexed, there was no marked muscular rigidity. The burn had cicatrised to a considerable extent, and presented no unusual appearances. The skull displayed a singular want of symmetry in its two halves, being much misshapen. The brain itself was pale and exsanguined, but of firm consistence. Together with the cord, it was carefully examined in every part, but no diseased condition could be detected. Both cerebral and spinal meninges were also quite normal, excepting a little congestion of the piamatral veins of the lower part of the cord. The thoracic and abdominal viscera were all inspected, but no important lesions were noticed.

We should have stated, that the *post-mortem* examination in this and also in the preceding case, was conduced by a most accurate pathologist, the late Mr. Wilkinson King.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE YORK COUNTY HOSPITAL.

CASES OF TETANUS.

[Under the care of Mr. RUSSELL and Mr. HEY.]

For the particulars of the four following cases we are indebted to Mr. Harvey B. Holl (now of Belgrave-square) the former House-Surgeon, and to Mr. Temple C. Paley, the present one. The first two occurred under the observation of Mr. Holl, during the early part of 1853.

Case 16.—*Slight Injury to the Lip.—Acute Tetanus supervening on the Fourteenth Day.—Threatened Death from Spasm of the Glottis.—Laryngotomy.—Bronchitis.—Death.*—A young man, aged 19, received a kick from a horse on his upper lip, which caused a small wound. Fourteen days after the receipt of the injury, (the wound being *perfectly healed*) he was attacked by trismus, and deglutition became difficult. Two days later (3rd day), while attempting to swallow some liquid, he was seized with spasm of the glottis. On the day (4th day) following, there was opisthotonos, and the spasms of the glottis occurred frequently, and came on independently of efforts at swallowing. In the evening of the 5th day, the danger of suffocation became so imminent during a prolonged closure of the glottis, that Mr. Holl deemed it necessary to perform laryngotomy, in order to prevent an immediately fatal event. The operation was quite successful in this object, and the patient was able thenceforth to breathe easily through the canula. The tetanic symptoms, however, continued to increase in severity, the spasms becoming more frequent and general. On the 6th day, he was troubled with cough and expectoration of phlegm, by which the canula

became blocked. On the 7th day, the bronchitic symptoms had increased, and he was constantly endeavouring to hawk up the thick, tenacious mucous which clogged his throat, and which he was obliged to drag out of his mouth with his fingers. (Auscultation was unsatisfactory, on account of the opening in the trachea.) Tetanus was now general, the paroxysms being frequent and violent. During the night, the dyspnœa and the indications of accumulations of mucus in the trachea and bronchi became increased. Death took place next morning (8th day of the disease.)

No *post-mortem* was permitted in this case, but, from the symptoms preceding death, Mr. Holl felt little doubt but that death was hastened by bronchitic accumulation, although it would, in all probability, have supervened from the original disease. The case is of peculiar practical interest in relation to the question as to the propriety of performing laryngotomy. Since that operation was suggested, now many years ago, by a very ingenious Physician, as a promising means by which to render impossible one of the frequent modes of death in tetanus, it has been tried in several instances by different Surgeons. In all, we believe, the result has been pretty much what the above exemplifies. It is quite true, that it obviates efficiently the inconveniences dependent on spasm of the glottis; but then the tetanic symptoms continue, or even increase, and pulmonary complications are generally superadded. However plausible the operation may appear at first sight, (and its trial was certainly most fully justified,) yet experience shows that, in fulfilling one, it goes directly contrary to another, of the indications for treatment in this disease. Tetanic spasms are of reflex nature, and almost always excited by peripheral irritation,—a draught of cold air upon the patient, any little attempt at movement, swallowing, etc., will suffice to excite them. All writers agree, that, among the most important of the principles of treatment, ranks the diminution, as much as possible, of the sources of external impressions. Now, in the first place, laryngotomy involves the admission of cold air to a mucous surface, unused so to receive it; secondly, it is almost always followed by more or less of bronchitis. If, then, we estimate the amount of irritation thus involved, the efforts at coughing, expectoration, etc., which must ensue, the verdict respecting the measure must, we think, be, that its chance of adding in this way to the original disease is at least equal to the probability of benefit which it offers in the prevention of death by suffocation. The measure was, we repeat, one apparently of much promise, and, notwithstanding the results, the Profession is much indebted to those who, like Mr. Holl, have brought it to the test of experiment.

Case 17.—*Severe Burn.—Subacute Tetanus on the Ninth Day.—Treatment by the Sesqui-oxide of Iron.—Recovery.*—(*The Disease lasting Two Weeks.*)—A little boy, aged four years, set fire to his clothes, and was rather deeply burnt over the left side and front of his chest, his neck, chin, and head, over the inner surface of the left upper arm and the whole fore-arm and hand. The burnt surfaces were dressed with an ointment composed of equal parts of calamine cerate and lead plaister; the bowels were kept rather freely open by medicine, and he appeared to be doing well. On the ninth day trismus supervened, the jaws were firmly clenched, and, at every effort at swallowing fluid, (the only nourishment he could take,) the head was jerked backwards by spasm. At this time the sloughs had separated from the whole injured surface, excepting a small patch about the left nipple. Water-dressing was applied instead of the ointment, and he was ordered to take a powder containing four grains of the sesqui-oxide of iron and two of Dover's powder every four hours, and a small dose of castor-oil on the following morning. On the tenth day there was opisthotonos; and on the eleventh, frequent paroxysms of general tetanic spasm. During these attacks, the trunk and all the extremities were convulsed, the muscles of the left arm especially becoming hard and rigid. The wounds looked tolerably healthy, and continued to discharge freely. The treatment above indicated was steadily persevered in, and as large quantities of fluid-nourishment as the child could be got to take were administered. He was treated as an out-patient at his own home, and as much quietude as practicable was enforced.

On the 13th day the spasms were moderated both in strength and frequency. The improvement continued to progress, and, by the 16th, great advance had been made, the paroxysms being but slight, and occasioned only when the child was disturbed or fed. He was now able to take food more freely. The powder was continued, with omission of the opium, excepting in the night dose. Spasms continued to be observed at intervals during the next week, at the end of which they had entirely disappeared. The child afterwards recovered well.

This case is one of those which, like *Case* 7, reported last week, there is a difficulty in classifying. Should it be considered as an example of the acute or sub-acute form? The disease set in at an early period, rapidly developed itself, and was at first of much severity. Assuming that the judicious treatment pursued from the very first exerted a beneficial influence, one might be inclined to call it a case of acute tetanus, cured by tonics and quiet; while those who refuse belief in the power of medicines, would, of course, reply, that its after progress proved it to have been originally one of the milder class.

The treatment of tetanus by the sesqui-oxide of iron was first recommended by Dr. Elliotson, who records, in the "Medical and Chirurgical Transactions," two successful cases in which it was adopted. Dr. Elliotson advises very large doses (℥ss) of the drug, to which, however, there is the serious objection, that accumulations of iron balls in the intestine are very likely to irritate, while it is improbable that more than a very small proportion, even of the largest doses, is ever absorbed into the circulation.

We would here remark, on what will certainly strike those who may look through this series of cases as somewhat curious, that the instances of recovery (in the traumatic form) are chiefly from the Provincial Hospitals, and that almost all those collected from the Metropolitan Institutions have ended fatally. The explanation of this is to be found mainly in the circumstance, that the cases we report from London include nearly all which have occurred during the last two years, while those from the Provinces are *selected*, the fatal ones being for the most part omitted. This, however, will scarcely go the whole way, seeing that, as far as we are aware, hardly a single case of recovery from traumatic tetanus in the London Hospitals has been placed on record for many years. Nearly the same, we believe, might be asserted of the Paris Institutions, while in France, as in England, many have been reported from the provincial districts. Looking at the extreme importance of rest and quiet to a sufferer from tetanus,—a dark room, and no visitors,—we fear it must be admitted that a Hospital with a medical school attached is not the most suitable of places for the treatment of the disease. The large ward, the many attendants and visitors, the other patients, and the various matters of necessity going on around, constitute altogether a combination which must compare very unfavourably with the seclusion of an apartment in a private house, or even with one of the single-bedded wards, unvisited by students, which are common in the small Provincial Hospitals. The interest of the student and the patient here clash; there can be no question as to which should give way, and it is fortunate that tetanus is one of the diseases which may be very efficiently learned from lectures or books.

Case 18.—*Punctured and Lacerated Wound in the Thigh.—Supervention of Chronic Trismus on the Twelfth Day.—Severe Tetanic Spasms of the Injured Leg.—Treatment by Stimulants, Indian Hemp, and Chloroform.—Great Relief from the Latter.—Recovery after Two Months' Persistence of Symptoms.*—George Ward, aged 40, was admitted under the care of Mr. Russell, on the 30th Nov., 1853, having received from the tusk of a boar a deep wound in the back of his thigh. The wound was from three to four inches deep, and there was much oozing of blood from it. No large vessel, however, could be found to have been wounded, and by means of plugging and pressure by compress and bandage the hæmorrhage was easily arrested. The man was intoxicated at the time of the accident, and had been in the habit of frequently getting drunk.

Dec. 12 (12th day).—All the plugs have been removed, and there is free suppuration from the wound. A little bleeding has occurred once or twice. The man complains of slight stiffness about the neck and jaw. Pulse 90; rather irritable.

14th (14th day).—The difficulty in opening the mouth has rather increased. He can, however, protrude the tongue, which is covered with a creamy fur.

15th (15th day).—Can open the mouth only just sufficiently to get the tip of the tongue between the teeth. Expression of face anxious and very peculiar (risus sardonicus). The bowels are costive. To take immediately an ounce of castor-oil, and when it has acted to have the following draught every three hours.

℞ Liq. cinchon. ℥ss., æther. chloric. ℥ss., aquæ ℥j. Ft. haust. Thirty drops of the tincture of Indian hemp at bed-time. Wine *ad libitum*.

18th (18th day).—Has continued in much the same condition as that previously noted, sleeping fairly each night. He swallows rather better, but cannot open his mouth more than before. Pulse 80. He takes beef-tea in large quantities. He contin the medicine and the dose of Indian hemp every night at bed-time. The bowels act regularly.

19th.—Can only protrude the tip of his tongue with the greatest difficulty, but can swallow fluids well. Pulse 85. The wound discharges offensive pus.

Vespere (10 p.m.)—Complains of severe pain in the wounded leg and thigh, which every few minutes are thrown into violent and rigid spasms.

20th.—A second dose of Indian hemp was given during the night, and with some intermissions he slept fairly. The spasms in the leg still occur frequently, and are attended by very severe pain. The jaw is still fixed, but the muscles of the trunk and the extremities are not affected. He swallows well, and takes a glass of port-wine every three hours, the æther and cinchona every four hours, and large quantities of strong beef-tea.

21st.—Slept well, and says he feels better. Pulse 80, but more feeble than it was. Spasms still occur in the leg.

24th.—Much the same; the spasms are very violent, and make him cry out almost continually with pain. Chloroform is to be inhaled as may seem necessary.

Jan. 1.—Rather better; tongue clean; appetite good; pulse 82; can open the mouth a little wider. The paroxysms of spasm only involve the wounded extremity and the jaw, but they are very painful. He usually has one or two attacks during the night, in the intervals of which he sleeps well. Since the last note, Mr. Paley has administered chloroform frequently during each day, and generally once during the course of the night; its effect has usually been, that, as soon as the stage of incoherence is arrived at, the patient's eyes shut, and the contracted muscles relax, and he becomes quite quiet. The period of rest thus procured has never exceeded half an hour, that is, during the daytime. He is very fond of the chloroform, often asking for it, and inhaling it with the greatest avidity. The Indian hemp is generally given twice during the night.

4th (thirty-fourth day).—Much the same. He still experiences the greatest possible relief from the chloroform inhalations.

5th.—Pain in the leg rather more. Treatment continued.

11th.—Pain in the leg less; can open the mouth; tongue clean, and appetite good; bowels open. To omit the chloroform, and to take, instead of the Indian hemp, fifty minims of liquor opii sedat. every night; to continue the bark.

16th.—Has had a little recurrence of pain and rigidity in the leg; wound discharges unhealthy pus; pulse 100; bowels open twice daily; he is very feeble.

26th (fifty-seventh day).—No spasm since last report; wound still suppurating; sat up for a short period for the first time; is extremely feeble.

Feb. 2.—Is improving gradually, and has again been out of bed for a few hours.

10th (seventy-second day).—May be considered convalescent, the wound having closed, and all tetanic symptoms disappeared. To omit the medicines.

20th.—Left the hospital cured.

This case was one of the chronic, and most easily curable, forms of tetanus; as such we cannot assume that the chloroform inhalations had any material share in inducing recovery; their value, however, as alleviants of pain, is strongly exhibited, at the same time that they do not appear to have exerted the least influence in preventing the recurrence of the paroxysms.

Case 20.—*Injury to the Hand.—Trismus on the* 11*th, and Opisthotonos on the* 16*th day.—Treatment by Stimulants, Tonics, and Chloroform Inhalations.—Much Relief from the Latter.—Bronchitis.—Death (the disease having lasted eighteen days).*—Michael Reynolds, aged 40, admitted under the care of Mr. Hey, on December 9, 1853, on account of a laceration and fracture of the little and index fingers of his left hand.

14th. (6th day)—The little finger having become gangrenous, has been removed at the metacarpo-phalangeal articulation.

19th. (11th day)—Complains of stiffness about the neck and jaws, attributing it to having caught cold. The wound is cleaning; pulse not quickened; to have aperient medicine; the wound to be dressed with water dressing.

22nd.—There is increasing difficulty in opening his mouth, but no spasms.

24th. (16th day)—Has experienced severe attacks of spasm in the back (opisthotonos); face covered with perspiration, and presenting well-marked risus sardonicus; the hair is quite wet; pulse 95. To take liquor cinchonæ, and chloric ether, of each half a-drachm, in a draught, every four hours; to have a turpentine and castor-oil enema, and to inhale choloroform as may be needful to relieve the pain.

30th.—Has got gradually worse, despite the remedies; nights almost sleepless; opisthotonos severe. He derives great relief from the anæsthetic, of which he is very fond. It is not found necessary to produce its full effect, as he becomes quiet, and free from spasms, before he is quite insensible. To continue the cinchona and ether, and to have in addition forty minims of the tincture of opium every four hours, until effect is produced. The inhalations are practised every night and morning, and irregularly at other times.

Jan. 1.—Slept several hours last night; has less pain, and can swallow tolerably; tongue coated; pulse 120.

2nd.—Tongue dry and brown; sordes on the teeth; frequent spasms in the muscles of the back; abdomen hard and tympanitic; pulse very rapid. The bowels are costive, and the catheter is necessary to relieve the retention of urine.

To take a drop of croton oil. Port wine, in doses of an ounce and a-half every four hours, has been given, and much beef-tea.

4th.—Tongue cleaner and moist; can open his mouth better; and passes urine voluntarily; pain not so frequent, and chiefly confined to muscles of the back and abdomen; occasional spasms of legs. The wound is granulating in a healthy manner; pulse 120; bowels act freely; abdomen very tympanitic.

5th.—Not so well; has cough, dyspnœa, and hurried respiration, on account of which the chloroform is of necessity omitted.

7th.—Much worse; respirations very rapid; pulse extremely feeble. He finds relief from the opium, which is still continued.

11th.—Since last date he got worse, and death took place this morning. For several days previously, he could open his mouth much more freely. His death appeared to be very much hastened, if not brought about, by the bronchitic complication.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, April 29.—Royal College of Surgeons. *Hunterian Lectures.* Lecture XXIV.:—"Comparison of the Apes or Anthropoid Quadrumana with Man.—Conclusion." By Professor R. Owen, F.R.S. Four o'Clock.

——— ——— Royal Institution. *Subject:*—"On the Influence of the History of Science upon Intellectual Education." By Dr. Whewell. Three o'Clock.

——— ——— Medical Society of London. Eight o'Clock.

Monday, May 1.—Royal Institution. *Annual Meeting.* Two o'Clock.

——— ——— Epidemiological Society. *Subject.*—"An Account of the Indian Plague found prevailing in the Mountainous Districts of Garhwal and Kumaon; Condensed from the Official Reports of this Disease; with Remarks on the Analogy of its Morbid Pheuomeua to those of the 'Plague.'" By Dr. James Bird. Eight o'Clock.

——— ——— Chemical Society. Eight o'Clock.

Tuesday, May 2.—Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture I. Four o'Clock.

——— ——— Royal Institution. *Subject:* — "On Some Phenomena of Heat." By Professor Tyndall. Three o'Clock.

——— ——— Linnæan Society. Eight o'Clock.

Wednesday, May 3.—Geological Society. *Subjects:*—1. "On the Geology of Some Parts of North Wales." By the Rev. Professor Sedgwick, F.G.S. 2. "On Some Intrusive Igneous Rocks at Caws and Bay, uear Plymouth." By L. Horner, Esq., F.G.S. 3. "On Some Fossil Insects." By J. O. Westwood, Esq. Half-past Eight o'Clock.

Thursday, May 4.—Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture II. Four o'Clock.

——— ——— Royal Institution. *Subject:*—"On Botany." By M. T. Masters, Esq. Three o'Clock.

——— ——— Royal Society. Half-past Eight o'Clock.

——— ——— Harveian Society. Eight o'Clock.

——— ——— Zoological Society. Three o'Clock.

Friday, May 5.—Royal Institution. *Subject:*—"On the Manufacture of Iron." By Dr. H. M. Noad. Half-past Eight o'Clock.

——— ——— Western Medical and Suroical Society. Eight o'Clock.

——— ——— Botanical Society. Eight o'Clock.

Saturday, May 6.—Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture III. Four o'Clock.

——— ——— Royal Institution. *Subject:*—"Observations on Mental Education." By Professor Faraday. Three o'Clock.

——— ——— Medical Society of London. Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Medical Times & Gazette.

SATURDAY, APRIL 29.

CENSUS *versus* DIRECTORIES.

We publish to-day a compilation from the Census returns of 1851,—of especial interest to the Profession, both on account of its intrinsic value, and also in its relation to the question of Registration which is now engaging so much attention. We are indebted to Mr. Brady for moving for the Returns which provide the data for our calculations, seeing that the "Occupation Returns" of the Census are not yet circulated; but we could have wished that those who had the preparing of the Return moved for by the Honorable Member for Leitrim had entered a little more into the spirit of that gentleman's Motion, and not confined themselves so strictly to its letter. An unfortunate "etc." crept into the terms of the Motion, and we are deprived of all information as to "Cuppers," "Corn-cutters," "Herbalists," "Leech-bleeders," "Medicine-vendors," "Midwives," "Quack-doctors," and others which we included in our estimate for 1841 (see *Medical Times and Gazette*, Vol. VII., p. 151.) Leaving Druggists out of the question for the present, we shall find that the numbers of Medical Practitioners, according to the Census, as compared with the Medical Directories, differ very considerably. It appears that in Great Britain, by the Census, there were 18,675 Practitioners in Medicine, giving 1 to every 1121 of the population; whereas, by the Directories, we have only 11,808, or 1 in 1771 of the population; or a gross excess of 6867. The question then arises, Is any part of this excess made up of students, included under the head Surgeons or Apothecaries? We think not, at least to any great extent, and for this reason. It appears that the numbers under this head have *decreased* since 1841, by 3594. Now, we know that in 1841, students *were* included, it being so stated in the tables, whereas now the decrease can only be accounted for by supposing that they appear under their appropriate heading ("Students") in the Census. There is only one objection to this view of the case, viz., that there are 1127 persons enumerated as Surgeons or Apothecaries at 20 and under 25 years of age, and 1764 at 25 and under 30. Say, then, that these really are students, and we still have a balance left not met by the Directories, of 3,976. Is it probable, we ask, that 1 in every 4 of qualified Medical men neglect or refuse to send their names to the compilers of the Directories? We cannot think so; and we can only come to the conclusion, that, deducting those whom (for the sake of strict accuracy) we suppose to be students, the Census returns 3,976 men as Medical Practitioners who have no title whatever to practise; or that, taking in the numbers of corn-cutters, etc., as returned in 1841, the number of quacks or illegal practitioners would be 6126.

No wonder, then, that Coffinites, and Medical Botanists, and others of the class (and who shall tell how many have styled themselves "Physicians," or "Surgeons," or "Apothecaries," without any right to do so?) should petition—petition—petition—against Mr. Brady's Medical Registration Bill. That Bill, we believe, would go a great way to root out or check the unqualified practice (to take a low estimate) of several thousands of ignorant men—ignorant, we mean, as to the particular calling which they have adopted. And will the Government, in the teeth of such facts as these, throw obstacles in the way of a measure which, while it would secure the just rights of the Profession, would at the same time secure the Public from the wiles of the sordid empiric and the avaricious trader?

Some curious facts are also brought out in calculating the relative proportions of Practitioners in the several counties to the population. Thus it appears that while the average for Great Britain is 1 in 1120, Devon has 1 in 948, Gloucester 1 in 861, Middlesex (without London) 1 in 646, and London 1 in 528.

Other matters of interest also suggest themselves. Mr. Finlaison, in his Report on Friendly Societies, has calculated, that, out of 792,980 males from 10 years of age and upwards, 198,152 were returned as sick, or that 1 in 4 is attacked with sickness in the course of the year, and that those who are attacked suffer nearly 40½ days' sickness. This calculation would not avail us for a whole population, because infants from 0 to 10 years of age are not included. But we may expect that in Friendly Societies there would be an augmented amount of sickness "declared," as compared with the general public; and taking also into account, that these Societies include the very aged, and adopting Mr. Finlaison's calculation for the whole of Great Britain, we should then have an amount of sickness in the year, in a population of 20,919,531, represented by the figures 5,229,882, which, divided among the 18,675 Practitioners in Medicine, according to the Census of 1851, would give us a result of 1 Practitioner to every 280 persons in the year, the sickness of each patient averaging 40½ days to each. However imperfect, these are the only data we have of the amount of sickness among the population.

It is also worthy of observation, that, under the head of "Physicians," there appears to have been an increase between 1841 and 1851, at the rate of 63 per cent.,—the numbers being respectively 1475 and 2328. We would merely suggest, in reference to this fact, that illegal practitioners may have found it more convenient to return themselves under the more ambiguous term "Physician," than under that of either "Surgeon" or "Apothecary."

THE CONFERENCE AT THE COLLEGE OF PHYSICIANS.

The result of the Conference at the College of Physicians on Tuesday must have served to convince the most incredulous that the Profession are anything but unanimous in the support of the Bill of the Association. No Irish delegates attended, owing to a misunderstanding. It was supposed that they were invited to give an unqualified approval or disapproval of the Bill, rather than to consider how it might be modified, and no authority could be obtained from the Irish bodies deputing any representatives to adopt any definite course. It is much to be regretted that such a misconception should have occurred, as the Conference was thus deprived of the assistance of any representatives from the Irish bodies. The College of Surgeons of England also refused to send a delegate. Members attended, however, from different branches of the Association; from the Universities of Oxford, Cambridge, and London; and we believe from all the Scotch Colleges and Universities.

We have been informed that all the Scotch delegates spoke against the Bill to a man; and after a discussion, rather animated than orderly, of about three hours, the Chairman, Dr. Paris, finding that there was no appearance of agreement, every speaker entertaining different opinions and no one approving of the Bill in its present state, very wisely proposed that the meeting should be adjourned *sine die*. All that was done approaching to business was the carrying a motion to appoint a Committee to amend the Association Bill. But, as no one was named, the motion was useless, and the meeting separated without even constituting the Committee.

We should have given a full report of the opinions expressed by the different speakers, but our reporter (as well as reporters from the daily papers) was refused admittance,—we have yet to learn by whose authority, and on what grounds. The Profes-

sion will probably view with some suspicion any reports which appear in a journal unconditionally supporting the Association Bill, and will not be well satisfied that those who would have given an unbiased report of the proceedings were excluded.

One result of this meeting must be apparent to all,—namely, the great difficulty in framing any measure of Medical Reform which will meet with general support from all classes of the Profession. It may, and will be done, but not without much time and labour, and, when done, the Bill will differ widely from that of Mr. Hastings. In the meantime, illegal practitioners go on their way unchecked, rejoicing in the differences which prevent us from uniting to accept a simple Registration Bill,—a Bill which we may have if Mr. Brady be allowed to proceed unmolested, and which would effectually ruin the quacks by protecting the public from their illegal practice.

DUBLIN HOSPITAL GRANTS.

A Select Committee of the House of Commons has been appointed to investigate the claims of the Dublin Hospitals to a continuance of the support which in several instances they have received from the public funds, almost from the date of their foundation.

In approaching the consideration of this question, it appears to us that the Committee is called to the investigation of a problem of no ordinary importance, for it is one that involves interests of the most extensive range; interests which are not the less entitled to the deliberations of the Legislature, because their magnitude and general social bearing are but now beginning to be recognised.

We are thoroughly convinced that at no very distant period the care of the public health will and *must* become a question of State policy, and that a general and comprehensive system of public hygienic measures, based on scientific principles, will take the place of the ill-organised, half-legislative, and half-eleemosynary modes of administering Medical Relief, so called, which now prevail.

The public health and all that relates thereto is a public charge of the greatest magnitude, and, as such, should be fully and adequately provided for at the public cost.

The pious munificence of our forefathers, and many noble efforts of recent times, have left us many great institutions adequately framed in all the requirements for the care of the sick and the maimed; but in no city that we are acquainted with is the amount of accommodation for the sick equal to the demands made for Medical assistance by the poorer classes; while in the majority of English and Irish cities it is far below what can be considered as anything approaching to a fair proportion to the numbers of the population. If we turn to the case of Dublin, we shall find—and this we say advisedly—that, while the relation of the total number of beds to the population is on the whole miserably disproportionate, *one entire quarter (both topographically and numerically considered) of this the Metropolis of Ireland possesses no hospital accommodation whatever.*

And while such a state of things has long existed, and with a yearly increasing population is being daily more and more felt to be injurious to the interests of the public health, will it be credited that a main source of the support of some of the existing Hospitals has been undergoing a process of gradual withdrawal, without any more substantial provision for their maintenance being made than that of throwing them wholly on the compassion of the charitable? Let us see exactly how stands the case of the Dublin Hospitals, and the public grants which only some of them have enjoyed (as a matter of right, we hold it) almost from their foundation. Of thirteen Hospitals, scattered indifferently through only three-quarters of that city, the largest of which is far inferior in size and every means of accommodation to the least considerable of the chief hospitals of London, seven are supported entirely independent of Government aid, while five are dependent for support, in part on the public funds, in part on local contributions; two only being entirely supported by Government grants. The necessity of providing public support for the Medical Institutions of Dublin had been long recognised. For we find, at the period of the Union, a clause was introduced into the Act of Union whereby the Parliament of the United Kingdom was bound to provide that a sum not less than that granted by the Parliament of Ireland during the six years previously, for the maintenance of institutions for pious and charitable purposes, should continue to be devoted for a period of twenty years to such local purposes in Ireland. Not only was this condition fully acted up to, but grants much larger than those specified were made by the Imperial Parliament, and until within a very recent period; and though the subject was repeatedly investigated by Commission, it was found necessary to continue the public support of these Hospitals.

At no less than three distinct periods (1829, 1842, 1845), information, the result of most careful inquiries of Committees specially appointed for the purpose, has been laid before the House of Commons respecting these grants, and on all these occasions it was found entirely inexpedient to withhold any support which the Dublin Hospitals had received. In the words of the Commissioners it is stated, "As frequent inquiry and discussion have taken place on the subject, we feel bound to believe that these grants were sustained on the ground of expediency and necessity."

A niggard public economy, however, became the order of the day; and no matter how valuable or indispensable an institution were, if only a pitiful saving could be effected in the expenditure, or a "penny-wise" reduction be paraded in the estimates, the paring-knife was applied with unsparing hand, and economists triumphed in their resolute and impartial "assertion of principle." Such was the fate that awaited the Dublin Hospitals. Notwithstanding the repeated confirmation of the necessity of maintaining these institutions in their integrity, as fully affirmed by the Committees above referred to, a further inquiry was held by Committee in the session of 1847-48. After what we have shown to be the absolutely deficient condition of Hospital accommodation in Dublin, *a fact admitting of no question whatever*, and in the face of the large mass of evidence adduced in former investigations in favour of continuing these grants, it was naturally to be expected that a further inquiry should disclose some highly-important facts illustrative of gross malappropriation of the funds, or that ample evidence would be brought forward to prove that abundant means existed for the independent maintenance of so necessary institutions from other sources, before any Committee of rational and intelligent men could be found ready to recommend the withdrawal of these grants. Such a procedure as a recommendation to abolish these grants, the absolute necessity of which had been so long recognised, was only to be anticipated as the result of the most mature deliberation, and of a profound consideration of all the circumstances of the case, based on new, indisputable, and impartial evidence, and a clear conviction, that from other and more proper sources funds could immediately be procured to maintain the integrity of institutions in all respects so valuable to the community at large. It will no doubt be heard with surprise and a feeling little short of incredulity by the majority of our readers, that with such responsibilities before them, with such large interests dependent on the results of their deliberations, this Committee came to a decision adverse to that of all those which preceded them, on the uncorroborated and unsubstantiated evidence of one individual, and that individual a tenth-rate Government official unconnected

by birth, commercial connexion, or position, with the city of Dublin, on one of whose most important internal interests he undertook to give opinions with such unscrupulous impudence. As well remarked by a recent observer, "no unprejudiced mind will refuse to admit, that great interests have seldom been placed in jeopardy on such frivolous pretences." It will, no doubt, heighten much our readers' opinions of the ability, discrimination, and intelligence of the members of this remarkable Committee to learn, that the man on whose testimony they relied so implicitly,—on whose unsupported personal recommendation they undertook to go counter to the views and statements of all previous Committees,—was a notorious person, whose transactions with the public money have become the subject of Parliamentary inquiry. On such authority, and the recommendation of such a man, the Committee of 1848 recommended a progressive diminution in the Votes to the Dublin Hospitals, with a view to the final cessation,—a recommendation which was attempted to be carried out by the annual withdrawment of a tenth of the total grants.

To-day we confine ourselves to the assertion of the right of public Hospitals, and similar institutions of great public utility, to public support, and to the exposure of the wholly unjustifiable proceedings which led to an interference with this long-enjoyed right in the case of the Dublin Hospitals. Several considerations of great importance in a public and also in a scientific point of view remain yet to be developed; to these we will return hereafter.

LUCID INTERVALS.

It is exceedingly painful to witness the differences of opinion often exhibited by Medical Men in courts of justice. This want of uniformity of judgment, when the same facts are patent to all, tends very materially to lower the position of Medicine as a science in the eyes of even the intelligent public. Nor can we wonder that in the majority of cases, the jury, in arriving at their conclusion, appear to leave out of consideration altogether the professional evidence. Drs. A, B, and C, are of opinion that white is white; Drs. D, E, and F, that white is black. Now, if a jury composed of blind men had to decide the question, and had only the evidence of these six seeing men before them, who could be surprised if a verdict was agreed to without reference to their opinion, or that in half-a-dozen such cases the verdict was as often wrong as right? Sometimes the jury is really in the position of the blind men in our hypothetical case. They are altogether ignorant of the matter in question; those whose professional studies ought to enable them to guide, are divided in opinion, and the jury, unable to weigh the relative merits of the professional men, throw their opinions aside with a sneer.

We have been led to make these remarks by reading the particulars of the trial which has lately occupied so large a space in the columns of the daily press.

On September 12th, 1848, the Duchess of Manchester, who had long been out of health, was suddenly seized, while on a visit at her mother's, "with hysteria and strong convulsions;" but, "at this period, not the slightest suspicion was entertained that her brain was in any way affected."

On the 30th of September she was removed to her own house, "at her own particular desire."

On the 1st of October she was again seized, with strong convulsions, and "there was no doubt at this time she had acute mania, and that, shortly afterwards, there were symptoms of inflammation of the brain. She remained in a dangerous state for some time, and, undoubtedly, for several days, was of unsound mind."

On the 26th or 27th of October, Her Grace executed a will.

On the 21st of November she died. These facts were admitted by all the parties concerned in the issue of the trial.

The question for the jury to decide was, whether the Duchess, at the time she made the will, was in a competent state of mind to execute such an instrument.

The witnesses who gave evidence in the case may be divided into three classes.

1st. Non-professional attendants.

2nd. Professional attendants.

3rd. Professional men who heard the evidence, but did not see deceased.

The following points were proved by the non-professional attendants. In the "fits" on the 1st and 2nd of October the Duchess cried and struggled very much, foamed at the mouth, raved incessantly all the time, and talked incoherently all day long. The "fits" were followed by a state of unconsciousness, which continued for some time. After recovering consciousness she was occasionally quite rational, and would remain so for half an hour, and the next half hour she would not know what she had said in the last.

While apparently talking rationally, she would suddenly make some observation which showed unequivocally that her mind was wandering. She often addressed her servants as "your Majesty," and fancied the Duchess of Gloucester was in her room. Up to about November 14 she entertained the delusion that she was pregnant, and caressed the pillow as though it were an infant; requested her nurse to desire the Duchess of Gloucester to get the baby-clothes out of the cupboard, etc. "Struggling-fits" occurred daily till her death. It is doubtful if twenty-four hours ever elapsed, from the 1st of October till the time of her death, without her *manifesting* some aberration of mind. A very large ulcer which formed over the sacrum caused the poor lady no pain.

On the 26th or 27th of October, after signing the will, the Duchess was heard laughing to herself. "She was always laughing and smiling." About the beginning of November she inquired of her third son, Lord Robert Montagu, if it were true that he had married the housemaid. On another occasion, she interrupted him while he was reading to her, and asked him if it were true that Mandeville,—*i.e.*, his eldest brother, had made a low marriage, and had got a family. At times she exhorted those around her, in most beautiful and pathetic language, to Christian practices. She had long been a most religious woman. The professional men who attended the Duchess during her illness were Dr. Verity, Dr. Merryon, and Dr. Hurst. Dr. Verity attended her in the attack at her mother's; Dr. Merryon, in conjunction with Dr. Hurst, from the 1st of October to the 11th of October; Dr. Verity, in conjunction with Dr. Hurst, from the 11th of October till her death.

Dr. Merryon testified that the Duchess, when he first saw her in October, was suffering from inflammation of the brain, and that, although better when he left her on the 11th than when he ordered her to be bled on the 3rd, yet that she was even then "certainly not in a proper state of mind to execute a will."

Dr. Hurst proved, that "after the 17th of October, he *frequently* saw her talking to the pillow, and treating it as though it were a child." "He purposely abstained from having any lengthened conversations with her," and "the only questions he put to her related to her illness."

Dr. Verity was a personal friend of the family. He guided or supported the Duchess's hand when she signed the will on the 26th October, and he and the Duke's steward were the witnesses to the will.

In his examination in chief, Dr. Verity affirmed, that "after Dr. Merryon left Kimbolton Castle, the Duchess's mind became stronger, and she was soon able to converse upon any subject,

and was fit to attend to business; and I think her best time was between the 21st of October and the 10th of November." We would here just recall to the reader's mind, that *after* the 17th of October, Dr. Hurst affirmed that he *frequently* saw her caressing the pillow as though it were an infant, and that, at the beginning of November, she asked her son whether he had married the housemaid.

But to continue with the facts deposed to by Dr. Verity. On the 26th of October, the Duke asked Dr. Verity if he thought Her Grace was in a fit state to transact business. How Dr. Verity proceeded to ascertain if the Duchess of Manchester was then in a fit state of mind to will away the whole of her property (14,000*l.* a-year) from her children, to whom she had bequeathed it in a will dated 1845, had better be described in his own words.

"I immediately went into the Duchess's bed-room, and found her very nicely, and very calm and collected. I told her there was some business for her to transact, if she felt equal to it, and she replied 'Oh, the will I suppose! Oh, yes!' I asked her when she would be ready, and she replied, 'Now, I think, will be the best time,' adding, 'you will be here.' I replied, 'Of course;' and I then went to the door, and saw Mr. Beauford —*i. e.*, the Duke's steward—with the will in his hand."

In his cross-examination, Dr. Verity said: "Mr. Beauford was standing at the door of the bed-room, with the will in his hand, and he asked me if the Duchess was in a fit state to execute it; and *I went in and asked her* A QUESTION OR TWO, and said she was, and then we both went in."

Dr. Verity must surely have taken a lesson in the art of testing sanity from Jean Paul F. Richter's Mr. Notary Börstel.

"At length he entered—the notary Börstel.

"'What shall I write for your Honour to-day?' began Börstel.

"'My elegant codicil,' said Liebenkäs; 'but first try me with a few questions, such as are usually put to testators, in order to see if I am in my right mind.'

"'For whom do you take me?' asked the notary.

"'For Mr. Notary Börstel,' replied the patient.

"'That is not only perfectly correct,' replied Börstel; 'but it is evident that you are not at all delirious; and we may proceed without further delay to draw up the codicil of your last will.'"

On the night of the 12th of October, Dr. Hurst was sent for, and the whole family disturbed, in consequence of the Duchess "being in a violent paroxysm of excitement."

When cross-examined Dr. Verity said: "I do not remember hearing on the 13th that she had been very violent during the night, and that it had been found necessary to hold her. *Such a circumstance would not be likely to make any impression on my mind.*" And subsequently made the following statements:—"I am not aware that the Duchess laboured under delusions or aberrations of mind." "I do not remember that a day or two before the will was made the Duchess was under the delusion that she was pregnant—*It is very possible that she did have such a delusion.*" Subsequently, however, Dr. Verity's memory improved, and he said: "I cannot say whether I did not converse with her mother upon the subject of this delusion, or whether the Duchess did not also believe that she had actually been delivered of a child. *I now think that she did believe that she had been delivered of a baby. This may be considered a delusion.*"

The Physicians who gave an opinion on the evidence they had heard in court, were Drs. Conolly, Mayo, and Sutherland,—gentlemen whose whole life has been passed in the study of mental aberrations. They agreed in the opinion that the Duchess of Manchester suffered from some "disorganization of the brain," and that "a person in such a state of mind was decidedly not in a condition to dispose of property or to transact business."

Now, the question the Jury had first to decide was, What is a lucid interval? and then to consider whether the Duchess of Manchester enjoyed a lucid interval at the time she executed the will on the 26th of October.

With regard to the first question, one that has occupied the consideration of the most able of those who have devoted their attention to the study of mental aberrations—one that has puzzled lawyers and almost silenced Physicians,—it seems that no definition of it applicable to all cases can be given. No doubt the mind which has been for days or weeks "in wandering mazes lost" may suddenly recover itself, cease from its wanderings, let go its delusions, and hold its lately credited fancies for mere dreams, and then as suddenly relapse into its former abased condition; and that the term, "lucid interval," is correctly applied to that period of mental health which intervenes between the primary attack of insanity and the relapse. But it is equally true, that a mental condition sometimes occurs during an attack of insanity, in which the patient, although he cannot be pronounced mentally sound, is yet able to perform with as much discretion as the most intellectual, and with as sound moral judgment as the wisest, almost every function of a free citizen.

We hold, then, that unless it can be proved that the most stringent tests of a patient's sanity were applied, the question whether he enjoyed at any given time a lucid interval, must be considered with regard to the act that he was called on to perform at the time the lucid interval was said to exist.

Did the Duchess of Manchester enjoy a lucid interval—using that term in its restricted sense—when she signed her will on the 26th of October?

Without inquiring whether Dr. Verity's evidence gives us confidence in his power of testing the absolute mental soundness of his patient, were he as able a Physican as ever lived, we do not think two or three questions, to which answers of the briefest description were given, were sufficient to test the absence of those delusions under which the Duchess had certainly very shortly before, and under which she again very shortly after, most certainly laboured. No evidence of the absolute soundness of the Duchess's mind was laid before the Court; at least no evidence of the kind found its way into the voluminous reports in the *Times* newspaper.

But was there a lucid interval, considering that expression to have a less restricted meaning? In 1845 the Duchess bequeathed her vast estates to her children. The act performed during the alleged lucid interval in 1848 was the willing of the same estates to her husband in lieu of her children, the grounds for the alteration being dissatisfaction with the conduct of her sons. Now, one delusion under which she laboured, about the 26th of October, was, that two of these gentlemen had married servants, or persons of a rank far below their own. Not a tittle of evidence was afforded at the trial to show that she was not under this very delusion when she signed the new will; and, if so, she was, so far as concerned her ability to make a will, as widely removed from a lucid interval as possible. Again, she had recently, and perhaps at that moment, cherished the dream that she was pregnant, or lately delivered of an infant, and might not a fancy of this kind have influenced the mind of the unfortunate lady in making an alteration in the disposition of her property? Had a Jury not decided that the Duchess was of sound mind when she signed her will on the 26th of October, these are questions we might have asked ourselves. As it is, we doubt not, the Duke's conduct will prove to the satisfaction of the most sceptical, that the Duchess never manifested greater wisdom than she did in executing her last will and testament; and that Dr. Verity's ability to determine the existence of a lucid interval by a question or two will thus be raised above suspicion.

THE ROCHDALE UNION AND THE VACCINATION ACT.

We have lately received an account of some proceedings at Rochdale, which illustrate in a very remarkable, though not novel manner, the treatment experienced by our professional brethren at the hands of Poor-law Boards. It appears that Mr. Gillespie, the Medical Officer for the Whitworth and Brandwood districts of the Union, has held for some time the vaccination contract in that locality, performing the operation at his own residence, and receiving the lowest remuneration of 1s. 6d. per case. On the passing of the late Act, it will be recollected that the rate of payment was fixed at 2s. 6d. when the vaccination was performed at a greater distance than two miles from the residence of the Practitioner. Now, in the case of Mr. Gillespie, he was required to vaccinate at two places, one of which was situated three miles, and the other four miles, from his own house, and he very naturally expected to receive the higher rate, in accordance with the terms of the Act of Parliament. But, to his surprise, he found that his task-masters refused to pay more than the original sum of 1s. 6d. per case.

When Mr. Gillespie remonstrated against this act of manifest injustice, the course pursued by the Guardians may be readily guessed. If Mr. Gillespie did not choose to receive what was offered to him, he might throw up the contract altogether; in fact, it was resolved that he should not be re-appointed either as Vaccinator or as District Medical Officer.

So far the proceedings are quite of the ordinary character; the Medical man remonstrates with the Guardians because they have committed an act of injustice; he is accordingly dismissed. The sequel is too often the acceptance of the vacant office by another Medical man in the same district; but, to the honour of the Rochdale Practitioners, no one presented himself for the appointment. Hereupon the sapient and liberal Board of Guardians stigmatise the Medical men of the whole district as constituting a *Trades' Union*, and determine to set them at defiance. It was, therefore, resolved that *another Medical man should be introduced into the district*, and that an advertisement should be inserted in the local papers, inviting some aspirant to professional honours to compete for the prize offered by the Board. The golden nature of the appointment may be understood when we state, that, during the last year, Mr. Gillespie's salary and fees actually amounted to the enormous sum of 46*l.* 15s., the district extending upwards of six miles, and the population amounting to 9215!

The salary offered by the Guardians to Mr. Gillespie's successor is 20*l.* per annum! and the rest is to be made up by vaccination fees at 1s. 6d. a case. For this munificent sum the Medical tyro is to find *all medicines and surgical appliances*, and to vaccinate weekly at a distance of four miles from his house.

We have recorded only the bare and naked facts of this case, as they are too striking to need any comment on our part; but we cannot refrain from quoting some of the observations made by the Guardians and their legal adviser.

The clerk "intimated to the Board that he entertained an objection to *Trades' Unions*, and suggested the propriety of introducing into the neighbourhood some other Medical gentleman."

A Mr. Whittaker "*thought that it was a privilege to a Medical man to have the vaccination cases*, as it was the means of giving an introduction that would be serviceable to him in his Profession."

These are the terms which are employed towards the Medical Profession by the Rochdale Board of Guardians and their lawyer (whose conduct, if he be a respectable member of his profession, surprises us), and such is the estimate formed by them of the character and motives of those who exercise our noble calling. We leave these Guardians to the contempt of our readers, and we heartily wish that all the Practitioners throughout the Empire would imitate the example of their brethren at Rochdale, and, notwithstanding the accusation of forming Trades' Unions, refuse to serve the Board at all, until they and their Poor-law officers shall become actuated by the feelings of gentlemen, and behave with common sense, common justice, and common humanity.

REVIEWS.

Statistical Reports of the Health of the Navy for the Years 1837, 1838, 1839, 1840, 1841, 1842, *and* 1843. Part II.—"East India Station." Ordered by the House of Commons to be Printed, 1st June, 1853.

In an explanatory note, prefacing these Reports, Dr. Bryson states, that the Cullenian method of grouping diseases has been discarded, and one more "in accordance with the natural method of the present day adopted; thus affording the means, if it should be required, of more correctly ascertaining whether the seamen of Her Majesty's Navy be more liable to contract certain kinds of disease than are other communities in civil or in military life; or whether there be any diseases which are more fatal in the one class than in the other. It is by inquiries of this kind, and thus conducted, that the obscure or hidden causes of disease are often detected."

Now, if this be the object sought to be attained by a departure from the Cullenian method, it has been suggested, that it would be attained far more certainly by adopting the nomenclature and arrangement of the Registrar-General's Reports, than by each department of the service having a little arrangement of its own. It is replied to this, that no better comparison could be made by adopting the form of the Registrar-General, which differs but little from that adopted in the Navy. In both, the number of cases of each disease is placed separately under its own head, and the naval form, of course, does not include diseases peculiar to women and children.

We may point out, as one consequence of the present arrangement, that it would appear from the tables that not a single case of pneumonia occurred among the sailors, although there were 5,824 cases of influenza and catarrh, and 534 cases of bronchitis and pleurisy, which two latter diseases are, curiously enough, grouped together, as though they were invariably combined, or unable to be distinguished from each other. Bright's disease is not mentioned, although, as the writings of Dr. Moorhead and others have shown, it is as common in the East as it is in England; while anasarca, of which there were 53 cases, is put down as a disease of the cellular tissue. This may be explained, perhaps, by the system in the Navy, by which a name is given to a disease when the man is put on the sick-list, and that it is seldom or never altered. Thus, on examining the details of cases entered on the sick-list as pneumonia, it would be found that in the course of a day or two the symptoms were more like bronchitis, or it might be pleuritis, and sometimes they would indicate the presence of inflammation in all these structures. Seeing that this was the case as regards the few cases detailed in the Journals, there might be reason to suppose the same things had occurred with respect to the many cases not detailed. The attempt to re-arrange these latter would be, therefore, utterly impossible, and to give the numbers entered under each particular head would have led to the most erroneous results. We presume, therefore, that Dr. Bryson also knowing the vast number of cases of slight pain in the chest that occur in every ship, to which it is difficult to assign a name, thought it better to group them all under one head rather than run the risk of printing loose and erroneous statements. In the same way, many of the deaths which, in the returns, appear under the head of bronchitis, took place, in reality, from phthisis; these, of course, could be and were altered, otherwise the mortality from the latter would have been erroneously stated. We have found, on inquiry, that no case of Bright's disease was reported. As anasarca only occurred as a sequela of some other disease, and often of complicated disease, it was difficult, we suppose, to know where to put it.

From the preliminary remarks we learn the strength of the squadron on the East India Station, the various localities it occupied, and the duties of the vessels. The Chinese war commenced in 1840, and, as a necessary consequence, our East India squadron was removed from the western to the eastern coast of the continent.

Dr. Bryson considers that the details of the statistical tables

he has formed "amply prove" that "there are agencies, be they meteoric or telluric, or of some other nature not yet ascertained, existing on the coast of China, which are most inimical to the health of Europeans."

Seven tables are given, each of which shows "the total number of cases of all diseases and injuries; the number of cases sent to hospital, invalided, and dead; with the ratio of each per 1,000 of mean strength" for one year; and as many tables "showing the number of cases of principal diseases, and diseases depending on specific causes, that occurred in the respective ships, with the number of cases invalided and dead."

Appended to the tables pertaining to each year are some remarks on the facts contained in the tables themselves, as well as others which could not be expressed in a tabular form, and which are essential for the right interpretation of the tables. We shall lay before our readers some of the points mentioned in the appendages to the tables. The following case possesses much interest:—

"On the 9th October, 1837, while the Algerine lay at anchor in Madras Roads, a water snake was caught, measuring 7ft. 6in. long, and 6½in. in girth at the thickest part. After the patient had handled the reptile for some time, it suddenly bit him on the inside of the index finger of the right hand, inflicting a wound resembling that caused by the point of a pin. He declined having the wound fomented, having been bitten by reptiles of the same kind, as he supposed, in the Straits of Malacca, without any bad consequences. At 8 a.m., half an hour after the infliction of the wound, he made a good breakfast, dressed, and about ten o'clock went on deck. After taking a few turns he was suddenly seized with vomiting, the matter ejected being of a dark brown colour, resembling coffee grounds, and of a very offensive odour. After a short time, his pulse became small, variable, and intermitting, and the pupils were dilated, but contracted readily by the stimulus of light. The left side of the face was slightly paralysed; there was *subsultus tendinum*, and the skin was covered with a cold clammy perspiration; the countenance was anxious, and indicative of much distress. In consequence of the spasmodic action of the muscles of the glottis, he breathed with great difficulty. The integuments from the wound to the wrist were slightly swollen, and on the right side of the neck and face they presented a mottled appearance of dark purple and livid colours. A ligature having been placed above the wrist, and fomentations applied to the hand, a liniment composed of turpentine, liquor ammoniæ, and olive-oil, was rubbed on the throat and neck. He made frequent attempts to swallow a mixture containing olive-oil and tincture of opium, but failed. At 10·20, in consequence of the spasmodic action of the glottis, he was put into a warm bath, which apparently relieved the symptoms, and enabled him to take a dose of the mixture, which caused him to vomit a dark ropy fluid. About twenty minutes after coming out of the bath (in which he remained ten minutes), the spasmodic action of the muscles of the neck and throat became more severe, and the whole body assumed a purple colour; the breathing became very difficult from the obstruction caused by a dark brown substance, which came away in a stringy form from the air passages. By eleven o'clock he was in a state of coma; the pupils were contracted, and the pulse imperceptible at the wrist. At twenty minutes past eleven, not quite four hours from the time he was bitten, he died."—Pp. 9 and 10.

No examination of the body was made.

In 1838, twenty cases of hemeralopia, or night blindness, occurred in the Winchester, at sea, between Trincomalee and the Cape of Good Hope, and ten between the Cape and England.

The Surgeon of the Winchester states—"The disease commenced after exposure to the warm atmosphere of the lower latitudes, and in crossing the line; and it appeared to be kept up afterwards by the bright sunshine that followed that state of weather."

From the 19th to the 31st of March, the Winchester lay in St. Simon's Bay, and, during that time, all the patients recovered.

"While crossing the tropics, the disease again made its appearance among the men who had previously suffered, and continued to annoy them until the vessel arrived at Spithead. As these latter cases could not be ascribed to a warm and damp atmosphere, the Surgeon supposed they might have been caused by 'the bright sun, contrasted with the coldness of the air, especially at night.'"—P. 15.

Dr. Bryson affirms, that the Surgeon was altogether wrong in supposing, that "either the sunshine or the night, the wind or the weather, had the slightest share in its production." He says, "The disease was neither more nor less than one of the early manifestations of scorbutus." For aught that appears in the report to the contrary, Dr. Bryson and the Surgeon of the Winchester may both be right,—Dr. Bryson as to the constitutional cause, the Surgeon as to the exciting cause. A physical agency, altogether inadequate to excite a given disease in a person constitutionally sound, may determine the occurrence of that disease in one whose system generally is in a morbid condition. The co-operation of a constitutional and local cause in determining the occurrence of ophthalmia is admitted by Dr. Bryson. When speaking of the outbreak of scorbutus among the ship's company of the Alligator in 1839, he remarks:—"Ophthalmia was also prevalent at the time; but whether it was occasioned by the want of vegetables, as occurs sometimes in convict-ships, or by the glare of the sun, and by sand getting between the men's eyes and eyelids, it would be difficult to state; all these causes may have been, to some extent, operative."—P. 21.

It is right to add, however, that Surgeons who, like Dr. Bryson, have seen much of hemeralopia at sea, quite agree with him in objecting to ascribe specific influences to causes which differ so widely in themselves as those adduced by the Surgeon of the ship.

A very large number of highly interesting facts respecting cholera, dysentery, intermittent and other fevers, are scattered through these Reports. Small-pox seems to be of pretty frequent occurrence in the Navy. Not only ought means to be adopted to see that all on board who have not suffered small-pox have been vaccinated, but re-vaccination should be strenuously enforced. Surgeons invariably examine the crew before they go to sea, and attempt to vaccinate all who do not present undoubted cicatrices; yet, from some cause, the re-vaccination is seldom successful. We believe this often arises from using dry virus, as we have often known the attempt succeed when fresh lymph was procured from a child, after it had failed when dried lymph had been used from glasses on ivory points. That the duty of the Surgeon, however, is sometimes neglected, will appear from the following facts.

In 1841, the captain's steward of the Hyacinth, whose arm bore the mark of the vaccine pustule, was seized with small-pox three days after leaving Amoy. He died on the seventh day of the eruption. "Nine days after the death of the patient, the disease attacked one of the midshipmen, and, on the following day, one of the lieutenants." Subsequently the disease extended to other seven of the crew. "OF THE TEN PERSONS ATTACKED, FOUR HAD NOT BEEN VACCINATED." Surely this shows sad want of foresight in some department of the Naval Service. The State compels every parent to have its child vaccinated before it attains the age of six weeks; and yet it allows our Navy, on the efficiency of whose crews the safety of our country itself may at this moment depend, to proceed to sea without adopting any precaution against the outbreak of a disease that may, in a week, disable a large proportion of them. At page 92, Dr. Bryson has suggested some regulations on this head. It should be observed, that many men object to re-vaccination, will not submit to it unless ordered by the captain, and that captains often refuse to give the necessary orders.

Intestinal worms—the "*ascaris lumbricoides*"—were ejected, both by mouth and from the bowel, in a very large number of instances.

The diseases which carried off the largest number of men were continued, remittent, and intermitteut fevers, dysentery and diarrhœa, cholera, and phthisis.

The mortality from cholera was rather more than 20 per cent. of those attacked.

We strongly recommend these Reports to the attention of our readers. Dr. Bryson has done all that lay in his power to make the most of the material at his disposal, and has performed his task most creditably to himself and his department; and that they are not more perfect is the fault of the Admiralty,—for to that Board is due the facts, that Dr. Bryson is obliged to draw up these Reports, in addition to his arduous duties in the office of the Director-General, while in the Army two officers are specially appointed to edit the Army Medical Reports, and that the Navy of this country is, to a large extent, deprived of the services of the most highly educated of our Medical Students. We believe that there is only one, or, at the most, two Graduates of the University of London in the Navy. This fact speaks for itself,—it requires no comment. Can we wonder that our ships in the Black Sea, so far from having a *war* complement of Medical Officers, have not even a *peace* complement, and that the Admiral's demands for Assistant-Surgeons have been met by the reply, that they could not be obtained in England? Surely this will at last arouse the House of Commons.

TABLE OF PRACTITIONERS IN MEDICINE, AND DRUGGISTS, ACCORDING TO THE CENSUS OF 1851, COMPARED WITH THE NUMBER OF QUALIFIED PRACTITIONERS IN THE MEDICAL DIRECTORIES IN 1851.

COUNTIES.	Population—1851.	Physicians.	Surgeons or Apothecaries.	Druggists.	Dentists.	Aurists.	Oculists.	Totals—Census.	Proportion to Population according to Census.	Qualified Practitioners in the Medical Directories of 1851.	Qualified Practitioners according to the Census.	Difference between Census and Directories.
ENGLAND.									1 in			
Bedford	129,805	7	77	73	1	..	...	158	821	63	85	22
Berks	199,224	23	152	146	7	...	...	328	613	93	182	89
Buckingham	143,655	3	87	60	...	...	...	150	958	67	90	23
Cambridge	191,894	12	111	102	4	...	...	229	838	93	127	34
Chester	421,137	37	252	360	10	...	...	659	639	204	299	95
Cornwall	358,173	19	191	146	5	...	...	361	992	145	215	70
Cumberland	195,492	26	108	173	6	...	...	313	624	82	140	58
Derby	260,693	18	153	185	10	...	...	366	712	111	181	70
Devon	570,798	94	472	520	35	1	...	1122	508	394	602	208
Dorset	177,095	14	117	80	5	...	...	216	820	92	136	44
Durham	411,679	20	271	346	5	..	...	642	641	191	296	105
Essex	344,130	23	247	144	7	...	...	421	817	185	277	92
Gloucester	419,514	84	366	376	36	...	1	863	486	336	487	151
Hereford	99,120	13	64	73	3	...	...	153	648	63	80	17
Hertford	173,962	8	120	78	1	...	...	207	840	86	129	43
Huntingdon	60,319	3	31	37	...	...	...	71	850	26	34	8
Kent	485,021	55	410	318	23	...	...	806	602	320	488	168
Lancaster	2,067,301	116	1055	1794	85	2	2	3054	677	748	1260	512
Leicester	235,920	10	146	165	8	...	...	329	717	112	164	52
Lincoln	400,236	21	283	412	10	...	...	726	551	209	314	105
Middlesex	150,606	25	193	92	15	...	...	325	463	92	233	141
Monmouth	177,130	5	115	85	2	...	...	207	856	60	122	62
Norfolk	433,716	24	241	252	17	...	...	534	812	206	282	76
Northampton	213,844	12	137	127	1	...	...	277	772	101	150	49
Northumberland ...	303,568	33	227	284	12	...	...	556	546	169	272	103
Nottingham	294,380	18	149	264	11	...	...	442	666	119	178	59
Oxford	170,247	10	127	108	4	...	...	249	684	113	141	28
Rutland	24,272	...	16	16	...	...	...	32	758	9	16	7
Salop	249,504	16	200	160	3	...	...	379	658	149	219	70
Somerset	456,259	68	375	269	12	...	...	724	630	272	455	183
Southampton	402,016	64	273	262	26	...	...	625	643	231	363	132
Stafford	630,545	14	331	408	9	...	...	762	827	208	354	146
Suffolk	336,136	16	216	160	5	...	1	398	845	172	238	66
Surrey	202,521	18	202	116	8	...	...	344	589	137	228	91
Sussex	339,604	69	294	225	31	...	...	619	548	218	394	176
Warwick	479,157	31	362	418	24	...	...	835	573	258	417	159
Westmoreland	58,387	3	47	29	2	...	...	81	721	35	52	17
Wilts	240,966	18	147	115	3	...	...	283	847	121	168	47
Worcester	258,733	18	180	200	3	...	...	401	645	123	201	78
York, East Riding ...	254,352	24	209	445	29	...	...	707	359	} 781	262	} 1252
„ North Riding ...	194,644	19	158	141	...	...	...	318	612		177	
„ West Riding ...	1,340,051	59	695	1012	57	1	1	1825	734		813	
TOTAL ENGLAND ...	17,927,609	1722	13,014	13,446	1038	4	14	29,238	613	9,815	15792	5977
Census 1841 ...	14,995,138	1070	15,420	9629	114	4	5	26,242	571		16613	
WALES.												
North	402,111	26	193	257	...	...	...	476	845	132	219	87
South	607,456	23	263	336	3	...	...	625	972	183	289	106
TOTAL WALES ...	1,009,567	49	456	593	3	...	...	1101	917	315	508	193
Census 1841 ...	911,603	22	602	424	...	...	...	1048	870		624	
ENGLAND AND WALES ...	18,937,176	1771	13,470	14,039	1041	4	14	30,339	624	10,130	16300	6170
Census 1841	15,906,741	1092	16,022	10,053	114	4	5	27,290	582		17237	
LONDON	2,362,236	552	3407	2670	503	...	9	7141	331	2621	4471	1850
Census 1841	1,873,676	340	4221	1806	...	1	1	6369	294		4563	
SCOTLAND	2,870,784	511	1576	1194	113	...	...	3394	846	1623	2200	577
Census 1841	2,620,184	364	2585	731	...	...	1	3701	708		2970	
BRITISH ISLES	142,916	46	116	92	13	...	...	267	539	56	175	119
Census 1841	124,040	19	149	60	...	...	1	229	541		169	
TOTAL GREAT BRITAIN	20,919,531	2328	15,162	15,325	1167	4	14	34,000	615	11,808	18675	6867
Census 1841 ...	18,844,434	1475	18,756	10,844	114	4	7	31,190	604		20346	

FOREIGN CORRESPONDENCE.

M. ROUX.

PARIS, April 10.

On the evening of the 23rd of March it was ascertained that the condition of Professor Roux was past hope. Attacked at first with cerebral congestion, which seemed to present no serious symptoms, he subsequently became affected with great agitation both of mind and of body. To this gradually succeeded an opposite state, namely, that of debility, of slowness of perception, and of irregularity of action. His mind did not retain the impressions of the day. Wishing to go to the meeting of the Institute, and, meeting there a Professor whom he had often seen during the course of his illness, he related to him all the circumstances, as he would to a stranger. By degrees he ceased to recognise both his friends and his relations, and he expired on Thursday, the 23rd of March, two hours after the announcement of his hopeless state in the *Journal Hebdomadaire.*

Thus was heard the last murmur of a voice which, for half a century, had instructed the students of medicine, and which still silently speaks impressively for the welfare of surgical science.

M. Roux enumerated among his pupils both the greater part of French Practitioners, and a considerable number of English and American students. He possessed a fearless manner of enunciating his principles, and of carrying out his practice; and all who have seen him know with what courage he fought out the last hope of benefitting his patient, or sought to sooth his dying moments.

Roux rather spoke than wrote. He finished one work that he never commenced, "*Traité d'Anatomie Descriptive de Bichât;*" and he commenced one which he never finished—"*Traité de Médecine Operatoire.*" His "*Voyage Chirurgicale*" to London was much thought of. Before his death he was engaged in a work of four volumes, namely, his "Surgical Practice of Forty Years." The work was complete, but it wants his hand for the last correction.

Few have been more beloved than M. Roux; lively, full of mirth, affectionate, and tenacious of old friendships, he was welcomed in England, as he was respected in France; the youngest student reverenced his name.

The career and the surgical life of M. Roux may be cited as one of the longest and the most distinguished upon record. Born 1780, at Auxerre, he acquired at the early age of sixteen a sufficient knowledge of surgery to procure him an appointment as Assistant (*Sous-Aide*) to the army of the Sambre and Meuse. In 1797, he came to Paris, where he sought the acquaintance of Bichât, who soon became his friend, and gave him assistance in his professional studies. In 1801, he carried off the first prize at the Ecole de Santé; and in 1802 he disputed with the celebrated Dupuytren (in Concours). Elected in his twenty-sixth year Surgeon to the Hôpital Beaujon, he became attached to la Charité in the same capacity in 1810, associated with Boyer, whose daughter he subsequently married. In 1812, he again contested for public prizes with Dupuytren, and the energy and talent which he displayed gained for him a high character.

At the age of 20, he took part in a large work—*Anatomie Descriptive;* the fifth volume of which is entirely from the pen of Roux. Subsequently he endeavoured to bring out, upon a different plan, a similar work, of which the first volume only was completed. His public duties and private practice prevented the accomplishment of this task.

In 1809, he published a volume upon various subjects, showing that his mind was inclining more especially to surgery. His *Médecine Operatoire* is not yet finished.

In 1813, M. Roux triumphed at the Hôtel Dieu, and obtained the high public position which he held to his death. Although many of his works are left unfinished, owing to the perpetual public contests for honours in which he was engaged, yet Surgery owes much to his individual exertions. The closure of the fissured palate by ligature is entirely his own. The lacerated perinæum, one of the most afflicting of human infirmities, was first proved curable through the genius of Roux. He caused to be understood through Europe those ingenious operations which rectify deformities of the face and of the surface of the body generally; and re-section of diseased joints was practised by him with the most brilliant success. It was Roux who introduced into general use in the Hospitals of Paris the union of wounds by the first intention; the treatment of aneurisms by ligature upon the artery far from the tumour; the operation of extraction of the lens for cataract. These and many other points of surgery he learned to appreciate during his visit to London, in 1814, where he made himself thoroughly acquainted with the practice of English surgeons, and imparted to them much that was then new on this side of the Channel. His remarks upon ulcers of the leg entirely changed the mode of treating these affections in France.

No one has left behind him a more honoured name. His journeys in Italy, Germany, and England established among the highest members of the profession most intimate friendships. His success during life was complete; and at his death he left that which is the aspiration of all good men—a reputation without a stain; honours gained by the exercise of his talents; wealth, the tribute to his industry; and a family devoted to him in affection.

THE CIRCULATION OF THE MEDICAL PERIODICALS.

THE following letter has been addressed to the Editor of the *Association Medical Journal:*—

SIR,—I am far from regretting that you are drawing attention to "the actual and relative circulation of the Medical Journals." The Profession, as a body, has a most exaggerated notion of the circulation of their Medical Periodicals, and I could furnish you with illustrations of the extent to which false and deceptive statements are made to foster this delusion, which would astonish your readers.

Advertisements often form the most profitable feature in periodical publications; hence, as you state, the most "fanciful statistics are made by caterers for advertisements."

I do not wish to lay claim to a nicer sense of honour than that which I trust generally regulates respectable publishers, but I can fearlessly appeal to the various clerks who have been in my employ, that I have never sanctioned or permitted false statements to be made relative to the periodicals I publish; therefore I am sure you will withdraw your reference as intending to include my house.

I feel certain you desire that a knowledge of the truth should be the result of your investigation; I therefore inform you that your statement, that the "*Association Journal* is the most widely circulated of all the Medical Journals," is erroneous.

The *Association Journal* is almost exclusively a *stamped* publication, whereas both the *Lancet* and the *Medical Times and Gazette* have a large *unstamped* sale through the booksellers and news-agents.

The *Lancet* has still the largest circulation, the *Medical Times and Gazette* the second, and the *Association Journal* the third.

If the subject is to command attention, let the whole truth be known, irrespective of personal bias or interest; and I pledge myself to assist you in the inquiry, and to subject the sale of the *Medical Times and Gazette,* or of the other periodicals I publish, to any test you are pleased to adopt or suggest.

I am, Sir, yours most obediently,

JOHN CHURCHILL.

Princes-street, Soho, April 25, 1854.

GENERAL CORRESPONDENCE.

TREATMENT OF RHEUMATISM.

[To the Editor of the Medical Times and Gazette.]

SIR,—May I ask you to publish the following case of rheumatism in a patient aged 32. I begin with the prescription I ordered for him.

℞ Liq. potassæ ℥xv, potassii iodidi gr. ii., mucil. acaciæ ʒi., aq. distillat. ʒxi. M. ft. haust. 6tâ quâque horâ sumend. Potassii iodidi ℈ii., morphiæ muriat. ℈ss., ung. cetacei ʒiss. M. ft. unguent.—Opii purif. gr. i., ext. colchici acet. gr. ii.,

pulv. scam. co. gr. iii. M. ft. pil. ii. Horâ somni sumend.—Feb. 5, 1854.

This prescription was persisted in from the 5th of February to the 14th, with no variation but the addition of fifteen drops to each draught of the tinct. lupuli, and the cessation of the pills. On the 8th, during my attendance, the patient took two seidlitz powders, which, as they failed in their object, were superseded by two drachms of Cheltenham salts in a tumbler of warm water the first thing in the morning; these acted in a most satisfactory way, producing plentiful secretions of bright yellow bile. The ointment was applied to each joint as it became affected with pain, heat, and tumefaction, giving considerable relief, and bringing out an eruption of red and irritable papulæ. It was curious in this case to witness the shifting character of the complaint, for it would one day be seated in the left wrist, hand, and fingers, and shoulder, the next day I found it attacking the other limb, the former having but little the matter with it comparatively; it was the same with the knees and ankles; an aching of the shoulders was a distressing symptom. Palpitation of the heart on exertion, with faintness, sometimes occurred when the disorder was at its height; there was also great paleness of the countenance, with contracted nose. Previously to my seeing him he had been ill above a fortnight, better and worse. Warm baths, salines with colchicum and sudorifics, and morphia, had been prescribed, but with no satisfactory result. The urine was red and scanty, without sediment. Pulse varying from 80 to 90, and weak.

My reason for publishing this case is not so much for its novelty as for giving it as an instance of the influence of a single prescription merely upon the disorder. It was sufficient for effecting a cure in a most satisfactory manner; every unpleasant symptom gave way quickly under its use; and, though lemon-juice was in the thought of the patient and his friends, yet I did not deem it necessary to take the hint; but, confident in my plan of treatment in similar cases, I would not abandon it for a popular fancy, the influence of which, on our Profession, is to render it as unsteady in practice as it is in theory; and the consequence of this is, that it at length finds itself at a considerable discount in public confidence.

I would, moreover, ask the homœopath whether his globules could do so much for this malady in so short a time; whether, for instance, his insignificant doses of medicines, be they what they may, could have been adequate to neutralise the volume of acrid fluids which were afloat in the blood of my patient; whether his globules would have dissipated pain, and tenderness, and swelling of the joints, and general febrile excitement, or produced abundant secretion of bile, or removed lithic and other acids from the urine, insomuch that no trace of them could be detected by the test-paper; and, lastly, whether his plan of action would have cured this patient at so small a cost of time and fees. To the homœopath I reiterate the statement I have made in my "Lectures on the Materia Medica and its Relations to the Animal Economy," Lecture V., p. 165.

That "Homœopathy proves what nature does and can do in the work of healing; in fact, it is in the nature of the animal economy itself to repair and to heal what is amiss. It is for our experience and art combined to assist nature, and so to expedite the cure. Art is but nature's auxiliary, and, if rightly exercised, removes the obstructions that oppose and frustrate nature; for if obstruction is once removed, nature instantly returns to its pristine order. That which nature requires, then, in homœopathic practice, is time—protracted to weeks or months, and, it may be, years."

If practical results are relied upon by this class of the professors of the healing art, to such results I will call their attention by way of comparison; and, as certain assertions can only be met by others, any one may, in opposition to theirs, upon the principles propounded in my Lectures, engage to do more for his patient in six days, than they or their principles can in six weeks, and so on in proportion; and in making this assertion, they cannot charge me with illiberality, when the result redounds so beneficially to the health and the pocket of the patient, and so honourably to the efficiency of our noble Profession.

JOHN SPURGIN, M.D.,
Fellow of the Royal College of Physicians.
11, Great Cumberland-street, Feb. 20, 1854.

URETHRAL STRICTURE.—THE PERINEAL SECTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the number of your widely-circulated Journal for April 15, 1854, Mr. Wade makes some "Explanatory Observations on the Treatment of Urethral Stricture." The superiority of the potassa fusa, in my opinion, over the perineal section, is established to the satisfaction of every candid mind, both in effecting the removal of stricture, without injurious or fatal consequences, and in more certainly preventing recontraction.

Mr. Wade further observes, that "external division of strictures can be justifiable only as a last resource for the relief of extreme suffering." I shall not enter at present upon that disputed point; my object in sending you this communication being merely to correct what seems to me a slight misapprehension on his part, when he speaks of the fatality of external division of stricture by the knife, especially when had recourse to in the Metropolis." He surely does not mean to infer, that disastrous effects, following the operation, only occur to the London Surgeons; for, if he will take the trouble to look into my "Practical Observations," (last edition,) he will find, at pages 78, 89, 227, 231, 232, and at pages 101 and 103, undeniable evidence, that fatal cases have occurred in Edinburgh, and that the operation neither affords permanent relief, nor is devoid of serious and dangerous consequences.

Since that treatise was written, I have received strong additional proof on these points. Indeed, its accumulation has more and more convinced me, if the subsequent history of the cases operated upon here by external incision was as faithfully made known to the Profession as those in London have been, that the operation of the perineal section would not have fallen less rapidly in estimation in this than it has done in the Southern Metropolis. I am, &c.

JOHN LIZARS,
Late Professor of Surgery to the Royal College of Surgeons, and Senior Operating Surgeon in the Royal Infirmary of Edinburgh.
Edinburgh, 15, South Charlotte Street, April 22, 1854.

[We have omitted some sentences from the above letter, as likely to lead to angry discussion.—ED.]

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

APRIL 22, 1854.

The President, E. HEADLAND, Esq., in the Chair.

Mr. Hunt read a paper

ON METASTASIS IN ITS PRACTICAL BEARINGS,

the object of which was, to inquire in what manner and to what extent the knowledge of such a principle or contingency should modify or restrain the practice of the Physician and the Surgeon. The question for discussion is, whether, in cases where there is reason to apprehend metastatic action, it is best to leave the disease alone, or whether there is any safe mode of treating it. Where metastasis has resulted as an apparent consequence of medical or surgical treatment, it may be suspected that the treatment was improper. Thus the immersion of a gouty foot in cold water has been followed by hemiplegia. Such metastasis probably would not have occurred had the attack of gout been treated constitutionally. And this principle will apply in all cases. Local diseases, and especially the eruptive, should be treated by careful attention to the state of the general health. Even in local diseases, of local origin, the health may become secondarily affected, and it may then be unsafe to rely on local remedies. It has rarely occurred to Mr. Hunt to meet with a case of skin disease, or ulcer, or fistula, in which the general health has improved under the progress of the local disease. The reverse very commonly occurs,—patients suffer in their general health in consequence of local irritation, and recover when the source of that irritation is removed. Still, in all cases it is better to treat local disease by internal remedies, of which evacuants should form a chief part. Under this practice, Mr. Hunt has never once seen the recession of eruptions or the healing of ulcers followed by any consequences of a serious nature. On the contrary, if the health has been previously in any degree deranged, it has generally been found much improved by the treatment. The author observed, however, that in those rare cases in which a strong disposition to metastasis exists, there is some peculiarity of constitution in the patient which resists the ordinary influence of medicine. These cases, being rare, often find their way into print, and therefore become ap-

parently more numerous than they really are. But our practice must be guided, not by the exception but by the million of cases which follow the general rule; and we may greatly question the existence of any "salutary" disease which, as a safeguard to health, demands a moment's consideration at our hands.

Dr. Semple admitted, that the term "metastasis" may not be very precise, but felt assured, that we need some such term to express the nature of the internal congestions which follow the recession of skin eruptions, as of scarlet fever and measles, and the suppression of ulcerous discharges. The propriety or otherwise of healing an ulcer would depend upon its salutary nature, and reference ought to be had to the age of the patient, for, as in early life, the development of the system appropriates the nutriment which is afforded, no mischief would follow the suppression of the discharge; but since, in later life, there is an excess of material, with a consequent disposition to morbid products and degeneration, it would be dangerous to close up a vent. Ulcers of long standing in aged people should be healed gradually; and since, at all ages, sanitary discharges are more common in the excessively-fed portion of the community, it is necessary to diminish the quantity of food, or to cause an increased consumption of it, as by exercise, before any attempt is made to lessen the natural drain.

Dr. Druitt, while adopting many of the author's views, considered that in certain cases the poison may be concentrated at one spot, and that any disturbance to the morbid action might induce serious consequences; as, for instance, in a scrofulous constitution, in which the disease is at the time concentrated in a joint, has it been known that the removal of the joint has led to the occurrence of a more serious internal disease, as phthisis? He thought that the term "sequence" would oftentimes be more just than that of "metastasis," and offered a case in illustration.

Mr. Rogers Harrison expressed his belief in the probability of inducing serious internal disease by the cure of fistula and the healing of various scrofulous affections. Mr. Paget had shown, that in reference to cancer, the operation for its removal had tended to shorten life.

Mr. Pilcher referred especially to chronic disease of the tympanum as illustrative of the evil results of fearing to cure it, lest metastasis of the brain should supervene, and showed the high probability, that when the brain and its membranes become affected, it is by extension, and not by change of seat of the disease. He would not use stimulating applications for such a purpose; but that being understood, he would at all times seek the removal of the chronic disease. The health had frequently been improved on the removal of a local scrofulous disease.

Mr. Dendy did not doubt for an instant the propriety of seeking the cure of any disease which is prone to metastasis, but remarked on the importance of selecting the right mode of doing it. As many external affections are salutary, and indicative of internal disease, the proper course is, to treat them constitutionally, and thus remove the cause. Thus, before removing a scrofulous joint, he should administer such general remedies as cod-liver oil and steel. He considered that diseases of children formed no exception to this rule, and gave the particulars of a case in illustration.

Mr. Lee, in reply to Dr. Druitt's question, remarked, that as, in such important affections as scrofulous joints, the local disease re-acts upon the system, it is, as Sir B. Brodie had affirmed, proper to remove it, and, in such cases, the removal tends directly towards improved health. When, however, a local disease is set up by nature as a vent, it ought not to be checked except by the removal of the cause. Thus, he had seen a case of eruption of the scalp, which a Medical Practitioner had cured by the use of arsenic, but nearly at the expense of the life of the patient.

Mr. Clarke considered, that every Practitioner would feel it to be his duty to employ constitutional remedies for the removal of a disease before he effected excision or amputation.

Mr. H. Thompson decidedly advocated the removal of scrofulous joints, on the ground that the health is thus always improved. In reference to the treatment of such joints, he remarked, that the Profession does not see them so early as other diseases; neither has it the same degree of control over the patient; and thus the treatment is empirical and unsatisfactory. He advocated the exhibition of arsenic in many cutaneous cases, but believed that it would be most indiscreet to give it in other skin affections. In reference to the treatment of scrofula, he remarked, that it is not by any means an incurable disease, and, as it depends upon debility, the proper course of procedure is to sustain the system.

Dr. Hare, while defending the term "metastasis," and admitting that in many instances the word "extension" or "revulsion" should be preferred, was of opinion that the probability of the occurrence of the condition which it designates has been greatly exaggerated. He had carefully compiled Tables which prove that the excision of scrofulous joints is most rarely followed by the occurrence of phthisis, and even in those instances it was probable that latent phthisis had pre-existed; and Mr. Quain had expressed a similar opinion with regard to the cure of fistula ani.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

April 21, 1854.

Dr. Aldis, Vice-President, in the Chair.

After the nomination of officers for the ensuing session, Mr. Chatterley read a paper on

THE THERAPEUTICAL EFFECTS OF GOLD.

Having alluded to a former paper, which he read to the Society last session, on the same subject, he detailed the particulars of a case which he had successfully treated by the perchloride of gold and sodium. The patient, a child about six years old, was much emaciated, had enlarged cervical and mesenteric glands, and was in a general cachectic condition. Mercurials and antacids having failed to relieve her, he commenced, on the 18th of May, 1853, the treatment by the perchloride of gold and sodium. After three doses, the nature of the evacuations became considerably improved, some existing conjunctival inflammation, which had hitherto resisted treatment, abated, and the glands became reduced; so that by the 30th of June the child had so far recovered as to require no other medicine. The salt of gold was given in the following manner:—$\frac{1}{24}$th of a grain was mixed with some powdered orris root, and rubbed on the dorsum of the tongue by means of a piece of wood covered with wash-leather. It was applied daily before dinner. Having mentioned his success to Mr. Samuel Lane, he determined to try the remedy on a patient then in St. Mary's Hospital. This boy had disease of the hip, and was generally strumous. He was ordered to have $\frac{1}{12}$th of a grain of the perchloride of gold and sodium, rubbed three times a-day on the dorsum of the tongue. The infrication was continued for about a fortnight, but was discontinued in consequence of causing much inflammatory condition of the stomach. It was also used with some degree of benefit in another scrofulous subject in the same Hospital, but was omitted, from the inflammatory symptoms it gave rise to. The author considered the dose given in these cases to have been too large, and recommended, that it should never exceed $\frac{1}{24}$th of a grain, otherwise inflammation of the stomach was very apt to arise. Applied to the dorsum of the tongue in the manner mentioned, this salt acts as a stimulant cholagogue and alterative, entirely free from the depressing effects of mercury; and he considered it as a valuable medicine in scrofula and cachectic conditions of the body in unhealthy children. He thought that the cyanide of gold might prove a more manageable agent, as the perchloride was very apt to decompose. In conclusion, he alluded to the experience of the Continental Physicians, many of whom had used this remedy successfully.

Some conversation followed upon the general effects of the more powerful remedies on the system, and of the great necessity there was to watch their effects carefully before any new one became adopted.

The Society then adjourned until May 5, when it was announced, the annual meeting for the election of officers and *conversazione* would be held.

ASSOCIATION OF SCOTTISH GRADUATES IN MEDICINE.

On Monday evening, a public meeting of the Scottish Graduates in Medicine practising in England and Wales, convened by the above Association, was held at the Freemasons' Tavern, for the purpose of adopting steps to secure their professional status under any measure of Medical legislation which may be proposed, and to appoint representatives at the Conference on Medical Reform to be held at the Royal College of Physicians of London.

The chair was occupied by Dr. Cormack, who, having ex-

plained that this was the business meeting following the preliminary meeting held on the 18th inst., at which the Association was established, said, that the object for which it had been formed was to watch over the interests of its members in the great changes which were undoubtedly pending in regard to Medical polity. A comprehensive measure of Medical Reform was imminent, and likely to be introduced during the present Session of Parliament, by which their rights would be materially affected. There was also a new Charter for the College of Physicians likely to be proposed, which would affect their status considerably. Therefore it was that it had been thought right to form the Association, and appoint delegates to the Conference on Medical Reform about to be held at the College of Physicians. The Association was recognised by the Committee on Medical Reform, who had sent a letter to the Secretary, inviting the Association to elect a delegate to represent them at the Conference.

Dr. O'Connor moved a Resolution, appointing a President, Vice-Presidents, a Council, and other officers, for the purpose of conducting the business of the Association. As showing the necessity for such an Association, he drew attention to the third Clause of Mr. Brady's Bill (now before Parliament), which, he said, went to ignore the right of the Scotch Graduates to practise, and to prevent any member of the Medical Profession, except such as were qualified in accordance with the provisions of the Bill, from being registered, all those whose qualification consisted of the degree from the Scotch Universities or the Irish Universities being excluded. It behoved them to take measures to protect their status both against the provisions of that Bill, as well as against anything prejudicial to it which there might be in the new Charter of the College of Physicians.

Dr. Camps seconded the Resolution, which was unanimously adopted.

Dr. Shorthouse moved, and Dr. Maclean seconded, another Resolution:—

"That the Committee be empowered to prepare rules for the guidance of the Association, and a code of laws for the regulation of its affairs."

A brief discussion took place, in the course of which it was stated, that the Association proposed to assert the right of its members to practise in any part of the kingdom, under a degree granted by any of the recognised Scotch Colleges, and to adopt measures in support of the measure of Medical Reform proposed by the General Association of Medical Practitioners, and in opposition to Mr. Brady's Bill.

In reply to an objection urged by Dr. Cumming, that, by the terms of the advertisement calling the meeting, it appeared that Scotch Graduates who were General Practitioners were excluded if they dispensed medicines, it was explained by the Chairman, Dr. O'Connor, and other gentlemen, that it was necessary to exclude persons who sold medicines openly in shops, in order to maintain the claim to practise as Physicians by virtue of Scotch degrees, it being distinctly understood that the College of Physicians would not admit—and that their new Charter would not recognise—as Physicians those who openly dispensed medicines.

The Resolution having been carried, Dr. William Camps was appointed a delegate from this Association to the Conference in the College of Physicians, and instructed to support the Bill of the Provincial Medical and Surgical Association in its present state, so far as it affects the interests of the Association of Scottish Graduates in Medicine.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

At a Special Meeting of the Metropolitan Counties Branch, held on Monday 24th, the following Report was adopted:—

"SECOND REPORT OF THE REFORM COMMITTEE OF THE METROPOLITAN BRANCH ON THE BILL OF THE ASSOCIATION.

"At a meeting held on the 15th instant, the attention of the Committee was first directed to the Resolution adopted by the Metropolitan Branch of the Association, on the 13th day of December last.

"'That in the opinion of this Branch, the Medical Reform Bill, to be introduced into Parliament by the Association, should recognise the necessity of the representative principle, generally extended, in the election of the licensing bodies of the Colleges, and of the superintending Council; and that no Bill can give general satisfaction to the Profession, which shall tend to the constitution of a Council containing a preponderating influence of the Colleges of Physicians and Surgeons, as at present constituted.'

"As already stated in the first Report of the Committee, the Bill, as it now stands, does not satisfy the requirements of that Resolution; and, in the present aspect of the reform question, the Committee deem that they will best perform their duty to the branch, by making such suggestions for an amendment of the Bill, as well in reference to those Clauses which relate to the constitution of the Medical Council and the Medical Congress, in both which the representative principle ought, in the opinion of the Committee, to be adopted, as to other Clauses, which also, in the opinion of the Committee, are essential to render the Bill generally acceptable to the Profession.

"The Committee suggest that either of the following modifications of Clause III., relating to the constitution of the Council, would meet the views of the Metropolitan Branch, and prove satisfactory to the Profession at large:—

"'The Medical Council for England to consist of ten Physicians and ten Surgeons, *videlicet*—one President of the College of Physicians, representing the governing body of the College; nine Physicians of ten years' standing, elected by registered Physicians; one President of the College of Surgeons, representing the governing body of the College; nine Surgeons of twenty years' standing, elected by registered Surgeons.

"'Or of ten Physicians and ten Surgeons, consisting of—one Regius Professor of the University of Oxford; one Regius Professor of the University of Cambridge; one President of the College of Physicians of London; one Medical member from the Senate of the University of London; six Physicians of ten years' standing, elected by the registered Physicians; one President of the Royal College of Surgeons of England; nine Surgeons of twenty years' standing, elected by the registered Surgeons.

"'Or a Council of twenty-one, as under the Bill, but composed as follows:—one Regius Professor of the University of Oxford; one Regius Professor of the University of Cambridge; one President of the College of Physicians of London; one Medical member of the Senate of the University of London; one President of the Royal College of Surgeons of England; five Physicians of ten years' standing, elected by the registered Physicians; five Fellows of the College of Surgeons, elected by the Fellows of that College; six members of the College of Surgeons, of twenty years' standing, elected by the registered Surgeons, not being Fellows.'

[*There are numerous palpable objections to all these proposals for the constitution of the Council.*—ED.]

"No Physician on either of the plans to be eligible for election unless nominated by ten registered Physicians. No Surgeon to be eligible unless nominated by twenty registered Surgeons. In default of nomination by the bodies at large, the Council to nominate. Keeping open shop to disqualify both from holding serts on the Council, and voting for members of Council. If thought desirable by other parties, there would be no objection to a five years' franchise in either case. The first Council to be formed as under the Bill, but for one year only; and the Secretary of State to nominate six members of the College of Surgeons, in general practice, of twenty years' standing, instead of six 'Medical Practitioners,' as at present provided.

"The Committee are further of opinion, that in Clause XII., providing for the formation of a Triennial Medical Congress for the purpose of determining a uniform curriculum of education, the three members delegated to that Congress should be, one Physician, one Surgeon, and one General Practitioner.

"They consider that the Examining Board provided for in Clause XV. should have the unrestricted power of examining in all branches of Medical science.

"That in Clause XVI. the words should be inserted, 'That the candidate presenting himself for examination for the certificate of approval must have been engaged in professional studies at least five years, unless he shall have acquired a degree in medicine in some approved University, in which case he shall have been engaged in professional studies at least four years; and under this head they beg to recall the attention of the meeting to the following Resolution adopted by the Branch on the 13th of December:—

"'That, in the opinion of this branch, the proposed Medical Reform Bill ought to contain a Clause rendering imperative a preliminary examination in classics, mathematics, and general science, before the student commences his medical education,—a provision which, in the opinion of the Committee, ought to be introduced into this Clause, with an exception in favour of those who may have previously obtained a degree in arts.'

"The Committee are further of opinion, that the provisions

in Clauses XV. and XVI., conferring the right to register on the Graduates of Oxford and Cambridge, should be expunged, and that a separate Clause, preserving to these Universities their present privileges, ought to be introduced.

"That, in Clause XXIII., the words, 'not being Physicians,' be expunged, by which modification Physicians will acquire the right of recovery for advice and attendance. The Committee make this recommendation in consequence of the information with which they have been furnished, that, should the Clause remain as at present, the Bill will be opposed by Physicians practising in the provinces.

"That the penal Clause, to prevent practice by unregistered persons, is essential to the Bill; that, if practicable, it ought to be made even more stringent than as drawn in the Bill; and that no measure of Medical Reform would prove satisfactory to the Profession in general, which does not contain such a Clause.

"Finally, the Committee consider, that Clause XXVI., providing for the expulsion of registered Practitioners for disgraceful conduct, requires remodelling. The words, 'to bring scandal and odium on the Profession,' are not sufficiently definite. A charge of this nature, in the opinion of the Committee, ought not to be preferred by so few as three individuals, nor ought the severe penalty of the expulsion of a registered Practitioner from the Profession, to take effect by the vote of a bare majority of any Council; and, in the opinion of the Committee, some kind of appeal ought to be provided for before a sentence of expulsion is carried into execution.

"There are some verbal alterations, of more or less importance, in different clauses of the Bill, which, in the opinion of the Committee, may be advantageously made; but they abstain from entering into the more minute details, as they presume, that every clause will be re-considered after the prospective conference at the College of Physicians. The Committee have also restricted their comments to those Clauses which affect the Profession in England and Wales, with the understanding that, as respects Scotland and Ireland, the principles of uniformity of qualification and reciprocity of privilege will be strictly carried out, and that the Profession in the three Kingdoms will be brought as nearly as possible into unity; and where, from local circumstances, precisely the same system cannot be adopted, that the necessary modifications will be made to harmonise with each other.

"In conclusion, the Committee are of opinion, that the amendment of the Bill, in accordance with the opinions contained in this Report, will secure for it a larger amount of Professional support than any Bill has hitherto received.

(Signed) "R. H. Semple, Chairman."

MEDICAL NEWS.

Royal College of Physicians.—The College has presented the following Petition to the House of Commons against Mr. Brady's Bill:—"To the Honourable the Commons of the United Kingdom of Great Britain and Ireland, in Parliament assembled. The humble Petition of the President and College or Commonalty of the Faculty of Physic in London, under their common seal. Showeth,—That a Bill is now pending in your Honourable House, entitled, 'A Bill for the Registration of qualified Practitioners, and for Amending the Law relating to the Practice of Medicine in Great Britain and Ireland.' That the Royal College of Physicians of London was incorporated by Royal Charter, confirmed by Act of Parliament, for the express purpose of examining and licensing persons proper to practise as Physicians; that your Petitioners, seeking to discharge the duties confided to them by the Legislature to the benefit of the Profession and the public, have laboured to promote the good education, professional and general, of those whom they are required to examine and to license; that by the proposed Bill, persons who have obtained diplomas from various Universities, but whose education and qualifications fall short of the standard which has long been insisted upon by the College, and which ought, in the opinion of your Petitioners, to be maintained as to Physicians will be allowed to register themselves as Physicians in England, many of them being engaged in the practice of pharmacy and in the sale of drugs; that it has long been complained of as an evil condncive of confusion and of disparity in the qualifications of Medical Practitioners, that the Bodies empowered to grant licences are far too numerons; also, that licences valid in one part of the United Kingdom are not so in another; that these evils will not be abated in the least, but rather aggravated, by the proposed Bill; that the mode of registration to be established by this Bill, according to which all Practitioners will be registered alphabetically, no regard being had to superior education, will, in the opinion of your Petitioners, be a discouragement to science and learning. Believing that, for the foregoing reasons among others, the proposed Bill, so far from being beneficial, will be injurious to the Medical Profession and to the public, your Petitioners most humbly pray that it may not pass into a law, but that your Honourable House will be pleased to enact a more comprehensive measure of Medical Reform, whereby a better mode of registration may be established, and, while the evils above mentioned are remedied, the sufficiency and uniformity of Medical education, qualifications, and examintions, may be effectually secured.—And your Petitioners will ever pray, etc."

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 21st inst.:—

Blackman, Frederick, Blackfriars-road.
Browne, Henry, Haverstock-hill.
Grey, George, Newcastle-on-Tyne.
King, Edwyn John, Cheltenham.
Liveing, Edward, Stoke-by-Neyland, Suffolk.
May, Edward Hooper, Tottenham.
Meade, Richard William, Army.
Pinniger, Broome, Westburgh, Wilts.
Price, Peter Charles, Margate.
Price, William Henry, Army.
Vise, Ambrose Blithe, Holbeach, Lincolnshire.
Webb, Frederick Earnest, Maida Vale.
Ward, Edward Wadman, Leeds.
Warwick, Richard Archer, Richmond.

The following gentlemen were admitted Members on the 24th inst.:—

Heathcote, Ralph, Manchester.
Heathcote, Robert Hickling, Manchester.
Hulseberg, John Wild, Royal Navy.
Jones, John, Abergele, Denbigshire.
King, David, Eltham, Kent.
Kirton, William Henry, Louth, Lincolnshire.
Long, John, Leeds.
Lomax, John, Bury, Lancashire.
France, Edward Towndrow, Royal Navy.
Vincent, John Allder, Oxford.

Royal College of Surgeons.—There are now two vacancies in the Council, occasioned by the decease of Mr. B. B. Cooper, and the resignation of Mr. Copeland.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 20:—

Cockerill, Robert William, Army.
Edmonds, Spencer, St. Helen's, Lancashire.
Fox, John, Old Strafford, Manchester.
Grey, George, Newcastle-upon-Tyne.
Hinton, James, Clifton, Bristol.
Nesbitt, Francis Albert, Louth, Lincolnshire.
Smith, Heckstall, St. Mary's Cray, Kent.
Sparrow, John, Tours, France.
Stear, Henry, Cambridge.
Stilwell, George James, Epsom.
Vincent, John Allder, Oxford.
Watkins, Charles Stuart, Chandos-street.

APPOINTMENTS.

Military.—13th Light Dragoons: Assistant-Surgeon Lancelot Armstrong, from the Staff, to be Assistant-Surgeon, vice Dumbreck, who exchanges; 20th Foot: Thomas Wright, gent., to be Assistant-Surgeon, vice Howard, promoted on the Staff; Hospital Staff: Assistant-Surgeon William Dumbreck, from the 13th Light Dragoons, to be Assistant-Surgeon to the Forces, vice Armstrong, who exchanges: Memorandum: The Christian names of Staff-Surgeon, first class, Telfer, are "John Thomson," and not "John Thomas," as stated in the *Gazette* of the 28th of March.

Militia.—Worcestershire Regiment: Francis Charles Freeman Malden, gent., to be Assistant-Surgeon. Hungerford Corps: Richard Barker, gent., to be Surgeon.

DEATH.

JAMESON.—April 19, at 21, Royal Circus, Edinburgh, Robert Jameson, Esq., Regius Professor of Natural History in the University of Edinburgh.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—A meeting attended by seventy of the leading Practitioners of Paddington and the vicinity, was held in the Board-room of St. Mary's Hospital, on the evening of the 24th instant, by invitation of the Medical Committee, to consider the best means of raising the necessary funds for building a Medical School in connexion with the charity. Last autumn, it was decided by the Board of Governors that a school should be built on a portion of the ground belonging to the Hospital, according to a plan furnished by the architect, Mr. Wyatt. Dr. Sayer presided; and the meeting was addressed by Dr. N. Grant, Mr. Wall, Mr. Ancell, Mr. Webster, Dr. Jas. Bird, Dr. Merriman, Dr. Langmore, Dr. Powell, Mr. Anderson, and many other gentlemen, who cordially approved of the undertaking. A Report was read, setting forth the advantages which would accrue to the charity from the establishment of a Medical school, and detailing the different branches of science which should be taught, with the names of the teachers. In addition to those required by the several examining bodies, it was proposed to have a chair of military surgery, the importance of which was strongly urged by Dr. James Bird. The Report embodied a recommendation that a certain number of presentation-cards should be issued, with the sanction of the Board of Governors, on the following plan, viz., thirty-two such cards to be issued up till June next, each card to represent the value of 100*l.*, but to be disposed of prior to the above period at a reduction of 20*l.*, and each card to entitle the holder or his nominee to unlimited attendance, both on the Hospital practice and on all the lectures delivered in the Medical School. The recommendation was promptly responded to; for before the meeting broke up upwards of 1500*l.* was thus subscribed, in addition the previous contributions to the Special Medical School Building Fund.

ALDERMAN KENNEDY.—The late Physician-General of Bombay has just been raised to the dignity of Alderman of the City of London, and he is, we believe, the first officer in the Company's service on whom the civic honours of London have been conferred. Mr. Kennedy went out to India as Assistant-Surgeon in the year 1811, and rose through the various grades of his Profession to the rank of Superintending Surgeon in 1835. In November, 1838, he was placed at the head of the Medical Department of the Bombay column proceeding to Affghanistan under Lord Kean, and returned to the Presidency when the war was over, in March, 1840. He was now a Member of the Medical Board, and, his term of servitude having expired, he retired from the service, and returned to England in November, 1843. In the account published by him in 1841 of the war in Affghanistan, he ventured to predict the calamities then awaiting us, and rendered himself so unpopular with the authorities as to have had the honour of knighthood, conferred on every one of any note in the expedition save himself, withheld from him. In 1847, he stood a candidate for the representation of the Inverness boroughs, and, in 1852, was again proposed, on both occasions, as was considered, with strong hope of success: on the former he stood in a respectable minority; from the latter he withdrew before coming to the poll.

CHOLERA IN LEEDS.—Last week, the number of cases, both of diarrhœa and cholera, was fewer than the previous week, the total number reported being, diarrhœa, 53; cholera, 12; deaths, 3.

HEALTH OF GLASGOW DURING MARCH, 1854.—CHOLERA.—The deaths this month have reached the unusually large number of 1868, exceeding the average of the last five years by no less than 727, or upwards of 63 per cent., and surpassing the high mortality of March last by 305. This excessive mortality is mainly due to cholera, which suddenly and rapidly increased in the beginning of the month, but has again considerably diminished. The number of deaths by cholera is 535, against 292 last month; and by diarrhœa, 77 against 57. The number of deaths by infantile diseases, though diminished, is still greatly above the average. The deaths by consumption are 231, and exceed those of last month by 36. The other tubercular diseases have slightly diminished. Diseases of the lungs have increased. The number of births is 668; still-born, 107.—*Official Monthly Report.*

ADULTERATION OF FOOD.—A Conference, attended by Medical and other gentlemen, was held in Birmingham on Thursday, to consider the best means of preventing the adulteration of articles of food and drugs. Mr. Scholefield, M.P., was in the chair. Mr. Postgate stated, that, if asked what commodities are unadulterated, he could but reply,—only raw materials, fish, flesh, vegetables. He said, he had information from a miller, that alum to a large extent is regularly ground up with wheat, or mixed with flour, and beans also when the price of wheat is high; this person stated, that his health had been greatly injured by the alum-dust given off in grinding. After much discussion, the Conference came to a resolution to petition Parliament to appoint examiners at the ports, and enable the magistrates and town-councils to appoint public analysers in towns, and to provide by law, that fines be imposed, and that the County Court adjudicate between the manufacturer or wholesale dealer and the retail tradesman in case of adulterated articles being supplied, such Court to have power to allow the retail tradesman compensation for his loss, and to inflict a fine not exceeding 50*l.*

SUBSTITUTE FOR QUININE.—Dr. Graves, late Physician to the Governor-General during the war in Poland, writes to the *Times*, that the sweet-scented flag *(calamus aromaticus)* is a preventive and cure of diseases arising from marsh miasmata. ℥j. or ℥ij. of the powder are given three times a-day in water. The substitute for quinine used by the Don Cossacks is composed of equal parts of oak bark, quassia, calamus aromaticus, and black pepper. In Circassia, gentian is plentiful, and is used instead of quassia.

BY an Analysis of the Poor-rates expended in the year ended Lady-day, 1852, it appears that 25,895*l.*, or about 1d. in the pound, was expended in vaccination fees; and 30,591*l.*, or about 1d. in the pound, in extra medical relief.

MORTALITY NOTABILIA.—The return for the week that ended last Saturday discovers an increase in the mortality. In the first and second week of this month, the deaths in London were respectively 1149 and 1087; in the third, namely, last week, they rose to 1193. In the ten corresponding weeks of the years 1844-53, the average number was 1000, which, if raised in proportion to increase of population, becomes 1100. The number of deaths registered last week is, therefore, nearly 100 above the calculated amount. The increase arises mainly from the epidemic class. Measles rose from 34 cases to 51, hooping-cough from 63 to 83, and diarrhœa from 18 to 26. Two deaths from cholera were registered, which occurred on the same day, April 13. The following are the particulars:—In the sub-district of Amwell, at 3, Baynes-row, the son of a builder, aged 2 years, died of "pertussis (2 weeks), cholera Anglica." In the Workhouse, Islington West, a female servant, aged 24 years, died of "cholera, consecutive fever." From small-pox the number registered is 9, two of which occurred in the Small-pox Hospital. Mr. Jorden, Registrar of the Belgrave sub-district, says:—"Small-pox has been epidemic in this district this last quarter. All the fatal cases were in persons unvaccinated. Parents are only driven to have their children vaccinated at the eleventh hour, when small-pox has made its appearance in the house, or in some member of their family."

Births.—The births of 891 boys and 898 girls: in all 1789 children, were registered in London; average, 1437.

Meteorology.—The mean height of the barometer in the week was 29·733 in. The mean daily reading was above 30 in. on Sunday and Monday. The mean temperature of the week, was 52·6°, which is 5·8° above the average of the same week in 38 years. The highest and lowest temperature showed a range of 43·3°. The dew-point temperature was 44·5°, the difference between that and the air temperature being 8·1°. Wind east. Rain scarcely fell till Saturday,—amount, 0·27 in. Horizontal movement of air, 505 miles; electrical apparatus still under repair.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending April 22 :—

	Males.	Females.	Total.
Workhouses...	64	68	132
Military and Naval Asylums ...	7	...	7
General Hospitals	22	12	34
Hospitals for Special Diseases ...	3	2	5
Lying-in Hospitals	...	1	1
Lunatic Asylums	2	3	5
Military and Naval Hospitals ...	7	...	7
Hospitals for Foreigners, etc. ...	...	1	1
Prisons	1	2	3
	106	89	195

AGES OF MEDICAL MEN AND DRUGGISTS.

THE following Table, compiled from the Returns presented to the House of Commons on the motion of Mr. Brady, gives curious and interesting information respecting the

AGES IN QUINQUENNIAL PERIODS OF PHYSICIANS, SURGEONS, APOTHECARIES, ETC., AND DRUGGISTS.—1851.

PLACES.	Under 20 years.	20 and under 25	25 and under 30.	30 and under 35.	35 and under 40.	40 and under 45.	45 and under 50.	50 and under 55.	55 and under 60.	60 and under 65.	65 and under 70.	70 and under 75.	75 and under 80.	80 and under 85.	85 and upwards.	TOTAL.
ENGLAND AND WALES.																
Physicians	...	39	122	235	278	234	205	169	170	129	74	57	32	19	8	1771
Surgeons or Apothecaries	...	1016	1596	2107	2112	1836	1379	1112	869	619	366	243	113	76	26	13,470
Aurists	1	...	1	1	...	...	...	...	...	...	1	...	...	...	...	4
Oculists	...	1	1	2	2	2	2	...	...	2	2	...	...	...	...	14
Dentists	119	138	172	163	141	98	71	51	29	27	18	8	4	2	...	1041
TOTAL	120	1194	1892	2508	2533	2170	1657	1332	1068	777	461	308	149	97	34	16,300
Druggists	3193	2511	2070	1750	1444	1005	729	516	329	218	133	80	37	16	8	14,039
GROSS TOTAL	3313	3705	3962	4258	3977	3175	2386	1848	1397	995	594	388	186	113	42	30,339
LONDON.																
Physicians	...	8	31	84	93	72	71	48	56	41	20	18	4	5	1	552
Surgeons or Apothecaries	...	341	417	552	516	468	355	266	193	136	80	46	22	11	4	3407
Dentists	70	70	87	71	72	40	32	21	6	14	7	4	3	2	...	503
Oculists	...	1	1	1	...	1	2	...	...	1	2	...	...	...	...	9
TOTAL	70	424	536	708	681	581	460	335	255	192	109	68	29	18	5	4471
Druggists	326	543	473	364	299	221	164	111	67	50	28	12	8	3	1	2670
GROSS TOTAL	396	967	1009	1072	980	802	624	446	322	242	137	80	37	21	6	7141
SCOTLAND.																
Physicians	...	33	49	71	83	78	51	59	38	17	13	9	7	2	1	511
Surgeons or Apothecaries	...	107	158	185	249	218	166	182	125	99	44	17	19	4	3	1576
Dentists	31	24	14	8	10	10	5	7	3	1	...	...	...	...	...	113
TOTAL	31	164	221	264	342	306	222	248	166	117	57	26	26	6	4	2200
Druggists	413	237	152	121	70	58	40	50	18	17	11	3	2	2	...	1194
GROSS TOTAL	444	401	373	385	412	364	262	298	184	134	68	29	28	8	4	3394
BRITISH ISLES.																
Physicians	...	1	6	3	7	4	8	9	4	...	2	1	1	...	...	46
Surgeons or Apothecaries	...	4	10	11	22	13	11	11	13	8	5	5	1	2	...	116
Dentists	...	1	2	3	2	...	3	1	1	...	...	...	...	...	...	13
TOTAL	...	6	18	17	31	17	22	21	18	8	7	6	2	2	...	175
Druggists	24	17	14	16	7	6	3	1	1	...	2	...	...	1	...	92
GROSS TOTAL	24	23	32	33	38	23	25	22	19	8	9	6	2	3	...	267
GREAT BRITAIN.																
Physicians	...	73	177	309	368	316	264	237	212	146	89	67	40	21	9	2328
Surgeons or Apothecaries	...	1127	1764	2303	2383	2067	1556	1305	1007	726	415	265	133	82	29	15,162
Dentists	150	163	188	174	153	108	79	59	33	28	18	8	4	2	...	1167
Aurists	1	...	1	1	...	...	...	...	...	...	1	...	...	...	...	4
Oculists	...	1	1	2	2	2	2	...	...	2	2	...	...	...	...	14
TOTAL	151	1364	2131	2789	2906	2493	1901	1601	1252	902	525	340	177	105	38	18,675
Druggists	3630	2765	2236	1887	1521	1069	772	567	348	235	146	83	39	19	8	15,325
GROSS TOTAL	3781	4129	4367	4676	4427	3562	2673	2168	1600	1137	671	423	216	124	46	34,000

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April 22, 1854.*

Causes of Death.	April 22. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	609	342	241	1193	10001
Specified Causes	608	341	240	1190	9902
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	240	39	19	298	1970
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	4	20	25	49	504
3. Tubercular Diseases	79	120	13	212	1984
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	60	35	36	131	1181
5. Diseases of the Heart and Blood-vessels	3	22	9	34	367
6. Diseases of the Lungs and of the other Organs of Respiration ..	109	49	44	202	1730
7. Diseases of the Stomach, Liver, and other Organs of Digestion	26	31	25	82	566
8. Diseases of the Kidneys, etc. ..	1	7	6	14	120
9. Childbirth, Diseases of the Uterus	..	4	1	5	105
10. Rheumatism, Diseases of the Bones, Joints, etc.	1	1	..	2	91
11. Diseases of the Skin, Cellular, Tissue, etc.	1	..	1	2	14
12. Malformations	10	..	..	10	27
13. Premature Birth and Debility ..	34	1	..	35	256
14. Atrophy	20	1	6	27	184
15. Age	..	..	49	49	477
16. Sudden	12	3	4	20	67
17. Violence, Privation, Cold, and Intemperance	8	8	2	18	259
Causes not Specified	1	1	1	3	99

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—In an Editorial Article of February 25th, I felt gratified to find that notice was at last taken of the great injustice to which Registrars of Births, etc., are subjected in the "compulsory" duties they have to perform.

According to the present Act, the miserable fee of threepence is only to be paid on such entries as are fully completed by the receipt of the vaccination certificate. Now as, in the town in which I act, the Medical Practitioners refuse or omit (almost without exception) to furnish the proof of vaccination, and as many infants die within the time allowed for the performance of the operation, it follows that the Registrar, having filled up and delivered the notice to the parent, and made the required entry in the "Register of Successful Vaccination," is thus left without any remuneration whatever for his trouble and responsibility. If he feels small interest in the extension of vaccination can it surprise anyone?

Knowing that in your Journal any observations on the subject would fall under the notice, not only of Medical men, but also of those who are desirous and capable of increasing the efficiency of the Vaccination Act, may I ask you to give publicity to a few suggestions, should you consider them of any use.

In every case in which a Registrar has performed the duties required by the Vaccination Act, for a child, *living* at the time of registration of the birth, he should become entitled to the fee (whatever it may be), no matter where the said infant might be subsequently vaccinated.

Instead of a Medical man being, as now, required to fill up two certificates and transmit one to the Registrar of Births, might not the one given to the parent be presented by him or her to the Registrar for endorsement and entry by him (should his services be retained in an improved Act), thus sparing much trouble and annoyance to the operator?

That every Practitioner eligible for a Poor-law Medical Office have the option of becoming a public vaccinator on the same terms as that ever-to-be-envied individual, the Union Surgeon.

That Medical men and parents or guardians of children disobeying the statute be liable to a pecuniary fine, commencing at a minimum, and recoverable before a magistrate at the instance of the Clerk to the Union or Superintendent-Registrar.

That the "Notice to Parents, etc.," be made plainer to the understanding of the lower classes, to whom it is more applicable, and the Instructions to Registrars be omitted therein.

That the period allowed for the operation of vaccination be extended to six months; this would, I know, be satisfactory to very many parents.

That the lists of legal practitioners required by the Registrar-General from Superintendent-Registrars be made up more accurately, by *proof being shown* of claims, the remuneration for such lists being according to their *length*.

If private practitioners are to be paid for the certificate, in addition to the fee received from their patients, ought not the public vaccinator to have a like advantage?

Until the registration of births be made compulsory, the Vaccination Act will come short, as some endeavour to evade registration so as to escape the (to many) still disliked cow-pox.

Could any means be adopted to prevent a not over-scrupulous man from charging both parent and parish for the same operation?

I am, &c.

A Registrar and Public Vaccinator.

A Country Subscriber.—Dr. Depaul's proposition was to the following effect:—The mother being incontestably healthy, and syphilis not having been transmitted except by the father, and only at the moment of fecundation, the embryo (the only sufferer for some time) may, in its turn, infect the mother during its stay in the uterus. With regard to the transmissibility of secondary symptoms, Velpeau said, in the discussion at the Academy, that constitutional syphilis may manifest itself 10, 20, and even 30 years after the primary symptoms, and that he did not hesitate to declare that "all, or almost all, the manifestations of secondary syphilis are contagions."

H. G. O.—We cannot publish such statements on *ex parte* evidence—first, because, if published at all, the writer should not conceal his name; and secondly, because we cannot believe that the charges are true. At any rate, the opportunity of denial should be given.

The papers of *Mr. Rigden, Canterbury*, and *Mr. Aveling, Ecclesfield*, are marked for speedy insertion.

A. B. C.—We should be glad to hear further particulars. Is 10s. paid to the *midwife*, or only to the Union Surgeon? and is it the general custom that the poor pay back the 10s. to the relieving officer?

Mr. Fennell has requested us to convey his warmest thanks to the gentlemen who have assisted him in bearing the expenses consequent upon his late trial.

The "Third Year's Student" has not sent his name. We never insert anonymous communications, unless the name of the writer be given in confidence, as a guarantee of his good faith.

We have received letters from *Mr. Burroughes* and *Mr. Webber*, of Norwich, respecting the refusal to receive casts made from patients in the Hospital for Incurables at the Museum of the Norfolk and Norwich Hospital, with a long account of the meeting at which the matter was discussed, in the *Norwich Mercury*. It appears that some gentlemen had stated that some of the drawings or casts were inaccurate, but no explanation of the alleged inaccuracy could be obtained by Mr. Webber or Mr. Burroughes.

L. M. H. had better consult the nearest respectable Medical man.

We have been obliged to defer the publication of *Dr. Stewart's* letter on the Council of the Royal Medical and Chirurgical Society, and various other communications, for want of space.

A Fellow.—We have authority for stating that the list of recently admitted Fellows of the College, which appeared in our last, is correct.

Dentistry.

Plugging over Exposed Dental Pulps.

[To the Editor of the Medical Times and Gazette.]

Sir,—There is an old proverb I have somewhere read, that it is better to have recourse to a quack if he can cure our disorder, although he cannot explain it, than to a physician, if he can explain our disease, but not cure it; of which, I think, Mr. Ballard's paper on Plugging over Exposed Nerves, contained in your last Number, is no very inapt illustration. He, no doubt, thoroughly understands the condition of an exposed dental pulp and the probable results, yet confesses that "under very favourable circumstances the pulp of the molars may be treated in the same manner as that last described (covered); but the operator will find by experience that these seldom occur." When such confessions proceed from men educated in collegiate establishments, and possessing diplomas therefrom, can we be surprised that charlatanry should meet with the encouragement it does? The most courageous among us would pause before he submitted to the heroic treatment recommended in the paragraph from which I have quoted, when the result is confessed to be more than doubtful, even under the most favourable circumstances.

Our ideas are often too mechanical: we cultivate dental surgery and neglect dental medicine.

My own experience leads me to the conclusion, that, as a general rule, a molar tooth with exposed pulp may be successfully treated if care is taken that it is in a healthy condition at the time of performing the operation, and that the pulp is neither unduly pressed upon by the filling nor any space left into which it may protrude; in fact, that the substance introduced shall represent as nearly as possible that lost. Should functional disturbance result, whether of a neuralgic or inflammatory character, the indications are the same as for similar affections in other parts of the body. The treatment must be prompt and decisive; otherwise, from the unyielding nature of the surrounding parts, disorganization will be the probable result.

I have pursued this course for seven or eight years, and during that period have not lost more than one tooth in twenty so treated. Further, in the majority of the unsuccessful cases, the patients delayed to apply for relief until disorganization had actually commenced.

I am, &c. W. D. Saunders.

33, Baker-street, Portman-square, April 24, 1854.

COMMUNICATIONS have been received from—

Secretary of the Geological Society; W. F. Cleveland, Esq.; Dr. Hunt; Dr. Gladstone; Dr. Budd; Dr. Black; Mr. Ure; Secretary of Harveian Society; Mr. H. Smith; Mr. Bailliere; Mr. Lizars; Dr. Lowes; Mr. Clapham, Dunmow; Mr. Kesteven; Mr. Fennell; A Registrar and Public Vaccinator; A Country Subscriber; H. G. O.; Mr. Rigden, Canterbury; Mr. Aveling, Ecclesfield; A. B. C.; W. D. Saunders, Esq.; Dr. Lyons; Dr. Stokes; Dr. Spurgin; Dr. A. P. Stewart; Mr. Fothergill, Darlington; The Census Commissioners; Dr. Sibson; Mr. Gruneisen; Secretary of the Geological Society; Mr. Webber; Mr. Burroughes; Dr. O'Connor; William Ledwick, Esq.; Haynes Walton, Esq.; etc.

ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,

AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.

Physician to St. George's Hospital.

Lecture VIII.

ON MORBID CONDITIONS OF THE URINE CONNECTED WITH CHRONIC DISEASE. —INDIGESTION.

In the two last lectures I have spoken of the acidity and alkalescence produced in the urine by indigestion. I come now to the signs of indigestion when the urine is comparatively neutral. The symptoms of disorder of the digestion may be so slight, that no complaint may be made, no uneasiness may be felt after food, no care or precaution in taking or avoiding certain kinds of food may be taken; and yet, when the urine is examined with the microscope, myriads of microscopical octohedral crystals may be seen, and even without the microscope a cloud may be observed, resembling mucus floating in the clear fluid. In other cases the most marked dyspepsia may be present, excessive uneasiness after eating, with distressing flatulence, and sometimes violent cramp in the stomach, while the urine will be neither too acid nor too alkaline, neither thick when passed nor becoming thick on standing; but, if kept from six to twelve hours, a slight cloudiness may be observed, and, when the upper fluid is poured off, and a drop of the lower urine is examined by the microscope, innumerable octohedral crystals of oxalate of lime will be seen.

I must refer you to my lectures on Animal Chemistry for a statement of the possible and probable sources of oxalate of lime in the urine, and for its relation to the substances going in and coming out of the body.

It is my intention to dwell now more particularly on the symptoms which accompany this complaint, and on its true importance.

Any of you who will use the microscope may readily convince yourselves that the appearance of octohedral crystals in the urine does not proceed from and does not indicate any serious disease. Many of you who think you are in perfect health will find that you can detect oxalate of lime in your urine; if not immediately it is passed, yet decidedly after it has stood a few hours. Here is a case illustrative of this statement.

In February, 1850, a gentleman came to me, and complained of indigestion, with some heat and irritation in passing his water. He had been told that oxalate of lime in the urine was the cause of his symptoms; but, possessing a microscope, he examined his own urine and that of some of his friends, and in the most healthy-looking urine passed by one of his healthiest friends he found plenty of the octohedral crystals.

Though oxalate of lime may exist without any symptoms, yet very frequently other symptoms of indigestion are very apparent. The same may be said of uric acid or the urates; these frequently may be found in the urine of those who are unconscious of any indigestion, as well as in those who have the most distressing symptoms.

In very many cases in which oxalate of lime is found in the urine, the indigestion is characterised by great flatulence; and when this flatulence is accompanied by great variations in the quantity of urine, it may be safely concluded, even without the microscope, that oxalate of lime exists in the urine.

In Vol. XXVII. of the "Medico-Chirurgical Transactions," you will see the report of a case of oxalate of lime, in which the quantity of urine varied from twenty-nine ounces to fifty-four ounces in twenty-four hours, although the quantity drunk was always the same, and the patient was in the prime of life, taking healthy exercise and a careful diet.

Here is another case illustrating the variations in the quantity of the urine.

A gentleman, 64 years of age, who had all his life been dyspeptic, and had suffered for twelve years with psoriasis and eczema, gave me the following statement:—

	12 to			12 to	
Feb. 13.	2 a.m.	4 oz.	Feb. 14.	7 a.m.	8 oz.
,,	3·30	5	,,	8	Breakfast.
,,	7·30	6	,,	10	2
,,	8·30	6	,,	2 p.m.	4
,,	10	Breakfast.	,,	Dinner.	
,,	12	7	,,	5·30	4
,,	2 p.m.	4	,,	8	2½
,,	4·15	4	,,	12	5½
,,	6	Dinner.			
,,	8	5			26 oz.
,,	12	4			
		45 oz.			

Specific gravity, 1015. Specific gravity, 1026.

The urine each day contained much oxalate of lime.

It has been said, that oxalate of lime is accompanied or caused by seminal weakness. That there is no necessary connexion between the two is evident from the frequent occurrence of this substance in the urine of women and children. Still, you will often find spermatozoa in urine which contains octohedral crystals.

Here is an interesting case, in which, from the albumen present, it was thought that disease of the kidneys existed.

A gentleman, aged 38, had suffered for seventeen years from violent attacks of indigestion, with flatulence. A drop of the urine which he passed was placed under the microscope, and it was full of octohedral crystals. The urine was acid, specific gravity 1020; on the addition of nitric acid, it gave an immediate crystallisation of nitrate of urea. It contained no albumen; the uric acid was rather in excess; the phosphates about the usual amount. On standing twelve hours, and on pouring off the upper fluid, still more octohedral crystals were seen.

Three months afterwards, the urine was again brought to me. It was slightly cloudy; on examination with the microscope, multitudes of spermatozoa were seen, with some oxalate of lime crystals. When examined with heat and acid, a decided precipitate formed. The following day I was given the water made last at night and first in the morning. The night water gave a deposit of urates, and contained no trace of albumen. There were no spermatozoan or octohedral crystals. The morning water was distinctly albuminous, and contained dead spermatozoa.

He was given mineral acid, and in a week I again examined the urine passed early in the morning. It contained no trace of albumen and no spermatozoa.

Whatever depresses the general health tends to the production of oxalate of lime. Thus, even in the urine of apparently healthy children in London, octahedral crystals may frequently be found more or less quickly after it is passed.

The most extreme case of oxalate of lime that I have seen was in the urine of a young man who had an abdominal aneurism; and as the history is interesting, I will shortly mention it.

A gentleman, aged 30, complained of pain across his abdomen, of constipated bowels, and of want of sleep. He felt weak and unable to work. The appetite was good. The urine contained multitudes of octohedral crystals. He was treated for indigestion. He went to the sea-side, and returned in three months, thinner, and looking more ill. He rose from his chair with difficulty, on account of pain in the back. He complained of spasm of the bowels, want of sleep, and great weakness. The tongue was clean, the bowels very confined. The urine was loaded with octohedral crystals, with dumb-bells also. The crystals were so numerous, that they formed a visible cloud in the deep-coloured urine; specific gravity 1026·5; it was highly acid. After six weeks a consultation was held on his case; and it was thought possible that the oxalate of lime, passing from the kidneys, caused the pain. At the end of another month I detected a pulsating tumour to the right of the umbilicus, just below the margin of the liver. The tumour rapidly increased, extended across the abdomen, and down to the groin. He died from syncope about five weeks from the time when the tumour was first detected.

On examination, there was an opening the size of a shilling at the back of the aorta on a level with the cœliac axis. The tumour pushed up the right kidney, pushed forward the psoas muscle, and extended under Poupart's ligament more than an inch into the groin. Two lumbar vertebræ were very deeply corroded, nearly eaten through. There was some atheromatous deposit in the aorta.

In Vol. XXIX. of the "Medico-Chirurgical Transactions,"

you will see an account of a patient who was admitted as an out-patient of St. George's Hospital in 1842. The urine was so loaded with oxalate of lime that it formed a visible deposit, and I was able to separate it for examination. This was nearly twelve years ago; and meeting him the other day about the Hospital, I examined his urine, which was still loaded with oxalates. His irregular habits of life, sweeping a crossing, keep up the state of indigestion which gives rise to the oxalate of lime.

I may refer you to the same paper for examples of the chief if not the only evil which this deposit gives rise to. I mean the formation of a calculus. It has been said that only one oxalate of lime calculus is generally passed in a less time; but though this is often true, yet the exceptions are innumerable. At long intervals in the last fifteen years, a Physician has told me that he has passed three oxalate of lime calculi. I have had two oxalate of lime calculi brought to me not unfrequently passed at the same time. I have seen innumerable small oxalate of lime calculi removed from the dilated pelvis of a kidney. So that you must not consider that this kind of calculus can only occur once in the same patient.

The frequency of the deposit of oxalate of lime in great excess in the urine, may be conjectured by observing the frequency of its occurrence in calculi forming the whole calculus, or a mixed or unmixed layer. Thus, taking the calculi in St. George's Hospital recorded in the "Medico-Chirurgical Transactions" for 1843—

In 450 layers there were:
59 oxalate alone.
17 urates, phosphates, oxalates.
16 phosphates and oxalates.

Or 21 per cent. of all deposits partially or wholly forming calculi contain oxalate of lime.

It has been frequently stated that oxalate of lime in the urine gives rise to an irritable state of the bladder; but though it often accompanies and may partly cause the irritable bladder, it does not do so alone, for I daily see patients passing oxalate of lime who have no irritation of the bladder, and the oxalate of lime may be present in the urine for months without any irritability of the bladder resulting.

Having thus brought before you the frequency of this deposit, and its consequences, the formation of a calculus, I pass on to the treatment of those who pass oxalate of lime in the urine.

The best rule which I can give you is this: take the oxalate of lime only as one symptom of indigestion, and treat the indigestion only, using the oxalate of lime as a test of the effect of the treatment of the stomach and general system.

A solid animal diet, with little bread and vegetables, and no fruit, and with little sugar or vegetable acid, most quickly removes the flatulence; but even an entirely animal diet will not cause the oxalate of lime entirely to disappear. I have seen the octohedral crystals after three days of total abstinence from every kind of vegetable food. The moderate use of vegetable food is not to be forbidden; and, even regarding sugar, I do not advise you to prohibit its use entirely, for this reason, that it is impossible that your prohibition can be enforced, unless you stop all bread and vegetables. As long as any starch is taken as food, sugar will be formed by the action of the salivary and pancreatic fluids. What, then, is gained, for example, by forbidding sugar, but advising that rice should be eaten? If the rice cannot remain in the mouth for two minutes without giving rise to sugar, how manifestly either too much or too little must be enjoined when sugar is forbidden and starch allowed?

It is very certain, that, if vegetables are eaten, starch cannot be prohibited; in other words, sugar cannot be altogether stopped; and it ought to be considered, whether we should order no sugar, when some must be taken. It should also be remembered, that probably starch sugar is more injurious than cane sugar. It ferments more readily. It becomes converted into acid more quickly, and therefore more care should be taken to avoid starch than to prohibit ready-formed sugar. Lessen the quantity, then, of starch, as well as sugar, which your patient is taking.

There can be no question as to the benefit which frequently follows the use of the mineral acids, for the oxalate of lime will often entirely disappear during the use of the acid. Without doubt this sometimes follows in consequence of the removal of the cause; but you will find the oxalate of lime frequently return when the acid is discontinued, and you will often be disappointed at the frequent relapses of your patient. This may result from a return of the indigestion; but it very probably is also caused by the mineral acid passing off in the urine, and hindering the appearance of the oxalate of lime. Some easy experiments, which you can repeat, will, I think, explain to you the return of the oxalate of lime on the omission of the mineral acid.

If you take the fresh urine of a patient who is passing oxalate of lime; if you divide it into five portions, leaving one portion to itself, and adding different acids to the other four portions,—as, for example, a small quantity of acetic acid to one, nitric acid to another, hydrochloric acid to the third, and sulphuric acid to the fourth,—and leave them for twenty-four hours before you examine them, you will find that the natural urine will give octohedral crystals. The urine, acidulated with acetic acid, will also give plenty of crystals; but the other three portions, acidulated with the mineral acids, will give no oxalate-of-lime crystals. The crystallisation, if not altogether prevented, will be much retarded.

It is highly probable, that the same thing happens when the mineral acids are taken as medicines. After a time, they pass off in the urine, and thus hinder the oxalate of lime from making its appearance until the acids are stopped, when the crystals may re-appear. But, even in this point of view, the mineral acids are valuable palliatives, playing the same part, as regards the deposit of oxalate of lime, that the alkalies play in the uric acid deposits. But, in addition to this palliative action, the mineral acids have a curative action acting directly on the stomach. It will be well shortly to take each acid separately, and not altogether, although they are sometimes so prescribed. Thus, you may occasionally meet with sulphuric, nitric, and hydrochloric acids in one recipe; and constantly you will find two of them in the same prescription. In fact, nitro-muriatic acid has come into more general use than any single acid.

1st. We will take *Sulphuric Acid.*—You see the best illustration of its use in colliquative perspiration, in menorrhagia, in hæmoptysis, and, more lately, in diarrhœa. It acts as an astringent. It is said to suppress the excessive secretion of pus from an open abscess. When you require an astringent action and a mineral acid, use dilute sulphuric acid. It should be taken when the stomach is empty, an hour or two before food.

2ndly. *Hydrochloric Acid.*—All the most satisfactory experiments show, that the stomach liberates this acid for the purposes of digestion, and, therefore, if you want a mineral acid to assist digestion, give hydrochloric acid. In the convalescence from many diseases you will find the advantage of giving this acid just before each meal.

3rdly. *Nitric Acid.*—This acid in large doses was formerly used as a remedy for syphilis. It was considered to increase secretion; to act on the liver like a mercurial medicine; even it was said to excite salivation. It is believed by some to act on the bowels, even when administered in baths. Hence nitric acid is the opposite of sulphuric acid in its action.

The rule, then, which I have formed is, sulphuric acid to astringe, hydrochloric acid to promote digestion, nitric acid to promote secretion.

In India, nitric acid was much used as an external application in baths for disease of the liver. Dr. Scott thought that its efficacy was increased by the accidental presence of hydrochloric acid. The combination of the two acids was therefore tried, and a more energetic action was said to have been obtained than by nitric acid alone. Mr. Martin has given the following formula for the nitro-muriatic acid bath:—Three parts of hydrochloric acid, two parts of nitric acid, mixed with five parts of water. Three ounces of this mixture to each gallon of water in the bath. Usually five or six gallons are requisite. The bath is usually taken at 96°, twice daily. The acid is to be renewed every week. Now, the positive proof of the benefit of this treatment is still wanting. At first it was employed in the general hospitals, (there is even a formula for it in our Hospital Pharmacopœia,) but now you rarely if ever see it employed. Many individual cases have been mentioned to me by Mr. Martin as conclusive, but still the question of its efficacy is not proved. Far less is it determined which substance is the active ingredient. Mr. Wallace, of Dublin, used chlorine baths, instead of the nitro-muriatic acid, and maintained that his results were more constantly favourable. Certainly, this use of a single ingredient is more likely to lead to accuracy than the method of using many substances internally or externally at the same time. The composition of the nitro-muriatic acid varies according to the temperature at which the acids are mixed or kept. There are at least four substances present—nitric acid ($NO_5\ HO_2$), muriatic acid (H Cl), chlorine (Cl), hypo-chloro-nitric acid ($NO_2\ Cl_2$); and perhaps a fifth substance, chloro-nitrous acid (NO_2 Cl). The proportions of these different substances vary according to the temperature at which the nitro-muriatic acid is made and kept. I am far from being able to tell you what is the action of each of

these different acids. Though the highest authority may be quoted for their conjoint use, yet, if you wish to prescribe rationally and not empirically, you will not use nitro-muriatic acid. For to which of its ingredients will you ascribe its efficacy? or, as the proportion of its ingredients is so liable to vary with the mode of preparation, how can you tell what you are prescribing? If we shall ever gain any knowledge of the action of medicines it will be by giving one substance, and only one, at a time. If our therapeutics are ever to advance, the first step will leave such combinations behind. Give nitric acid, give hydrochloric acid, give chlorine, or give hypo-chloro-nitric acid; but do not give all four together, until the separate action of each is well known.

In the use of any of the mineral acids, some care must be taken regarding the action of the acid on the teeth. I have known patients who for years had been free from toothache, suffer again in consequence of the action of an acid ordered for the treatment of the oxalate of lime in the urine. The acid may be taken through a straw or tube, but the simpler way is to wash the mouth with a teaspoonful of sp. ammoniæ arom. in a glass of water immediately after the medicine is taken.

If taken when food is present in the stomach, the mineral acids probably all assist only in dissolving the albuminous food, and have no medicinal action whatever. For the relief of indigestion they should always be given on an empty stomach, and so diluted that they cause no pain or uneasiness. The primary action of all the mineral acids is probably to lessen the irritability of the stomach; to render it less sensitive of the irritation which may be caused by the food. Perhaps, also, the quantity of acid thrown out by the stomach itself is thereby lessened. If an overdose of the mineral acids is given, the opposite effects are produced. Still, if the excessively acid taste permitted, far larger doses might be given than are usually prescribed. In my experiments ("Philosophical Transactions," 1850) on the effect of sulphuric acid, I constantly gave a drachm of dilute acid, sp. gr. 1108, in an ounce and a-half of water, thrice daily, without the slightest uneasiness; but, on the other hand, ten minims of the same acid in the same quantity of water have caused uneasiness to some patients.

In many cases of oxalate of lime in the urine, I have given carbonate of ammonia when the mineral acids have not agreed, and in doses of from five to ten grains. I have been well satisfied with its effect; it relieves the flatulence, and prevents its return. The great nervous depression which exists in some patients with oxalate of lime has also been an indication for the use of this remedy. Quinine and steel, sea-bathing and the shower-bath, bracing air and healthy exercise,—in short, everything which can improve the general health, will be found beneficial for the indigestion which leads to the formation of oxalate of lime in the urine.

LECTURES
ON THE MALFORMATIONS OF THE HEART.

DELIVERED AT

St Thomas's Hospital.

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Lecture I.

The study of the deviations from the healthy conformation of the human heart, is attended with much interest in a physiological point of view, but is also not without its practical importance. I have therefore thought, that a few lectures on this subject would not be unacceptable to you; and while I propose to give a brief outline of the different kinds of malformation, I shall endeavour to treat of them in as practical a manner as they admit.

The various forms of malformation may be arranged into those which interfere with the functions of the organ, and those which are not necessarily productive of immediate mischief, but which lay the foundation for disease in after-life. The first and most important class of cases may be subdivided into, first, those in which the process of development is arrested at an early period of fœtal life, and the organ retains the condition proper to it during the first months of intra-uterine existence. Secondly, those in which the heart is fully developed during intra-uterine life, but retains after birth more or less of its fœtal condition, or in which some portion of the organ becomes the seat of disease during fœtal life, rendering it incapable of undergoing the changes which should take place after birth; and thirdly, those in which the development of the heart or large vessels is irregular.

By following this arrangement, you will observe that we are able to trace the organ from its earliest and most simple condition up to the more mature and complicated form; and while I shall not attempt to describe all the deviations from the natural conformation which have been placed on record, I shall endeavour to point out to you their chief varieties. For a further detail I must, however, refer you to systematic works on the subject, and especially to the valuable papers of Dr. Norman Chevers in the *Medical Gazette*.

Heart consisting of only Two Cavities.—Cases in which the heart consists of only two cavities, an auricle and ventricle, with one vessel giving off the systemic and pulmonic arteries, are very rarely seen. If we except those related in 1676 and 1690, by Pozzi and Lanzoni, which are too imperfectly described to be safely relied upon, the first instance of this form of malformation which was placed on record was that related by Mr. Wilson, in the "Transactions of the Royal Society for 1798." A case regarded as similar, which had occurred in the practice of Dr. Combe, was reported to the same Society by Mr. Standert, in 1805, and since that time instances of biloculate heart have been described by Dr. Farre,(a) M. Mauran,(b) and M. Breschet;(c) and a specimen was presented to the Pathological Society by Mr. Forster,(d) in 1847.

In the case related by Mr. Wilson, the heart was much displaced, being situated, owing to a defect in the diaphragm, on the convex surface of the liver, in a sac projecting from below the sternum to the middle of the abdomen. The organ consisted of a single auricle and ventricle, and gave off a vessel, which, after furnishing the pulmonary artery, proceeded forwards posterior to the thymus gland, behind the sternum, to divide into the usual branches. The pulmonary artery was much smaller than the aorta. The child was born at the full period, and lived seven days, and though occasionally livid, was most generally pale. It died of sloughing of the parietes of the sac, which contained the heart.

In Dr. Farre's case the child at birth was of full size, and though it breathed with some difficulty, and was slightly livid, it subsequently, for forty-eight hours, seemed to enjoy perfect health. His countenance was lively and ruddy, his skin warm, and he took the breast eagerly. His breathing then became difficult and remarkably quick, the heart beat strongly, and his cries expressed distress. The skin became pallid and cold, the pulse at the wrist could not be felt, and he died seventy-nine hours after birth. On examination, the heart consisted of only one auricle, ventricle, and artery. The venæ cavæ opened into the auricle, and the pulmonary veins into the appendix, which was more distinctly separated from the sinus than usual. There was only one ostium ventriculi. The ventricle gave origin to one vessel, which furnished first the two pulmonary branches, and then the usual systemic arteries, together with a vessel which passed down to the heart, and served instead of the coronary arteries. The case of Mr. Forster is reported to have been very similar to this, not only in the circumstance that the heart consisted of a single auricle, ventricle, and vessel, but also in the mode in which the pulmonary circulation was supplied; and the coronary arteries were derived by a single trunk from the concavity of the arch of the aorta. The child, when born, was to all appearance well developed; it, however, refused the breast, its surface became cold and livid, and, after having suffered several paroxysms of dyspnœa, it died in 78 hours.

In each of these cases, the state of the heart was very rudimentary, and the peculiar origin of the coronary arteries would appear to indicate, that the proper division of the bulbus arteriosus had not taken place; but in the cases of Dr. Combe and M. Mauran the organ had attained a much more advanced state of development. In the former the child lived ten days, and was very livid throughout its life, though the functions of respiration and nutrition appeared to be otherwise naturally performed. Through the kindness of Dr. Ramsbotham, in whose possession the preparation still exists, I have had an opportunity of personally examining it. I find that there are two distinct auricular appendages, and the division of the auricle is indicated by a muscular band in the usual situation of the septum. The ventricle is large, and of a somewhat quadrangular form, and gives origin to the aorta, from which the coronary arteries arise as usual. There is also another cavity, forming a cul de sac, in

(a) Malformations of the Heart. 1814. P. 2.
(b) Philadelphia Journal of Medical and Physical Science. 1827. Vol. XIV.
(c) Rep. d'Anat. et de Phys. Tom. II., p. 9.
(d) Pathological Transactions, Vol. I., 1846 to 1847, p. 48,

front of the origin of the aorta, which is partially separated from the larger ventricle, and is evidently the analogue of the right ventricle, though unconnected with any rudiments of a pulmonary artery. In the report, it is evident that the pulmonary supply was obtained through the ductus arteriosus; but the vessels are not retained in the preparation.

In the case of M. Mauran, the auricle was also provided with two distinct auricular appendages; the cavæ entered on the right side,—the pulmonary veins, which were only two in number, on the left. The auricle opened into the common ventricle by an aperture guarded by a tricuspid valve. The ventricle gave origin to the aorta and pulmonary artery, but the latter vessel was obliterated at its commencement, and the pulmonary branches and trunk had received their supply of blood from the aorta, through a largely-open ductus arteriosus. The child, though small when born, appeared healthy; but, when moved, had attacks of difficulty of breathing, in which it became livid; and it died in one of these, when ten and a-half months old.

In the instances of the so-called biloculate heart, the condition of the organ is, I believe, generally very similar to that in the cases last mentioned, presenting evidences of partial divisions either in the auricles or ventricles, which associate it rather with the forms of malformation to be next described, than with the cases of Mr. Wilson, Dr. Farre, and Mr. Forster. Several specimens have been shown to me, in which the heart was regarded as consisting of a single auricle and ventricle, but in which the organ was found, on examination, to have attained a much higher state of development.

I shall not, however, dwell further on these, but shall proceed to speak of a class of malformations in which the development of the heart is somewhat more advanced.

Heart consisting of Three Cavities, Two Auricles, and One Ventricle.—In this form of malformation, which is scarcely less uncommon than that just described, there are not only a more or less complete septum developed between the two auricular appendages and sinuses; but there are also either two distinct auriculo-ventricular apertures or evidences that two openings had originally existed. An example of this description of malformation was related by Chemineau (a) in 1669; a second by Fleischmann (b) in 1815; and others have since that time been reported by Tiedemann, (c) Hein, (d) Wolf and Kreyzig, (e) Wittcke, (f) and Thore; (g) and, very recently, a case has been described by Professor Owen, which occurred in the practice of Mr. Clark; (h) and a specimen was exhibited during the first session of the Pathological Society by Dr. Crisp. (i)

In the cases of Chemineau and Mr. Clark, the children survived only for a short time after birth. Dr. Crisp's patient lived ten weeks; Fleischmann's, 21 weeks; and M. Thore's, four months; but, in the instance related by Tiedemann, the boy, who had presented the usual signs of morbus cæruleus, lived to the age of 11. Hein's patient had from early life suffered from difficulty of breathing, lividity, and other signs of malformation, and died of phthisis when sixteen years old. In Kreyzig's case, the young man attained the age of twenty-two; and, in the still more remarkable instance related by M. Wittcke, life was prolonged to the age of twenty-four. The condition of the heart in all these cases was very similar. It consisted of two more or less completely-divided auricles, which communicated with a ventricle either entirely single, or presenting some rudiment of a septum. The ventricle gave origin either to a single vessel, from which both the pulmonary and systemic arteries were derived, as in the three first cases mentioned, or to two distinct vessels, as in the others. The case of Dr. Crisp is one of much interest, as exhibiting the transition from the single to the double set of cavities. The sinus and appendages of the right auricle are of large size, while the left auricle is altogether very small. The two auricles are separated by a rudimentary septum, and both open into a large cavity,—the right ventricle, which, at its upper and left side, communicates with a second smaller sac, from which the aorta takes its origin. The aorta gave origin to the pulmonary branches, probably through the ductus arteriosus; but this vessel has been cut away in making the preparation. In this instance, the small cavity at the root of the aorta is evidently the rudimentary left ventricle. There is a rudimentary pulmonary artery, which doubtless received its blood from the ductus arteriosus, but has no communication with the right ventricle, the orifice being obliterated. In the case described by M. Thore, the auricle appears to have had two distinct auricular appendages, and received as usual the systemic and pulmonic veins. The ventricle gave origin to two vessels, which were partially separated by a muscular column. The pulmonary artery was much smaller than the aorta; and, at its origin from the right ventricle, there was a small cavity, forming the rudiment of the infundibular portion. There was no ductus arteriosus. During the course of the last session of the Pathological Society, an example of this malformation was exhibited by Dr. Hale. The child lived to the age of nineteen weeks, and had not presented any signs of cyanosis during life. The heart was of large size. There were two distinct auricles, but the foramen ovale was largely open. The auricles communicated with the common ventricle by the usual apertures, which were provided with well-formed, tricuspid, and mitral valves. The ventricle was without any rudiment of a septum, and gave origin to two vessels—a large pulmonary artery, and a smaller aorta. In the Museum of St. Thomas's Hospital, there is a preparation (No. 1441) obtained in the dissecting-room, and which has, therefore, no history attached to it, which exhibits, in some respects, a similar malformation. There are two auricles, but the right auriculo-ventricular aperture is entirely obliterated, so that the blood must have flowed through a largely-open foramen-ovale into the left auricle, and thence into the ventricle. The existing auriculo-ventricular valve rather resembles the mitral than the tricuspid valve. The ventricle is a single cavity, but presents a rudimentary septum, in the form of a thick fleshy column, extending down its posterior wall, and the two arteries to which it gives origin are transposed, the aorta arising in front, in the usual situation of the pulmonary artery, while the latter vessel proceeds from the posterior part of the ventricle. A case presenting an anomaly almost precisely identical to this, the right auriculo-ventricular aperture being obliterated, the ventricle displaying only a rudimentary septum, and the origins of the vessels being transposed, is reported by M. Thore, in the "*Archives Généralcs de Médecine*," for 1843; and the same condition of the heart seems not unfrequently to exist in cases where the viscera of the body generally are transposed. The child which was observed by M. Thore, was an inmate of the Foundling Hospital, in Paris, and lived eleven days. It had suffered from difficulty of breathing, and occasionally became slightly livid during fits of suffocation, caused by swallowing liquids. Malformations of this description, though resulting from arrest of development, are also associated, in the transposition of the vessels, with those which depend on irregular division of the bulbus arteriosus. In the very interesting case, which occurred in the practice of Mr. C. Clark, and was examined and described by Professor Owen (a); the heart consisted of three cavities, two auricles, with distinct auricular appendages, and one ventricle, but the left auriculo-ventricular aperture was obliterated, so that the left auricle communicated with the common ventricle, only through the medium of the foramen-ovale and the right auricle. The case is further remarkable, in the coronary arteries having arisen by a common trunk from the right subclavian artery.

The next form of malformation which we have to consider is that in which, in addition to the two auricles, a septum is developed in the ventricle.

Heart Consisting of Two Auricles, and Two Ventricles, with the Septa Imperfect.—When the septum-ventriculorum is incomplete, the arrest of development may be almost entire, so that, as in the cases last mentioned, there may be merely a muscular band projecting into the cavity; or, on the other hand, the deficiency may be very slight, so that a small aperture only may exist at the upper part of the septum, or there may be a cavity from which the aorta takes its origin, partially separated from the larger ventricle, as in the case of Dr. Crisp. When the cavity is imperfectly divided, the heart may possess its natural form externally, but more generally it is wider than usual, so as to resemble in shape the heart of the turtle. In some cases the smaller cavity is seen to project on the left side, and to be separated from the right by a more or less distinctly marked fissure. The apex of the heart is also stated to have been found bifid, without any other malformation existing, as in a case referred to by Bartholinus, and one which is reported to have been exhibited to the Société Anatomique at Paris by M. Parise (Bulletin 12me année, 1837, p. 100). This

(a) Hist. de l'Académie des Sciences, p. 37.
(b) Meckel, Archiv., fur die Phys. Bd. I., p. 284.
(c) Zoologie, Tom. I., p. 177.
(d) De Istis Cordis Deformationibus quæ Sanguinem Venosum cum Arterioso misceri permittunt.
(e) Krankheiten des Herzens, Tom. III., p. 200.
(f) Quoted from Hufeland's Journal, in Arch. Gén. de Méd., Tom. XVIII., 6me année, 1828, p. 83.
(g) Arch. Gén. de Méd., 3me et Nouvelle Séric, Tom. XV., 1842, p. 316.
(h) *Lancet*, 1848, Vol. II., p. 664.
(i) Pathological Transactions, Vol. I., p. 47.

(a) Lancet, 1848, Vol. II., p. 664.

malformation is analogous to the condition of the heart in the dugong.

When the septum of the ventricles is defective, the imperfection most generally exists at the base, where, during fœtal life, the division of the cavities is last effected. In this situation there naturally exists in the fully developed organ a space in which the ventricles are only separated by fibrous tissue, covered on each side by endocardium, and it is also the point at which, in the turtle, there is a permanent communication between the two aortic ventricles. When an aperture exists in this situation, the left ventricle and the origin of the aorta communicate with the sinus of the right ventricle. Sometimes the aperture has a triangular form, the sides and apex being bounded by the fibrous zone to which two of the aortic valves are attached, while its base is formed by the muscular substance of the septum. In other instances it is situated somewhat lower, and is oval or rounded. The opening from the left ventricle is usually larger than that into the right. The latter is most generally situated immediately below the ring of the right auriculo-ventricular aperture, and part of the tricuspid valve frequently becomes dilated by the column of blood flowing from the left ventricle, during the systole, so as to form one or more small sacs, as in the preparation contained in the Museum of the Royal College of Surgeons, referred to by Dr. Thurnam, in his paper on "Aneurisms of the Heart," and such was probably, also, the nature of a case described in the second Volume of the *Medical Gazette* for the year 1845, by Dr. Pereira. In some cases, however, the opening on the right side is situated above the auriculo-ventricular aperture, so that the blood flows from the left ventricle into the right auricle. Of this variety, an example was recently exhibited to the Hunterian Society by Mr. Daldy, and I have been favoured by Mr. Hilton with an opportunity of examining the specimen.

Deficiencies in the septum cordis are not, however, confined to the posterior and upper part. Occasionally, though, so far as my observation serves me, very rarely, the division between the left ventricle and the infundibular portion of the right, is perforated, so as to form a communication between the left ventricle and the origin of the pulmonary artery. In some cases, openings are found nearer the apex, and, in yet others, several openings have occurred in different parts of the septum. These defects in the division of the ventricular cavities may co-exist with imperfect separation of the auricles; but such is not always the case, and the auricles also may be imperfectly divided, while the septum of the ventricles is entire. Generally the amount of defect is greater in the auricular than the ventricular partition; and it may present itself under different forms. The septum may be entire, and the foramen ovale open; or the latter aperture may be naturally occluded by the valve, and there may be a deficiency in some other portion of the septum. If the imperfection exist at the base, where the septa of the auricles and ventricles unite, a form of malformation results, in which the four cavities communicate. A case of this description has been described by M. Thibert, which occurred in a man who lived to the age of twenty-four, and presented no signs of disease of the heart, till six weeks before his death. A similar preparation exists in the Museum of St. Bartholomew's Hospital; and some time ago, a heart was sent to me which had been removed from the body of a girl, about twelve years old, of whose previous history no satisfactory information could be obtained, which presented a similar condition, though the free communication between the left ventricle and the right ventricle and auricle had been prevented by the curtain of the tricuspid valve in the manner just described.

In the Museum of St. Thomas's Hospital there are specimens which illustrate several of these forms of malformation. In No. 572, there is a small communication between the left ventricle, near the origin of the aorta and the sinus of the right ventricle, which occurred in a man, 23 years of age, who died of phthisis, and does not appear to have presented any signs of cardiac lesion. Nos. 1435 and 1436 present openings in the septum ventriculorum immediately below the origin of the pulmonary artery, but these are combined with other serious malformations, which will be again referred to. No 1435 A is the preparation of the heart of a child, 6 years of age, who had presented no signs of disease of the heart till she suffered from scarlet fever ten weeks before her death. During her residence in the Hospital, there were no indications of cyanosis. In this instance, the foramen ovale is closed, but above that aperture there is a deficiency in the septum.

In the most interesting class of cases of defective development, however, the septum of the ventricles is not only incomplete, but it is found to deviate from its natural position. If it be placed too far to the left, while the pulmonary artery retains its natural connexion with the right ventricle, the aorta may arise, wholly or in part, from the same cavity. If, on the contrary, the deviation be to the right, both the aorta and the pulmonary artery may arise from the left ventricle. The former condition is of frequent occurrence, but of the latter I am not able to refer to many instances. A case, however, which occurred to Mr. Maréchale, quoted by Gintrac, in his Monograph on "Cyanosis," seems to afford an example of the kind. The subject of the case was an infant, nearly 4 months old, which died with the usual symptoms of malformation of the heart. Both the pulmonary artery and aorta were found to arise from the left ventricle; the latter cavity was of large size, while the right ventricle was a mere rudiment, and communicated both with the right auricle and left ventricle. The auricular cavities were imperfectly separated. A form of malformation, of which an example is related by Mr. Holmes, of Montreal, may also probably be ascribed to the deviation from the proper direction of the septum. It occurred in a young man, who died at the age of 21, after having, throughout his life, laboured under palpitation, dyspnœa, and blueness of the lips, terminating in dropsical symptoms. The two auricles both opened into the left ventricle, and the right ventricle had no connexion with the right auricle, but gave origin to the pulmonary artery, and communicated with the left ventricle by an aperture in the septum.

It has been contended by some writers, and especially by Bouillaud, that the apertures which exist at the septum ventriculorum are not always congenital; and there can be no doubt that perforations of the septum do occasionally, though I believe very rarely, take place in after-life.(a) There can, however, never be much difficulty in deciding as to their congenital or accidental origin, for, independently of the usual co-existence of some other malformation with a congenital deficiency of the septum, the generally round form of the opening, and the smooth and polished surface, would sufficiently indicate its nature.

Defect in the Inter-Ventricular Septum.—The Aorta arising in part from the Right Ventricle.—Obstruction at the Pulmonic Orifice.—Where the septum deviates to the left, so that the aorta acquires a communication with the right ventricle, there is most generally some source of obstruction at or near the origin, or in the course of the pulmonary artery. The first case of this kind which appears to have been reported, is one which fell under the notice of Sandifort,(b) and was published in 1777. The subject of the case was a boy, 12½ years old, who had experienced difficulty of breathing and palpitation of the heart, and had been unusually livid since he was a year old. The pulmonary orifice, owing to the adhesion of its valves, was so contracted, as only to admit the passage of a small probe. The septum of the ventricles was imperfect, so that the aorta arose in part from the right side, and the foramen ovale was also open. In 1783, Dr. Hunter(c) reported a similar case which he had occasionally seen for several years. The boy had presented the usual symptoms of malformation of the heart since shortly after birth, and he died when 13¼ years old. On examination, the orifice of the pulmonary artery was found very greatly contracted, and the septum of the ventricles imperfect, as in the case of Sandifort; but the foramen ovale, though it is not expressly stated, may be inferred to have been closed. In 1785, a third case was published by Dr. Pulteney,(d) which had occurred in 1781, and appears to have been communicated to the College of Physicians before the publication of Dr. Hunter's paper. The patient was a boy, and died of dysentery, at the age of 13 years and 9 months. The symptoms which he presented were similar to those in the two former cases, but the date of their appearance is not mentioned. The pulmonary artery was contracted, the septum of the ventricles defective, and the foramen ovale probably closed. In 1793, Mr. Abernethy(e) also related an example of this form of malformation, in which, however, the child died when only two years old. The symptoms, as in the case of Dr. Hunter, appeared shortly after birth. The pulmonary artery was of small size, the aorta arose from the right ventricle; the septum cordis was imperfect, and the foramen ovale largely open. Since this time, numerous instances of this form of malformation have been placed on record; indeed, as is remarked by Dr. Farre, of the various deviations from the natural conformation of the heart, it is that which is of the most frequent occurrence.

(a) Cases evidencing this have been exhibited at the Pathological Society by Mr. Avery and myself. Vol. I., p. 72; Vol. II., p. 49.
(b) "Observationes Anatomico-Pathologicæ."
(c) Medical Observations and Inquiries. Vol. VI.
(d) Medical Transactions, Vol. III., p. 339.
(e) Surgical Essays, Vol. II., p. 157.

Generally the obstruction at the pulmonic orifice is dependent on malformation of the valves, the number of the segments being either in excess or deficiency. In the former case there may be four semilunar valves, either nearly equal in size, or of very different dimensions. When, on the contrary, the number is defective, there may be only two valves, or only a single one in the form of a ring or diaphragm. When only two valves exist, one of the segments is frequently much larger than the other, and presents evidences that it had originally consisted of two distinct portions, there being usually a sulcus or groove on the ventricular side, and a frenum or band on the upper surface, extending to the side of the artery. It may be inferred, that the nearer the segments correspond in size, and the slighter the signs of their original division, the earlier must have been the period at which the union of the valves took place. When the whole of the valves are adherent together, they form a kind of diaphragm extended across the orifice of the artery, and protruded forwards into its cavity; and there are usually seen three frena or bands upon its upper surface, separating the imperfectly developed sinuses of Valsalva.

The opening into the artery varies in shape according to the number of the valves. When only two exist, it is generally in the form of a slit extending from one side of the vessel to the other. When the whole of the valves are united together, the opening is, on the contrary, either of a triangular or rounded form. Its size also may vary, so that it may only admit a small probe, or it may be but slightly less than natural, admitting a lead pencil or the point of the forefinger. It is usually permanently open, or only capable of being very imperfectly closed; and this is especially the case, when, as sometimes happens, no distinct valvular apparatus exists, and there is only a duplicature of the lining membrane or a fasciculus of muscular fibre surrounding the orifice. In most cases the valves are not only united, but are otherwise much diseased, being indurated and thickened, and not unfrequently studded with recent fibrinous deposits. The trunk of the pulmonary artery is in some cases dilated; in others, smaller than natural, and its coats are usually thickened. Occasionally the valves are found well formed, but the orifice and artery being unusually small, are incapable of transmitting the blood freely from the ventricle, and give rise to the usual effects of obstruction. In all these cases the right ventricle becomes of large size, and its walls very thick and firm; the right auricle, also, is dilated, while the left auricle is generally of small size, and the left ventricle much less capacious, and its walls thinner and feebler than those of the right. The foramen ovale is, generally, though not always, imperfectly closed, and the ductus arteriosus is occasionally still pervious. These defects, as also the imperfect condition of the septum ventriculorum, must be referred to the obstruction to the transmission of the blood from the right side of the heart during fœtal life consequent on the diseased condition of the valves. It must not, however, be inferred, that evidences of obstruction always exist where the septum of the ventricles is imperfect; sometimes, and a case detailed by Richerand affords an example in point, the pulmonary artery, so far from presenting any contraction, or being too small, has been found unusually large, and indeed slight defects may exist in the septum where the heart is otherwise naturally formed, and the patient may, during life, have presented no symptoms of cardiac disease.

In the museum of the Hospital there are various specimens exhibiting deficiency in the interventricular septum, with obstruction at the pulmonic orifice. No. 1435 is a preparation of this kind, removed from the body of a child twelve months old, which had suffered from dyspnœa from birth, and had been livid and subject to frequent convulsive attacks. The pulmonary artery is of small size, and its orifice is provided with only two valves. The septum of the ventricles is imperfect, so that the aorta is in communication with the right side of the heart. The inter-auricular septum is also very defective, the left auricle imperfectly developed, and there are two superior venæ cavæ. No. 1437 is a similar preparation, probably removed from a person 9 or 10 years of age, but without any history attached to it. In No. 1439, the pulmonary orifice is much contracted, owing to the adhesion of the two valves with which it is provided. The septum ventriculorum is defective, and the aorta arises above the aperture, so as to communicated with both ventricles. The foramen ovale and the ductus arteriosus are both closed. The preparation was removed from a boy 9 years and 5 months old, the particulars of whose case are given by Dr. Farre in his work on malformations of the heart.—(P. 24.) At his birth nothing unusual was observed, but a few months after his complexion became dark, and, at the age of two years and a-half, the bluish black colour of his lips and cheeks was heightened by passions of the mind and cold. From this period until his death, he was always similarly affected, not only by mental but also by slight corporeal exertion, particularly in very cold weather. Before he was three years old he lost the use of his lower extremities, but recovered under the care of Dr. Babington. He constantly complained of nausea and severe headache after he was 5 years of age. Shortly before his death he was seen by Sir Astley Cooper and Mr. Wheelright, and he died of abscess of the right hemisphere of the brain. This case is remarkable as presenting a contraction of the infundibular portion of the right ventricle, anterior to the origin of the pulmonary artery, a condition of which I shall again have occasion to speak in a subsequent lecture. No. 1438 affords an example of deficiency at the base of the septum ventriculorum, above which the aorta arises, without any contraction of the pulmonary orifice.

In my own practice I have met with several cases of this form of malformation. In one of these,(a) the child had exhibited marked cyanosis since he was six months old. When first seen by myself, four months before his death, the cheeks were of a dark rose colour, the lips livid, the hands and feet cold, the extremities of the fingers and toes club-shaped, and of a deep blue colour. The child was of a very irritable disposition, and, when unduly excited or fatigued by exertion, was subject to paroxysms of extreme difficulty of breathing, attended with violent palpitation of the heart. Lividity, almost amounting to blackness, of the face, hands, and feet, and general turgescence of the superficial venous trunks. A loud blowing and somewhat rough murmur, accompanying the impulse of the heart, was heard in the præcordia, and over a large portion of the chest. The child died of convulsions at the age of 2 years and 5 months. In the drawing and preparation, the orifice of the pulmonary artery is seen to be very much contracted, being reduced to a mere chink, owing to the thickening and adhesion of the two valves, with which it is provided. The aorta arises above an aperture at the base of the septum cordis, so that it must have received its chief supply of blood from the right ventricle; the right auricle and ventricle are both much hypertrophied and dilated, while the left cavities are unusually small, and the walls of the ventricle relatively thin. The foramen ovale is entirely closed.

The preparation which I now exhibit affords an example of malformation very similar to that just described, combined, however, with the pervious condition of the ductus arteriosus. The preparation was sent to me by Dr. Oldham,(b) with the information that it was removed from a child, seventeen months old, which had presented the usual aspect of morbus cæruleus, and died of effusion on the brain, preceded by icterus. The pulmonary orifice is of small size, and possesses only two semilunar valves, though one of these presents the usual evidences that it had originally consisted of two distinct segments which had become united. There is an aperture at the base of the septum of the ventricles and the aorta arises above this, so as to communicate with both cavities, though chiefly with the left. The foramen ovale was closed, but the valve was not entirely adherent; the ductus arteriosus is pervious, but will only admit the passage of a fine probe.

In speaking of imperfection of the inter-ventricular septum, it has been mentioned that the defect may exist in very different degrees. I may now remark, that the extent to which the septum may be misplaced may also vary greatly. In some cases it is so situated that only a small portion of the aortic orifice, as one third or one fourth of its circumference, is in connexion with the right ventricle. In others the aorta may be placed directly above the incomplete septum, so as to communicate equally with both ventricles, and, in yet other instances, the aorta may arise wholly from the right ventricle. Of the latter variety our Museum does not afford any example, but at the Pathological Society, during the session of 1846 and 1847,(c) a well-marked case of the kind was exhibited by Mr. Ward and Dr. Parker. The preparation had been removed from the body of a boy, who had died of pneumonia, at the age of 13, and had from birth been cyanotic. The valves of the pulmonary artery were united so as to form a diaphragm with an aperture in its centre which would barely admit a small quill. The aorta was of large size, and arose entirely from the sinus of the right ventricle. The latter cavity was large and its walls thick, while the left ventricle formed only a small supplementary cavity opening into the right.

The time allowed for the lecture being now expired, I shall proceed at our next meeting to speak of the remaining forms of malformation dependent on arrest of the process of development.

(a) *Edinburgh Journal of Medical Science.* Vol. VII., p. 644. 1847.
(b) Pathological Transactions, Vol. II., page 37.
(c) Pathological Transactions, Vol. I., p. 51.

ORIGINAL COMMUNICATIONS.

ARMY MEDICAL REPORTS

No. XVII.

(SELECTED BY AUTHORITY OF THE DIRECTOR-GENERAL FROM DOCUMENTS IN THE OFFICE OF THE ARMY MEDICAL DEPARTMENT.)

CHLOROFORM IN THE TREATMENT OF ANEURISM BY PRESSURE.

By M. BROKE GALLWEY, Esq.
Surgeon Royal Artillery, Devonport.

THE treatment of aneurism of the extremities by pressure is allowedly one of the greatest eras in modern Surgery. But, there is a disadvantage and a difficulty attending its employment, which hitherto have rendered it nugatory in many instances, and which always oppose its successful issue, more or less, in every case to which it is addressed. I allude, of course, to the opposition offered by the patient himself to the continuance of a remedy which, doubtless, is among the most insupportable of which our resources can boast.

In all the cases of popliteal and femoral aneurism which have come under my own observation, the subject of the disease has himself opposed the principal obstacle to a fair trial of the practice. In the latest instance of the affection with which I have myself met, the patient carried this opposition so far, that, at the end of a week's application of the pads, he insisted on returning to his home, and abandoning himself to his future fate.

The subject of this particular case was a coast-guard man, aged about 30, seemingly in excellent health, his *physique* well developed, and nutrition unexceptionably good. The aneurism occupied the popliteal space, was rather diffused than circumscribed, communicating its influence strongly to the artery in its transit through Hunter's canal. The man was a patient in the Royal Naval Hospital at this place, where he had the good fortune to have the advantage of Dr. Rae's tenderness of hand and able superintendence. I saw him on the third day from the commencement of the treatment by pressure; the pulsation, exceedingly strong when uninfluenced by the pads, was admirably controlled by the artificial contrivance adopted, that of two very simple metallic arches sitting across the anterior face of the thigh, and approximating their free extremities to each other by means of a screw adjustment. I say, this was the third day of its application; but, even at this early period, I felt convinced that the man would not support the necessary pressure long enough to afford him the full advantage of the remedy. Though not possessing the outward characteristics of one given to the "melting mood," the poor fellow was in a high degree hysterical, declaring he could not and would not tolerate the pressure longer, and impressed with the conviction that he should not leave the Hospital alive. He had a wife and five children dependent upon him, and this consideration occasioned him much depression and concern.

Dr. Rae, considering the case a promising one, from the man's age and healthy appearance, for a trial of the remedy; and reflecting myself on the importance of sparing this poor fellow's valuable life the danger attending deligation of the principal artery of the limb, it occurred to me at the moment, that if the pressure could be kept up continuously, and with immunity from suffering to the patient, not only would the latter be afforded the entire advantages of the practice, but to that practice itself would be applied a test that would go far to settle the merits of the question, *in the abstract;* to wit, whether, if the element of personal suffering (so constant an attendant upon it, and so frequently opposing its continuance) were withdrawn, the treatment by pressure, *omnibus equalibus*, would always be found a remedy for the lesion. Having seen the influence of *chloroform* kept up for a couple of days and nights together, and recognising no valid objection to its continuance for a much longer period, I conceive that in this agent we are furnished with a resource which may possibly be made successfully subservient to the difficulty before us.

Surgeons will estimate the suggestion, each according to the opinion he may entertain of the safety with which the anæsthetic effects of chloroform may be prolonged upon the system. On this head I entertain, individually, no misgivings. But I am anxious not to be misunderstood in the extent to which I recommend it to be carried. It is obvious that it would be unnecessary to *annihilate* the intellectual existence of the patient during the period requisite for the success of the operation; on the contrary, the object to keep in view need be only so to modify sensation, that while consciousness was not annulled, sensibility to pain should be taken away.

It may be thought that I have expressed myself too strongly upon the point of danger *to life*, as a result of the cutting operation. Wheresoever the death of the limb has to be taken into the calculation as a possible sequence of deligation, the life also of the patient is exposed to certain risks; and, that mortification of the leg is not a very uncommon result of including the femoral artery in a ligature, must be allowed by every Surgeon who has seen much of the operation. The very last time that I witnessed its performance myself, and by no less accomplished a surgeon than Mr. Partridge, for aneurism of the popliteal after pressure, mortification of the foot was the result.

One of the greatest advantages of the treatment by pressure with the modification now recommended, is, that its extent might be graduated according to the requirements of individual cases. In Dr. Rae's case, the aneurismal action was so violent as to necessitate a strong supply of pressure to *modify even* the current of blood through the tumour. The amount of pain occasioned by this was an unpromising omen, in my eyes, from the beginning.

In conclusion, it is scarcely necessary to remark, that, in keeping up the anæsthetic operation of chloroform in such a case, due consideration would have to be paid to the temperature of the limb, as well as to the vital effects of the pads upon the skin and subjacent parts. And, as an encouragement to Surgeons not to be deterred by the fear of the *necessarily* protracted use of chloroform, I may here state that my brother officer, Dr. Briscoe, Royal Artillery, succeeded with pressure in a case of aneurism of the leg in *forty-eight hours*; and he informed me of an equally happy result in a similar case in the Royal Ordnance Hospital, at Woolwich, under the treatment of another surgeon, wherein, if I remember rightly, the object was attained in a period equally short.

Dr. Briscoe published these two cases in the public journals; but I am not able to supply the exact date of his communication.

I do not see why *three* pads might not be employed in many cases, and thereby afford a still higher prospect of success with this valuable agent, compression.

I would just remark, by the way, that, if the recently expounded view, that chloroform has a tendency to *defibrinate* the blood, be supported hereafter by further observation, the fact would deal a heavy blow to my philosophy.

TRANSFIXURE OF THE BODY BY A BAYONET, WITHOUT SYMPTOMS.

A Gunner and driver of the Royal Artillery had made a murderous attack upon his sergeant with a bayonet, whereby he inflicted two wounds, happily superficial only, upon one leg and arm. Foiled in his efforts of greater success by the seasonable arrival of some other soldiers, the culprit rushed through the barrack-square to escape his pursuers, when the sentry on duty at the gate interposed himself with his carbine, in the attitude of "charge bayonets," to obstruct him. The consequence of this movement to the other was, that, as he was rushing through a narrow passage with an impetus which he could not in time control, he threw himself (not premeditatedly, it will be understood) with great force upon the bayonet of the sentry, which entered his body an inch to the left of the ensiform cartilage, and, passing through the abdomen, emerged by its point on the left of and close to the spinal column some inches lower down.

When I reached the scene of action, within two minutes after, I found the subject of this wound sitting up on a form in the guard-room, as insensible to any effects from the injury as he was unconcerned at his crime. I could not, therefore, at first believe the statement of his comrades who told me what had happened, although the bayonet was handed to me *bent* by the violence to which it had been exposed; but, on stripping the wounded man, I discovered the two openings of entrance and exit of the bayonet, corresponding, in form and diameter, to those which the different parts of the weapon would have occasioned. Added to this, the bayonet was withdrawn from his body by a non-commissioned officer, upon whose testimony I could rely; and, what is more, this withdrawal of it was witnessed by a crowd of other soldiers around.

Now, this desperate character marched, in a quarter of an hour afterwards, to the hospital, three-quarters of a mile distant; and, at the end of a fortnight, was discharged from the same, to be placed upon trial for his life. The day after his admission, his

urine was a little bloody; and, subsequently, there was a general anæsthesia of the walls of the thorax and abdomen, which lasted but for a while. With these exceptions, the injury was not followed by a symptom, nor did the subject of it require a dose of medicine for his recovery.

To the circumstance of the affray having been enacted *before* dinner, I am disposed to attribute much of the immunity from evil which this ruffian enjoyed. Had the stomach been full, it is not easy to conceive that a bayonet could have travelled trough such a track of vital orans, without endangering one or more. The reader may be interested to know that the life of this soldier was spared, transportation for the rest of his days being the sentence of his court-martial.

ABSCESS OF THE LIVER OPENING INTO THE LUNG.

By JOHN J. SCOTT, Esq.
Assistant-Surgeon 57th Regiment.

Private William McNeil, a marine, serving on board H.M. steam-vessel Shearwater, aged 27, by trade a cotton-spinner, was admitted into Hospital on the 28th of October, 1853, for examination and treatment, as there existed some doubt of the nature of the affection, the patient having many of the phenomena so frequently accompanying pulmonary phthisis. Was found a tall, well-formed man, of a dark, sallow appearance. Has lost in weight for some months past. He stated he had been in the habit of drinking frequently, but was not a drunkard.

On being stripped, a distinct swelling was remarked over the hepatic region, which was painful on pressure. A stethoscopic examination further assured us that nearly all, if not all, his symptoms arose from chronic inflammation of the liver, with enlargement. On percussion, well-marked dulness was found on the right side as high up as the nipple, every other part of the chest being clear. Respiration not heard over the dull portion, but quite distinct over every other part. The patient complained of a dull heavy pain over the liver, extending occasionally up to the clavicle. His respiration was short and hurried; there was slight cough, but no expectoration; pulse sharp and quick. The treatment adopted, viz., cupping, leeches, blisters, with occasional doses of pil. hydr. and saline purgatives, gave great ease up to the 20th of November, when he got sudden pain in the side of a pleuritic character. Dull percussion, and no respiration, was now found an inch and a-half above the nipple. Leeching, cataplasms, etc., gave partial comfort. No doubt was now entertained that an abscess was making its way into the lung. Patient doing tolerably up to the 3rd of January, 1854, when he complained of severe and pulsating pain half an inch below the nipple. A soft, rubbing sound, was heard over this spot on forcible inspiration. 5th.—Spat up thirty ounces of pus, slightly mixed with blood and mucus. Imperfect respiration now heard to the upper border of the sixth rib. 6th.—Much improved; respiration easy; lung descended to its normal position. 10th.—Sputa, twenty ounces daily, of a muco-purulent fluid. Feb. 11.—Patient very much improved under the use of syrupi. iod. ferri, ext. sarzæ liquid., tinct. ferri, and other tonics, and the ol. jecoris aselli. 18th.—Much worse to-day; diarrhœa very troublesome; sputa diminished. 26th.—Bowels controlled with difficulty; countenance anxious; pulse scarcely felt. 28th.—Sputa copious and very fetid. March 2.—Died this morning.

Sectio Cadaveris Twenty-eight Hours after Death.—Body much emaciated; marks of cupping over the liver, and venesection on the right arm. Head not examined.

On turning up the sternum an immense abscess was found occupying nearly the whole liver and lower portion of the lung.

The diaphragm, lung, and liver, were one entire mass, and firmly adherent to the surrounding parietes. About two pounds of thick fetid pus was forced from the cavity in pulling out the viscera.

The cavity contained a partial cyst, tolerably firm at the postero-external portion, all bearing the marks of a considerable amount of contraction. The upper portion of the cavity communicated directly with several of the large bronchi. The vesicular portion of the base of the lung was filled with pus; the same portion of the upper part perfectly healthy, and free from any alteration.

Bronchial tubes of left lung filled with puriform fluid, particularly those branching downwards from the second division; all the fine bronchi filled with air, and healthy in appearance. Heart small and flabby, but no marks of disease. Kidneys natural in appearance. Stomach large and congested. Intestines congested, but in every other respect healthy. Spleen enlarged. Other organs healthy.

Note.—For ten days previous to death, the stethoscope detected many of the signs of small cavities in the left lung. The tubes containing pus, and producing abnormal sounds, had no corresponding disease of the mucous membrane.

SECONDARY HÆMORRHAGE SUCCESSFULLY TREATED BY COMPRESSION.

By A. CRAIG GIBSON, Esq.

A stout married woman, three months advanced in pregnancy, had the charge of a fowling-piece driven through the right knee, the articulation being so shattered as to render immediate amputation indispensable. The operation was performed with flaps at the junction of the middle and lower thirds of the thigh. The gentleman who kindly assisted me objecting, as did the patient, to chloroform, the operation was undergone without anæsthesia, was well borne, and presented nothing unusual except that a larger than ordinary number of vessels required ligatures. The stump remained undressed for two hours, as a precaution against hæmorrhage, when, a sufficient reaction being established, it was dressed, and the patient left comfortable. The case progressed favourably till the eleventh night, when I was called up and informed that the stump had burst out bleeding during sleep, and the patient had fainted when the messenger left. On arriving, I found that the gentleman who assisted me (a retired surgeon, whose residence was near to the patient's), had also been called, and, arriving some time before me, applied a tourniquet I had left in the house, and so arrested the hæmorrhage, which had been very profuse. The patient was anæmic, cold, pulseless, and scarcely conscious, but, under the persevering exhibition of cordials, gradually revived. The flaps were firmly adherent at every point except the external angle. At my neighbour's suggestion, I slackened the tourniquet, and caused the husband of the patient to sit by the bed-side, instructing him to maintain a regular manual pressure upon the artery with the pad of the instrument, to tighten the screw in case of hæmorrhage recommencing, and then send for me. This simple means sufficed to prevent a return of the hæmorrhage, and was persevered in all that night and the next day. Having then prepared a short, firm board, of somewhat larger diameter than the stump, the stump was placed upon it, well padded, and passing the strap of the tourniquet round both, I screwed down the pad sufficiently to command the artery. I had no more hæmorrhage, and the stump gradually acquired a natural temperature. The patient occasionally complained of pain, which was relieved by altering the position of the pad a little during my visits; but the necessity even for this relief soon ceased, and the compression was well sustained for ten days, when my rude apparatus was removed, and the case ultimately did well, though, in addition to this formidable complication, I had to contend in succession with abortion, extensive formation of matter under the fascia lata, hectic fever, with diarrhœa and sweats, general anasarca, and, lastly, exfoliation of the end of the femur; and all this with incompetent nursing and deficient comforts,—in short, with every imaginable disadvantage.

I trouble you with this specimen of the very troublesome cases that often occur in remote country practice, partly because, in the valuable and extensive details of the results of compression of the femoral artery for aneurism you recently published, the use of that agent in this generally disastrous sequel of amputation, is not, I think, alluded to; and partly to show what very satisfactory results may sometimes be attained by the use of very coarse and inartistic apparatus, when, as in my case, more elegant and orthodox appliances are not within reach.

Hawkshead, Windermere.

Mortality in Public Institutions for the week ending April 29 :—

	Males.	Females.	Total.
Workhouses...	52	79	131
Military and Naval Asylums ...	8	...	8
General Hospitals	30	21	51
Hospitals for Special Diseases ...	2	2	4
Lying-in Hospitals	3	...	3
Lunatic Asylums	5	10	15
Military and Naval Hospitals ...	12	...	12
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	2	...	2

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LONDON HOSPITAL.

CASES OF TETANUS.

Case 21.—*Trismus on the Third Day after an Injury to the Face.—Treatment by Opium.—Sudden Death.—Autopsy.—Extravasation of Blood on the Brain.*—Andrew Mackenzie, aged 34, a sailor, was admitted under the care of Mr. Luke, in the evening of November 14, 1853, suffering from symptoms of lock-jaw. There was a wound on the left side of his nose, exposing some splinters of bone. It appeared, that two days ago he had received the injury by falling into a ship's hold. He had previously enjoyed excellent health. The stiffness of the jaw had only come on within a few hours. On the following morning, Nov. 15, the trismus was complete, and he could not open his mouth in the least. He did not suffer any material pain, there were no attacks of spasm, nor was there rigidity of any muscles, excepting, perhaps, in a very slight degree of those of the abdomen. Mr. Luke ordered fifteen minims of the liquor opii sedat. to be given every four hours, and in the evening a starch enema, containing half a drachm of the same. Mr. Allcard, the House-Surgeon, under whose charge he was, visited him late in the evening, about two hours after the enema had been given, and found him a little better. He could open the mouth slightly. The intellect was quite clear. A few minutes later, Mr. Allcard was hastily summoned back to the ward, and found the man quite dead. It appeared from the nurse's statement, that he had suddenly become insensible, and died without convulsion. The duration of the seizure could not have been more than a few minutes.

The *post-mortem* examination was made, forty-eight hours after death, by Dr. Gibbon, one of the Assistant Physicians of the Hospital. In the wound on the face were found two narrow splinters of wood, one about an inch, the other half an inch, in length. The external division of the nasal branch of the fifth nerve was found to have been torn across. The skin over the shoulders was much ecchymosed by bruises, and, on cutting into the muscles of the back, they were found infiltrated with blood. There was no injury to the scalp or skull-cap. The head having been opened, and the dura mater removed, about three ounces of dark fluid blood were found extravasated on the surface of the right hemisphere. The pia mater was intensely congested, and there were small patches of ecchymosis into its meshes in two places over the corresponding parts of the posterior lobes of the two hemispheres. These ecchymoses did not extend into the cerebral substance, and, on the most careful slicing of the latter, no lacerations or softened portions could be found; the bloody points were, however, very numerous, and it was markedly congested. The lining membrane of the ventricles was congested, and within their cavities was a small quantity of tinged serum. The fornix, the corpora striata, the optic thalami, and the medulla oblongata, all appeared softer than natural. The Casserian ganglion on the left side was of a pinker colour than that of the right, but did not seem to be softened. The spinal theca were much congested, and the cord, in almost all parts, appeared much softer than natural. No disease was discovered in the thoracic or abdominal organs.

The peculiar mode of death forms the main feature of interest in the above case. It is very rare for tetanus to end in apoplexy, and it is also very rare indeed for apoplexy to be fatal so rapidly as was here the case. It is not easy to give any satisfactory explanation of the cause of the cerebral congestion which had evidently taken place. It was improbable that the opium, although so freely given, had any share in inducing it, since, if it had, the symptoms would probably have supervened gradually, and not of a sudden. It is just possible that the congestion occurred in the commencement of what was to have been a violent tetanic convulsion.

The following case occurred under the care of Dr. Gibbon, to whom we are indebted for its particulars. It was not treated in the Hospital, but its interest in connexion with our series induces us here to insert it.

Case 22.—*Idiopathic Tetanus from Exposure to Cold.—Recovery under the Use of Tonics.*—Crispin Manuel, aged 24, a parish pauper, came under Dr. Gibbon's care on Dec. 12, complaining of stiffness in the muscles of the neck, difficulty in masticating food, and painful deglutition. His pulse was 96, and of moderate volume; tongue clean; bowels costive He was a Portuguese sailor, but out of employment, and "on tramp." He had been much exposed to hardship from want of food and bad weather. For six weeks past he had been walking barefoot, but did not remember to have received any wound; there had been, for the last three weeks, an eruption of large, irregular-shaped bullæ on his legs and thighs. His tetanic symptoms had commenced on the preceding day. Dr. Gibbon prescribed a pill containing five grains of Dover's powder and the eighth of a grain of tartarised antimony, to be taken every hour, the quantity of the latter to be increased by the eighth of a grain at every dose.

14th.—The remedies have been continued with some little improvement. The head is constantly drawn back, and there are occasional spasms. The bowels have been confined, but a copious stool was procured yesterday by a five grain dose of calomel. He is now taking a grain and a-half of antimony for a dose, and it does not sicken; it is not to be further increased.

15th.—Had no sleep last night. The spasms return about every twenty minutes, and affect the muscles of the neck and back, causing very marked opisthotonos. Perspiration very profuse; pulse 102, small and soft; bowels open; tongue furred. He suffers much from cramp of the diaphragm. The pills are to be omitted, and he is to take every three hours a draught containing a full dose of cinchona and hyoscyamus.

16th.—Has passed a comfortable night; the spasms are less frequent and less severe; in their intervals the affected muscles are rigidly contracted. This morning he passed a large round worm by the anus. The dose of hyoscyamus has been increased, and he is now taking twenty grains of the extract every three hours.

20th.—Has made gradual improvement since last note. Is now able to masticate without pain, but deglutition is still difficult, more especially with fluid food. There are some aphthæ on the mucous membrane of the mouth and fauces. Continue the medicine.

22nd.—The stiffness of neck remains, and there are occasional spasms. Appetite good and bowels regular.

28th.—Much better; the aphthæ have disappeared. The draught is to be taken every six hours.

31st.—Is still improving. The hyoscyamus is to be omitted, and the bark alone continued.

Jan. 3.—He is now able to walk without spasms being excited. The spasms, when they do occur, are very trifling in severity, and cause no pain. He still complains of soreness in the muscles of the neck and back. After the last date the man continued to gain strength, and was soon quite well. His case, as will be seen, was one of the idiopathic and mild form, which, in a majority of instances, terminates in recovery. The pulse never got rapid, nor were the paroxysms of spasm very severe. Great benefit appeared to result from the use of the tonic and sedative plan of treatment. Dr. Gull's case, mentioned shortly last week, *Case* 13, excepting in not being so severe, was a not dissimilar one.

ST. MARYLEBONE INFIRMARY.

CASE OF TETANUS.

The following case, which is of interest, as an example of tetanus resulting from inflammation of the theca of the spinal cord after injury, has been communicated to us by Mr. Sedgwick, late district Surgeon to St. Marylebone, in whose practice it occurred.

Case 23.—*Tetanus following Severe Blows on the Back of the Neck.—Death Nineteen Days after the Injury.—Autopsy.—Spinal Meningitis.*—Mary Ann H., aged 13, a delicate girl, who had been living as servant in a coachman's family, and had been subject to much hardship. The room in which she had slept was very damp, and she was often much ill-used by the children in the family. On the day on which she was taken ill, Dec. 14, 1851, one of the boys, in consequence of some fault, beat her violently with a stick over the back of the neck and the head to such an extent that she fell down. Ever after this she was unable to stoop from pain and stiffness in the back, and shortly afterwards her parents finding her ill took her home. Mr. Sedgwick was called to see her on January 2, 1852, and found her suffering from severe tetanic spasms. She was lying on her right side, the body being curved backwards. Fits of exacerbation occurred very frequently, and she complained almost incessantly of agonising pain in the back of head and neck, which was so intense, as to make her wish for death. Great tenderness was felt on pressure over the spines of the cervical vertebræ; the pupils were natural; pulse very rapid, and difficult to count. The power of swallowing was to a great

extent lost. On giving her water she made an effort to swallow it, which brought on spasm, and the fluid was very quickly thrown out of the mouth. For some days her bowels had been costive, and she had apparently lost the use of her lower limbs. Marks of bruising were apparent on her back and arms. The treatment consisted in having the head shaved; the application of leeches to the nape followed by cold lotions; brisk purgatives were also given, and mercury both by the mouth and by inunction. She lingered in extreme suffering for three days before death took place. The opisthotonos and tetanic spasms continued throughout with great severity; but she retained perfect consciousness until within a very short time of her death.

The *post-mortem* was made twenty-three hours after death. The brain and spinal cord were examined with great care. The upper part of the spinal theca was much congested. The medulla oblongata and the upper part of the spinal cord appeared, on section, to be somewhat more vascular than usual. On the under surface of the pons varolii, close to its junction with the left crus cerebri, was a mass of fibrin, about the size of a haricot bean, with two or three smaller nodules of the same in its vicinity. They were of a pale straw colour, semi-transparent, and moderately firm on pressure. The viscera of the chest and abdomen seemed healthy on superficial examination.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

THE SHEFFIELD GENERAL INFIRMARY.

CASE OF TETANUS.—RECOVERY.

[Under the care of Mr. GREGORY.]

Case 24.—*Lacerated Wound of the Thigh.—Acute Tetanus on the Twenty-third Day.—Treatment by Extract of Indian Hemp and Chloroform Inhalations.—Recovery (the Disease having lasted about a Month.)*—Robert Hyde, aged 18, a saw-grinder, was admitted on February 18, 1853, on account of a contused laceration of the skin, about two inches in length, on the inner side of the right thigh. The injury had been inflicted by a grinding-stone in rapid motion, which had caused also a slight abrasion of the skin on the corresponding part of the opposite thigh. Water-dressing was applied to the wound, the patient was kept on milk diet, aperients were occasionally given, and all went on well until

March 13 (23rd day).—He complains, for the first time, of pain and stiffness in the neck and jaw, and has difficulty in swallowing. There are darting pains at the epigastrium. The right leg is firmly flexed on the thigh, and all attempts to extend it cause great pain. The surface of the wound looks indolent, and its edges are indurated.

To have immediately a turpentine enema, and to take every four hours a pill containing of calomel and of powdered opium a grain each.

14th.—The trunk is curved backwards, and frequent convulsive paroxysms are excited by attempts at deglutition or to put out the tongue. The muscles of the neck and jaws are rigid.

To take a grain of the extract of Indian hemp every three hours.

16th (4th day of tetanus).—Trismus complete; convulsive paroxysms frequent, but not very severe; the muscles of the trunk and lower extremities being in the intervals violently affected with tonic spasm; pulse 120, feeble.

Strong nitric acid is to be applied to the surface of the wound, and the dose of the hemp increased to three grains.

17th.—Passed a more quiet night, sleeping for a time after each pill; but when awake the convulsions were frequent, and so violent as to make him cry out with pain. The mouth is so firmly closed that he cannot protrude even the tip of the tongue, but he has managed to suck up and to swallow a small quantity of beef tea and wine.

18th (6th day.)—The convulsive paroxysms are much aggravated, and so violent that several times suffocation has appeared imminent. Pulse 120, becoming much more rapid on approach of a paroxysm.

The extract of hemp is continued.

19th.—Yesterday evening, the inhalation of chloroform was practised for the first time. About a drachm having been inhaled, complete relaxation of the affected muscles was induced; the patient became unconscious, and slept calmly for about an hour afterwards. On waking, he appeared refreshed, and swallowed some food with much greater ease than before. The dose of hemp was afterwards increased to three grains and a-half. He passed the night with much fewer paroxysms, and is this morning decidedly better. Pulse 120, feeble.

24th (11th day).—During the past five days the paroxysms have continued both frequent and very violent, and the tonic rigidity of the muscles of the neck, trunk, and lower extremities always persisting in the intervals. The extract of Indian hemp has been regularly persevered with, and inhalations of chloroform have been had recourse to as seemed necessary, generally about once in every three or four hours, and sometimes oftener. Their effect has always been most marked in the relief of pain and spasm. It has been noticed, that, while under their influence, the pulse usually falls from 120 to about 50, and the surface of the body becomes moist with copious perspiration. The wound has assumed a healthy aspect.

30th (15th day).—Since last note the convulsive spasms have decidedly diminished, both in frequency and severity; but the tonic rigidity still persists. The chloroform is inhaled three times daily, and four grains of the Indian hemp are given every six hours.

31st (16th day).—After having passed a quiet night, the patient was this morning seized with a convulsive paroxysm so violent, that for some minutes it seemed as if he must die in it. It, however, ultimately subsided, and he had no recurrence of convulsion through the day. There is a superficial bed-sore over the sacrum, and it is observed that the spine has acquired a fixed posterior curvature, at the junction of the cervical and dorsal vertebræ.

April 11th (27th day).—On the 17th, 18th, and 19th days, a single very violent convulsion occurred each day, gradually declining in severity. Since then there has been progressive improvement, and he can now masticate fairly. The chloroform inhalations have been continued three times daily, and after the evening one it has been usual to get him to swallow a good quantity of beef-tea with wine and brandy, deglutition being performed with tolerable ease while partially under the influence of the anæsthetic. The extract of hemp is now given in a six-grain pill every night.

17th.—During the last six days but a single convulsive spasm has occurred; it was not severe, and affected only the abdominal muscles. The tonic rigidity of the back and lower extremities has gradually declined, and he is now able to raise himself into a half-sitting posture in bed, which he finds more comfortable than the recumbent. His extreme emaciation, and the remaining risus sardonicus in his face, give to his countenance a most peculiar and ape-like expression. His appetite is now voracious, and he is constantly asking for food. He is allowed mutton-chops and eggs. The inhalation of chloroform is now to be discontinued, as it does not appear any longer to be of benefit, producing great mental excitement. It is important to observe, that the patient himself, who during the intensity of the disease exhibited great craving for it, now dislikes and refuses to inhale it.

20th (36th day).—With assistance, the patient this morning dressed himself and walked across the ward. On account of the still remaining rigidity of his muscles he was compelled to walk on tiptoes, with the trunk erect and the head stretched forwards. The wound is now healed. The dose of hemp is being gradually diminished, and the warm bath, followed by frictions, is employed to relieve the rigid muscles.

May 6 (54th day).—Is discharged to-day. The rigidity of the muscles of the trunk, etc., is diminishing, but has not yet disappeared. He can walk by the aid of sticks, but cannot yet put his heels to the ground. The spinal curvature has not changed.

A few weeks after his discharge this man was sufficiently well to be able to return to work. Mr. Tinsley, the House-Surgeon of the Infirmary, from whose notes we have extracted the above particulars, took a great interest in the case, and saw the man frequently for several months after his recovery. The spinal curvature disappeared after some weeks, as did also the rigid condition of the muscles which had been most affected. The symptom which Mr. Tinsley noticed to persist longest was the frequency of pulse, which for several months never averaged less than 110. About a month ago the man sailed for America, and then said that he felt as strong and well as ever he did in his life. The pulse had fallen to a natural rate of frequency.

It will be noticed, that in this case the tetanic symptoms did not set in until an unusually late date after the injury (23rd day), a circumstance well known to generally indicate a mild form of the disease. The affection, however, could by no means be considered either mild or chronic. Its acuteness was marked by the rapid development of symptoms, the quick pulse, and

the great severity of the paroxysms. On this point, Mr. Tinsley writes us: "I have witnessed several cases of tetanus (fatal), but never saw one where the spasms were more violent, either as to frequency or duration." Admitting it, then, as we must, as an example of recovery from acute traumatic tetanus, its practical teaching becomes worthy of much attention. As was observed in the previous cases which we have recorded, the chloroform inhalations did not appear to prevent, excepting for a short time, the return of the spasms, yet their benefit in procuring relief from pain, and generally about an hour of quiet sleep, was most marked. Those who watched the case believed also that great good was done by the practice adopted of giving the anæsthetic so as to relax the jaws without inducing complete insensibility, and then administering nutriment. By this means the man's strength was supported, which must otherwise have given way from starvation. This hint is worth remembering in the treatment of any similar cases. It must be noted that the chloroform appeared to agree well with the patient, and that only a very moderate quantity was usually required. About a drachm was the ordinary inhalation and the whole quantity consumed amounted to about twenty-four ounces. The influence exerted by the continued use of the Indian hemp in full doses must not be overlooked; it appeared to act beneficially in inducing rest at nights, and probably had a considerable share in the favourable progress of the case.(a)

THE BEDFORD GENERAL INFIRMARY.

CASE OF TETANUS.—RECOVERY.

For the particulars of the following case we are indebted to Mr. Sharpin, House-Surgeon to the Bedford Infirmary.

Case 5.—Injury to the Finger inducing Gangrene.—Chronic Tetanus on the Twelfth Day.—Trial of Chloroform.—Recovery under the Use of Belladonna (the Disease having persisted Three Weeks).—Adolphus Ford, aged 4, a fine healthy boy, was admitted on April 26, 1853, with gangrene of the left forefinger as far as the middle of first phalanx, the consequence of an accident five days previously. The injury had been received by a crush in the cogged wheel of a small hand mill, and the finger, although literally smashed, had been strapped up by a druggist who had been consulted. The metacarpo-phalangeal joint was red and painful, and there was also slight general swelling of the hand. Poultices were applied, the slough seemed to be separating nicely, and the child appeared to be going on well until the afternoon of May 3, a week after his admission and twelve days after the accident. On that day his mother visited him, and in a fit of passion at parting he bit his tongue and made it bleed a little. No immediate consequences were apparent, but on the following morning he appeared to have a difficulty in opening his mouth, and was unable to protrude his tongue. Hitherto he had been free from constitutional disturbance, but now the skin became hot, pulse quick and feeble. The slough having separated, it was found necessary to remove a piece of bone which projected, after which the stump had a healthy appearance.

May 5.—The difficulty in opening the mouth is increased, but notwithstanding he has managed to swallow a fair quantity of fluid nutriment.

7th (16 days after accident).—The trismus continued as at first through yesterday. This morning, while passing a motion, a paroxysm of spasm occurred; his back became perfectly stiff, and the abdomen very rigid. He did not appear to suffer pain, and after a minute or two the rigidity passed off. Like attacks, however, continued to recur throughout the afternoon.

10th.—Through the last two days the paroxysms have recurred with increasing frequency, and they now frequently come on several times in the course of an hour; expression of countenance haggard and pinched; skin hot and dry; pulse quick and feeble. He complains of no pain, and is still able to swallow fairly. It has been necessary to keep the bowels open by castor oil. To-day inhalations of chloroform have been practised three times. On the second occasion, although common sensation appeared to be quite abolished, yet a distinct tetanic paroxysm occurred, but during the others there was an entire cessation of muscular movements. During the last inhalation, the stump of the finger, which had assumed an unhealthy appearance, was amputated just below the head of the metacarpal bone. He is now ordered to have, every three hours, a twelfth of a grain of the bichloride of mercury, and three minims of tincture of opium. Mercurial ointment is also to be rubbed into the groins.

12th.—The spasms continue to occur frequently, and are now general, affecting other than the muscles of the back. The child is extremely weak; his bowels have been much purged, apparently by the medicine; stools of a dark green colour, and one of them reported to have contained blood. To omit the draught, and take instead the eighth of a grain of the extract of belladonna every four hours.

13th.—Has had a better night. Pulse 140, quick, and feeble; skin hot and dry; the tetanic spasms continue very frequent, but occasion no pain; the child is able to swallow fluids, and takes an ounce of port wine, with arrow-milk and an egg, daily. The bowels are still freely open.

14th.—The spasms are not quite so frequent. The dose of belladonna is increased to a sixth of a grain.

16th.—Has had a much better night than usual, the spasms having considerably declined during the last two days. He is now asleep; there is no rigidity of the muscles, but occasional twitches occur. Pulse 104, with more power.

19th.—Improving. Is much stronger. The spasms now only occur while he is passing motions. The belladonna is omitted, and an opiate liniment is to be rubbed into the back and neck.

26th (23rd day of the disease).—Much better; the wound in the hand is healing well, and no tetanic symptoms have been observed for some days. He takes two ounces of wine daily, and is gaining strength.

June 13th.—Is discharged to-day. The wound is quite healed, and no spasms have occurred for three weeks past.

(a) The particulars of this case were read by Mr. Jackson, of Sheffield, at a late meeting of the Provincial Association. They have never before been published.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	May 6.	Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture III. Four o'Clock.
——	——	Royal Institution. *Subject:*—"Observations on Mental Education." By Professor Faraday. Three o'Clock.
——	——	Medical Society of London. *Subject:*—"On Aphonia." By Henry Smith, Esq. Eight o'Clock.
——	——	Royal Botanic Society. Four o'Clock.
Monday,	May 8.	Royal Institution. *General Monthly Meeting.* Two o'Clock.
Tuesday,	May 9.	Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture IV. Four o'Clock.
——	——	Royal Institution. *Subject:* — "On Combustion." By Professor J. Tyndall. Three o'Clock.
——	——	Royal Medical and Chirurgical Society. *Subjects:*—1. "On the Radical Cure of Reducible Inguinal Hernia by a New Operation." By T. Spencer Wells, Esq. 2. "On Morbid Changes in the Mucous Membrane of the Stomach." By Dr. Handfield Jones. Half-past Eight o'Clock.
——	——	Zoological Society. Nine o'Clock.
Wednesday,	May 10.	Hunterian Society. *Subject.*—"On a Case of Hæmatemesis probably arising from Ulceration of the Stomach Successfully Treated." By Dr. Gibbon. Eight o'Clock.
——	——	North London Medical Society. Half-past Seven o'Clock.
——	——	Medico-Botanical Society. Eight o'Clock.
——	——	Geological Society. Half-past Eight o'Clock.
Thursday,	May 11.	Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture V. Four o'Clock.
——	——	Royal Institution. *Subject:*—"On Botany." By M. T. Masters, Esq. Three o'Clock.
——	——	Royal Society. Half-past Eight o'Clock.
Friday,	May 12.	Royal Institution. *Subject:*—"On the Common Plan of all Animal Forms." By T. H. Huxley, Esq. Half-past Eight o'Clock.
Saturday,	May 13.	Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture VI. Four o'Clock.
——	——	Royal Institution. *Subject:*—"On the Importance of the Study of Language as a Branch of Education for all Classes." By Dr. R. G. Latham. Three o'Clock.
——	——	Medical Society of London. Eight o'Clock.
——	——	Royal Botanic Society. Four o'Clock.

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Medical Times & Gazette.

SATURDAY, MAY 6.

INDUSTRIAL PATHOLOGY.

We are glad to find that the Society of Arts is directing its earnest attention to the causes which produce accidents, injuries, and diseases incident to various bodily employments; and that it has formed a Committee for the purpose of taking special cognizance of the whole subject, who have already issued and circulated a series of well-devised questions. Although this important subject has already engaged the attention of scientific men, and philanthropists, and has been at different times investigated by Parliamentary Committees, we have not as yet received any very important contributions to the means for diminishing the calamities which the working classes suffer from the occupations they follow. So far, indeed, is the Government from having provided adequate safeguards against the explosions which are constantly occurring in our mines, at the rate of a thousand fatal cases in a year, that the miners, under a sense of the neglect from which they suffer, have lately addressed to the Government a very affecting memorial, and called for the protection of the State.

It is very proper that a Society formed for the encouragement of arts, manufactures, and commerce, should add to the many great public benefits it has recently conferred, by undertaking the duties on which it has just entered. From its thoroughly practical character, its extensive connexion, so rapidly increased during the last few years, especially by its affiliated Societies, and from the great variety of influence at its disposal, the Society of Arts will be enabled to fulfil its self-imposed task more efficiently than any professional body, and we anticipate with much more success than has rewarded the labours of the Parliamentary Committees, or attended the different measures adopted by Government.

The physical evils which attach to the various kinds of industrial labour are properly divided into those injuries which are the result of sudden violence, and into chronic injuries to general health, or to particular organs of the body. In the former class, our attention is called to defects in the construction of scaffolding, vaulting, and shoring; to defects of protection against dangerous mechanical operations by hand, machinery, or otherwise; to explosions through steam, fire-damp, gas, gunpowder, and the like; to the effects of carbonic acid and sewer gas; and to the various casualties by water. In the latter class are the injuries resulting through vitiation of the air, through extremes of temperature, through privation of light, through excessive fatigue, through working in water, through irritating and poisonous contact with the skin, through violence or infection from domestic animals, through over-stress on particular joints, or over-fatigue of particular organs, and through labour in positions of constraint and tension, or with extraneous pressure on internal organs.

No member of the Medical Profession can look at this list of the causes of accident and disease without at once having suggested to his mind a long catalogue of calamities, with which more or less, he is quite familiar, and the avoidance of which might to a very great extent be promoted, if there were due care on the part of the industrious classes, and liberality on the part of employers, guided by scientific knowledge, and, indeed, in most cases, by nothing beyond practical good sense. There must be an earnest purpose on the part of employers and the employed to carry out the benevolent intentions which have originated this important inquiry. When it is discovered that some very profitable manufacture cannot be kept up, whatever means and appliances may be employed, without injury to the workmen masters will, we hope, be prepared—as, we believe, has been done in many cases—to lay it aside. When workmen discover that, by some valuable invention, they can deprive their occupation of its dangerous character, they must be prepared for its adoption, even if, as the consequence, they should find craftsmen become more numerous, and work or wages diminished, from the fact that the occupation is discovered to have lost its injurious character. Needle-makers, without further explanation, will understand our allusion, and see how they may co-operate in this benevolent scheme.

We observe, from the memorandum published by the Society of Arts, and the list of queries it contains, that the aid of the Medical Profession will be invoked; and we can promise those who are engaged in this benevolent work, that it will be freely given. It would be easy for members of the Profession to show a large number of diseases which are constantly preying on our operative and labouring classes, which might be prevented or meliorated if society generally were ready to co-operate for the purpose.

MEDICINE AND THE STATE.

In all the interests of the State there is not one of more paramount importance than that of the public health, not one which more deeply affects the general and individual relations of our social existence. The health of the public is, therefore, a public care, a public trust: its conservation a public duty; and when these principles come to be fully recognised and acted on, we are convinced, that with the accumulating aids daily furnished by scientific medical research, much can and will be accomplished towards the further mitigation of human suffering, the arrest of contagious disease, and, if not the prevention, at least the partial stay of epidemic ravages. How little has ever as yet been attempted towards the accomplishment of these great ends, on any large comprehensive system, with any principle of combined action, or with any definite and determinate views! As if the direct scourge of God, disease goes abroad from the hovels of the poor to invade the luxurious dwellings of the rich, ranging through all the intermediate social grades; and thus ever multiplying its centres of radiation, the wonder ceases to be that we have so much of fevers and other similar maladies constantly rife among us; but it is rather, on the contrary, matter of surprise that they are not always present in an epidemic form. To meet these ever present evils it may be stated almost absolutely, and certainly with but slight ground for exception, that one principle only presides over the organisation of means to arrest the progress of disease, which, invading alike the hut of the pauper and the palace of the lord, carrying devastation through hall and hamlet, cottage and castle, village and metropolis, should be looked on as a great

public evil, finding that all the resources of public knowledge and po should be directed to effect its alleviation or arrest. T one principle is, the principle of *charity*. Whether the city of individuals, or the charity of the masses, matters not; true it is, that charity, in some form or other, not only has h, but is still, the chief agency brought into operation to pide means for arresting the spread of disease. Far be it from to say aught that could repress the noble feelings which prot to the alleviation of the sufferings of our fellows. We ow full well the many noble things that charity has left s memorials of the better impulses of our nature; we a fully alive, also, to all that it still accomplishes with unaring hand. But we hold that, whereas disease affects entire public welfare, the means for its cure, alleviation r arrest, should be a public charge, and, in all cases, ful and adequately provided, without regard to cost, or pitiful a mistaken considerations of public economy. Abundance of legnate objects demand the daily contributions of the charitable ut we believe that it is utterly false in principle, and entirelnexpedient, to trust to charity for the performance of dutiwhich we hold to be public in their nature, as affecting the conon weal of all members of the State. The efforts of the charble are inconstant, variable, frequently deficient, though oft excessive; from their nature, they must be local, temporary, lited in their sphere and principle of action; comprehensive, anpatory, preventive,—based on broad common principles, or a system of uniformity, they can never be. They must, of necety, therefore, be inefficient and inadequate. We shall be told ich of the operation of Boards of Health, Fever Acts, Commions, and Reports. We have only to say, in reply, that thargest schemes yet adopted have been miserably inefficientrippled by short-sighted measures of economy, and in every y calculated to degrade the character and the status of those om it is the interest of individuals and the public, if for heir own sakes alone, to endeavour to keep to the high moral standard,—we mean, the members of the Medical rofession. But even all these forms of public medication m be considered as invariably based on a system of charitable lief; and here, we think, essentially lies the main source of ir inefficiency, their shortcomings, and their too numerous merable failures. The charge of the public health, and the arres or alleviation of disease, affecting all members of the commnity at large, are, as we before stated, public duties, and, therefore, should be entrusted to a high and responsible body of Medical officers, constituting a properly organised system of "ivil Medical Service," recognised as a public department, an a most high, honourable, and useful one, paid and appointe accordingly. In such a system, Hospitals, Dispensaries, an all other necessary Medical requirements, would be regarde as necessary public institutions; and such is the only true an proper light in which we can believe it right to regard them. As such, they have an unqualified and indefeasible claim to ublic support, and adequate provision should be made for theimaintenance in a proper and efficient condition, so as to renderhem, in some degree, commensurate with the magnitude of te public evils they are intended to remedy.

At another time we shd take occasion to develope more fully our views of the mode n which a great and comprehensive system of " Civil Medical ervice" may be organised in a manner worthy of the times and ne country in which we live. For the present we must content urselves with stating the propositions, that, however admissible and useful as an auxiliary the principle of *Charitable Medical Relief* may be, it is wholly inadequate to the great end of guarding and insuring the public health; and that it is, moreover, entirely unworthy of the age and country in which we live, to allow such a great charge as that of the public health to devolve on the charitable feelings of the pious and compassionate members of the community.

Viewing the question in this broad and comprehensive manner, it must be admitted that the case of the Irish Metropolitan Hospitals stands high above all petty considerations of pecuniary savings, which have been or can be urged in favour of the withdrawal of the grants which they have so long enjoyed, that usage alone, we might have supposed, would have established an unquestionable right. Of the utility and necessity of these institutions, we do not believe that it has entered the head even of Treasury economists to doubt. The maintenance of these Hospitals in their integrity and fullest efficiency, has been repeatedly proved, on the strictest inquiry, to be necessary to the hygienic welfare of the City of Dublin. To withdraw any portion of the funds by which they were maintained, or in any way to interfere with their efficiency, it might have been readily anticipated, would have been attended with most serious evils; and in practice such has been actually found to be the case, so far as this notable economic experiment has been carried out hitherto. Degradation of character, contamination of morals, not less than the extension of disease, have followed the indiscriminate herding together in workhouse infirmaries of the poor and the profligate, the casual victims of disease in the artizan classes, and the habitually debauched, whom the crippled resources and the closed wards of appropriate Hospitals could not shelter. Various other arguments, if any were wanted, could be adduced to substantiate our position, that *public Hospitals are necessary public institutions*, and, as such, entitled to public support,—a view which, we have little hesitation in affirming, will be fully confirmed in the case of the Dublin Hospitals, by the recommendations of the present intelligent Committee of the House of Commons, when the evidence on this important question shall have been duly laid before them.

THE " PUFF BIOGRAPHICAL."

NOTWITHSTANDING the general disapprobation which has been expressed by the Profession with regard to the almost exploded system of biographical puffing and pictorial advertising, and the gratifying proofs which have been afforded that all endeavours to degrade the taste of the Medical body have proved unsuccessful, attempts are still made to defend a practice which we had begun to hope was a thing of the past. We are told that when only eminent men are the subjects of these sketches, no objection can be made to them, and that the clergy and civil engineers have set us an example we should be proud to follow. A few words on these points, though scarcely needed, may not be out of place.

Just as we have a gradation of colour from black to white, or a succession of stages from vice to virtue, so do we notice a gentle progression from open quackery and gross puffing to those fair and honourable means which any man may use to put himself conspicuously before the world. He may, when in high places and of much renown, yield to the wishes of a large circle of friends, who desire to have his portrait taken by an eminent artist, that it may adorn a National Gallery or a public Hall; he may permit copies or engravings to hang upon the library-wall of his admirers; but he could not, consistently with his high character, consent that either a cheap lithograph or a hideous woodcut should stare from the window of petty stationers' and booksellers' shops, to advertise his being to the world, and to attract the notice of the valetudinarian wayfarer.

It is true that the system did not originate with the Medical Profession; it was bred between clerical vanity and feminine enthusiasm. An affectionate congregation, anxious for a remembrance of their well-known pastor, raise a subscription to defray

the expenses of a painting and engraving. The painting of the Rev. W. Wellbeloved in full canonicals, is offered to that eminent man, by a deputation of ladies specially appointed. The engravings, distributed to adorn, during the period of popularity, a fleeting post of honour in the boudoir, are soon transferred to the spare bedroom, to sink yet lower into the hall or pantry. It is also true that cheap portraits have acquired favour as a means of advertisement with civil engineers. There is a shop somewhere in the Strand, in the window of which the pedestrian may behold a shoal of little woodcuts, exhibiting the features of Mr. Tomkins, who threw a wooden bridge, capable of supporting without shaking a servant-girl on a jackass, over the fleet river, in the fields at Hampstead; or Mr. Jonas Brown, who suggested the idea that a light iron railing was as good as a heavy stone buttress along a railway viaduct, to oppose the impetus of an express-train.

We cannot congratulate those who have been induced to follow these examples, and we trust never to see revived a certain class of puff-portraiture, which, not being of public interest, should be withdrawn from general gaze. There is no need for the world to know how that eminent man Mr. North looks when, arrayed in an untidy white neckcloth and black clerical garments, he reclines in an arm-chair, his not unhandsome features thrown into a mingled expression of deep thought and gentle commiseration; nor will patients flock to Dr. Monboddo's consulting-room in greater numbers because public attention is alluringly invited to examine at a shop-window the representation of his broad, intellectual forehead and his fiery eye. The straight road to renown is ever the best, although it may not be always the smoothest. Biographical puffing having been discountenanced and discarded, let it not be revived; but let Medical men turn to the independent cultivation of the field of inquiry which our noble Profession affords as a means of benefiting our fellow-creatures, and handing to posterity that which will outlive the largest edition of cheap lithographs,—the name of an honest and industrious man of science, who has been honoured during lifetime for modesty, philanthropy, and truth.

THE LATE GEORGE NEWPORT, F.R.S., F.L.S.

THE following notice has been sent to us, and we have a melancholy satisfaction in bringing it before our readers. We need hardly say that the matter merits their interest and support.—ED.

The remarkable and very exemplary scientific career of the late GEORGE NEWPORT, and his long-continued and successful labours in the departments of Comparative Anatomy and Physiology, seem to claim some permanent record of the debt which Science owes to him. It is therefore proposed that a MEMORIAL-TOMBSTONE should be erected over his remains in the Cemetery of Kensall Green, by the Fellows of the Royal and Linnæan Societies, to the service of which distinguished bodies he may be said to have devoted the last ten or fifteen years of his life.

It was the noble part of GEORGE NEWPORT to have consecrated himself, early in life, to scientific research, under the most unfavourable circumstances; and, by his singular energy and perseverance in the same path, to have raised himself from an unlettered lot, and a humble social position, to take rank with the eminent philosophers of his time.

Subscriptions (not to exceed one guinea each) will be received by the following gentlemen; and also at the Bank of Messrs. HERRIES and Co., 16, St. James's-street:—

THOMAS BELL, F.R.S., President of the Linnæan Society, 17, New Broad-street.

WILLIAM SHARPEY, M.D., Secretary of the Royal Society, 35, Gloucester-crescent.

SIR JAMES CLARK, Bart., M.D., F.R.S., 22b, Brook-street.

SIR JOHN FORBES, M.D., F.R.S., 12, Old Burlington-street.

H. BENCE JONES, M.D., F.R.S., 30, Lower Grosvenor-street.

J. P. GASSIOT, F.R.S., Clapham Common.

C. R. WELD, Esq., the apartments of the Royal Society.

April 25, 1854.

REVIEWS.

An Inquiry into the Pathological Importanof Ulceration of the Os Uteri. Being the Croonian Lecturer the year 1854. By CHARLES WEST, M.D., Fellow of thoyal College of Physicians, Physician-Accoucheur to St. holomew's Hospital, and Physician to the Hospital for Children. 8vo. Pp. 95. London. 1854.

A Treatise on Acute and Chronic Diseases the Neck of the Uterus. Illustrated with numerous Plates,loured and Plain. By CHARLES D. MEIGS, M.D., Professor oidwifery and the Diseases of Women and Children in tJefferson Medical College, etc. 8vo. Pp. 116. Philadelphiad London. 1854.

THE origin of these works is peculiar. T Royal College of Physicians for many years regarded such their members as practised midwifery with an unfavourable re. The appointment of so distinguished a Physician-Accoeur as Dr. West to the office of Croonian Lecturer for the ent year is, therefore, really an event in the annals of the Intution. Dr. West thus opens his first lecture:—

"Mr. President,—Sir,—I enter on the hurable task which you have assigned to me with much appension and misgiving. It is not merely that I appear in theacher's garb before those from whom I have learned much, annight still be well content to learn all my life long—nor that ddress an audience whose criticism I dread, and whose unfavouble censure I would deprecate, which fills me with anxiety; but is that I am here to-day in some sort as the representative hose who follow a department of Medical practice which tillt recently this College scarcely countenanced, to which it hout lately extended honourable distinctions—on whom it has w for the first time imposed a more honourable duty."

Dr. Meigs, Professor Channing, of Bos, and Dr. Thomas Yardley, of Philadelphia, were requestedy the American Medical Association to present a Report to at body on the subject of acute and chronic diseases of the cix uteri. The Committee thus constituted confided to I Meigs the duty of drawing up the Report; and the result the volume bearing his name which is now before us.

Dr. Meigs opens his report with a deice of the use of the speculum. It is very singular that thereould, fifty years after its first employment, be any doubt aso the value of this instrument. For our part, we shou as soon think of defending the use of the stethoscope aof apologising for the use of the speculum. Dr. Meigs is an ae advocate of its more extensive use, not by specialists, but y every well-informed Practitioner.

"We must not repudiate," he says and, by wholesale reprobation, condemn and annul a goomethod of cure merely because incompetent or wicked persons ight, or do, abuse it to their own gain. To do so would be tomerce and punish the sick and the miserable for faults of our otherhood."—P. 24.

After describing the form, size, etc., the normal uterus, Dr. Meigs proceeds to the consideration othose acute and chronic ailments of the womb which are untended by topical pain, and which "experience has shown" to , in many instances, the cause of bad health.

Affections of the vagina, Dr. Meigs ates, may, for the most part, be considered to interest very litt the female constitution. Whenever the health suffers in leorrhœa, "the essential malady is not in the vagina, but i the neck of the uterus itself."—P. 34.

The discharge in vaginal leucorrhœ is thin watery mucus, or else of a creamy consistence, butyraous, or concrete.

"The excretion," Dr. Meigs contues, "from the follicles and glands of the canal of the neck, owever, is always gluey or albuminous, and resembles fresh wte of eggs; and when the patient, in describing the disorder, norms us, that she discovers a shiny, transparent mucus, and espially if it appears at intervals of once a-day, or oftener, we ma take it for granted that she labours under inflammation of e neck of the womb."—P. 35.

In these cases of inflammation of te canal of the neck of the uterus, "a vaginal injection is simpl ridiculous."

Topical applications are essential fr the recovery of the patient. The topical application Dr. Migs employs is the nitrate of silver. A stick of the solid nitrat is to be passed over the surface so lightly and rapidly, that although the surface touched is decidedly affected by the applicatin, yet no portion of it is destroyed. The speculum must be eployed to determine the exact condition of the neck of the utrus, and also as often as the topical application has to be made.

Certain forms of inflammation and hypertrophy of the cervix have been, Dr. Meigs believes, accounted by those who employ the speculum as ulcerations.

"An immense experience in a populous metropolis, —an experience greatly increased by the resort of numerous individuals from the country, and from the different United States,—enables me with confidence to declare, that ulceration of the womb is among the rarest of disorders."—P. 55.

Dr. West has made some observations on this subject, which have led him to a very different conclusion to that of Dr. Meigs. Dr. West's precise statements offer an equally striking contrast to the loose, sweeping generalities of the American Physician.

Dr. West examined 62 uteri removed from the bodies of women who died in the medical wards of St. Bartholomew's Hospital of other than uterine diseases.

"Each examination was recorded according to a printed form, on which were specified for separate notice the dimensions of the uterus, the conditions of the os, the length and breadth of the cervix uteri, the size of the uterine cavity, the thickness of the walls of the organ, and so on,—points some of which were of practical interest, while the enforced attention to others had at least this advantage, that it prevented anything from being overlooked."

Forty-nine of the 62 patients were between 15 and 45 years of age; 13 above 45 years of age; 19 were believed to be virgins.

Ulceration of the os uteri was found in 17 of the 62 cases.

While admitting the frequency of ulceration of the os uteri, Dr. West denies that it is of any great pathological importance; and he proves his position by a consideration of the various kinds of evidence on which the opposite opinion to that which he himself holds ought to have been grounded.

"In the first place," Dr. West says, "we may inquire how far these statements receive confirmation from what we know of the anatomy and physiology of the uterus in a state of health." P. 18.

"In the second place, we may try to ascertain whether examination of the dead body shows the morbid conditions of the os uteri, which have been described to be frequent or rare, slight or extensive; and we may also endeavour to make out what connexion subsists between ulceration of the mucous membrane of the os and cervix uteri, and other changes in the tissue of the organ." P. 18.

"We may inquire, in the third place, whether there is any condition in which ulceration of the os uteri comes under our notice unconnected with other disease, and with such circumstances as to admit readily of our observing its characters and watching its course and consequences." P. 18.

"The fourth, and most important inquiry of all, concerns the frequency of these ulcerations of the os uteri under those circumstances in which they ordinarily come under our notice, and call, or are supposed to call, for our interference." P. 19.

Having thus stated the objects concerning which inquiry is to be made, in order to determine the answer to the question he proposed to himself, viz., that of the pathological importance of ulceration of the os uteri, Dr. West continues:—

"If the alleged symptoms of ulceration are found to be not rarely present without ulceration, and if ulceration is discovered even where there are no symptoms; or if, in the same case, the ulceration may vary in extent, with no corresponding change in the symptoms; if an indurated state of the cervix exists without ulceration, and ulceration even of long standing without induration,—the conclusion, especially if supported by the answers obtained to our previous inquiries, seems to me irresistible, that the importance of inflammation of the cervix and of ulceration of the os uteri has been overstated; that they are not the cause of all the symptoms which they have been alleged to occasion; and that, in the treatment of uterine disease, many other considerations must influence us more than the mere removal of the ulceration of the orifice of the womb." P. 19.

The plan thus ably sketched out for his inquiries has been strictly followed by Dr. West, and amid the frothy trash and the conceited dogmatism which fill the majority of the recent books on the subject in question, it is really refreshing to find ourselves following so accurate and honest an observer, so clear and logical a reasoner, as Dr. West. We regret that the space at our disposal prevents us laying before our readers the evidence adduced by Dr. West to prove the truth of his conclusions; but we recommend all interested in the subject to study Dr. West's own work, for it is a model of what such a work ought to be. We must content ourselves here with an abstract of Dr. West's conclusions:—

"1st. Uterine pain, menstrual disorder, and leucorrhœal discharges. The symptoms ordinarily attributed to ulceration of the os uteri, are met with independently of that condition almost as often as in connexion with it.

"2nd. These symptoms occur most frequently at the time of the greatest vigour of the sexual functions, and 'no cause has so great a share in their production as the different incidents connected with the active exercise of the reproductive powers.' Ulceration of the os uteri exerts no special influence in causing sterility or in inducing abortion.

"3rd. These symptoms are slightly more severe in the cases in which there is ulceration of the os uteri.

"4th. In as far as could be ascertained by careful examination, four-fifths of the cases of either class presented appreciable changes in the condition of the uterus. 'An indurated or hypertrophied state of the cervix uteri was, however, more frequent in connexion with ulceration of the os uteri than independently of that condition.'

"5th. The inference, however, to which the last-mentioned fact would seem to lead, as to the existence of some necessary relation, such as that of cause and effect, between ulceration of the os uteri and induration of its cervix, is in a great measure negatived by two circumstances.

"1. The great number of instances in which an indurated cervix co-existed with a healthy os uteri.

"2. The fact that, while induration of the cervix was present in 25 out of 46 cases in which the ulceration of the os was slight, it was altogether absent in 9 out of 16 cases in which the ulceration was noted as having been very extensive."—P. 59.

Retroversio uteri is, according to Dr. Meigs, the most common of all the ailments peculiar to women.

He has been, he says, long fully satisfied that retroversion of the womb "constitutes 75 per cent. of all cases of sexual disorders that are of a gravity sufficient to require appeal to Medical advice."—P. 61.

Instead of confirming the statement by figures, Dr. Meigs contents himself with remarking, that "it will *probably* be found sustained by statistical experience." The consequence of retroversion of the womb is hypertrophy of that organ. The treatment is "to reposit the uterus, and maintain it so;" if this be accomplished, the uterus soon recovers its normal dimensions.

Dr. Meigs dwells much on one of the consequences of retroversion of the uterus, viz., shortening of the anterior columna of the vagina.

"In retroversions of some considerable duration the anterior columna of the vagina has become shortened, and, in consequence of its being without any antagonistic force allowed so to conservate its material as to be indisposed afterwards to remain in the state of extension natural to it."—P. 91.

The consequence of this condition of the vagina is, Dr. Meigs says, that the uterus resumes its abnormal position as soon as the power is removed by which the retroversion is reduced. To obviate this inconvenience, Dr. Meigs has devised, with the aid of an old lady suffering from the affection in question, a pessary, the effect of which is to retain the uterus in its proper position, and lengthen the anterior wall of the vagina. A figure and a description of this pessary is given by Dr. Meigs. We ought to add, that, appended to Dr. Meig's Work, are twenty-two plates illustrative of the various diseases of the uterus described in the body of the book. These plates are very well executed, but we think decidedly over-coloured.

Medical Reform. A Letter to Lord Palmerston. By Francis Clarke. London. 1854.

We regret very much to see such a statement as the following in a letter directed to a Secretary of State:—

"The mere apothecary, except at the Hall, exists but in name, and is succeeded by the dispensing chemist and druggist, to whom the physician and operating surgeon direct their prescriptions to be sent, and from whom they are generally believed to receive a consideration for so doing."

We believe that no physician or operating surgeon of respectability receives "a consideration" for directing his prescriptions to a druggist. There may be some discreditable exceptions, but it is very unjust to take them as the rule.

We need not discuss the particular plan of reform proposed by Mr. Clarke, as our own views have been repeatedly expressed in leading Articles.

FOREIGN CORRESPONDENCE.

Dantzig Hospital, April 15.

YOUR excellent Journal has now found its way into the Dantzig Medical circle, and English is so generally studied here that you keep us quite up in all the sayings and doings of our brethren at home. You will perhaps be surprised that I am still sojourning in Dantzig. I was on the eve of departing, with a heavy heart, when the idea of the vast opportunities for independent observation and independent action came across my mind with redoubled force, and I determined to remain another six months as assistant of our excellent friend, Dr. Wagner. Altogether, I have about 100 beds at my disposal, the hospital being thus fairly divided among the four assistants. On an average, we generally count 450 to 470 patients—a splendid field for observation; and I can assure you we do our best to keep "knowledge from running to waste," to use Dr. Latham's expression. You will easily appreciate the advantages accruing to us assistants from Dr. Wagner being a young man, a man free from prejudice, full of energy, and enthusiastically devoted to the advancement of the art in the practice of which he has so successfully embarked. He allows us as much independence in the treatment of the patients entrusted to our care as he possibly can; we examine and prescribe for our new patients; if it is a surgical case, we are allowed to pursue whatever course we deem proper, and are only bound to consult him when we have good reason to hesitate to act on our own responsibility.

He is determined to make a capital institution out of the Hospital, and, therefore, spares no trouble; and, of course, requires the same from his assistants, to make the most of everything that offers itself. We assistants visit our patients from eight to ten in the morning, examine all cases with the greatest accuracy, write journals for the new cases, and add what is necessary to those of the old ones; at ten we meet Dr. Wagner in the bureau, and then proceed to make the round of the whole Hospital in his company, each department having fixed days on which the patients are examined by him with scrupulous exactitude. Of course the assistant to whom the ward is entrusted is expected to be well-informed about every case; the journals attached to the bed-post are expected to be in perfect order and well conducted; differences of opinion with respect to diagnosis and treatment are brought forward, and a free discussion ensues. This walk through the Hospital generally lasts till two o'clock; if we have operations, they are then performed, those of minor importance, of course, by the assistants, in turns. We then repair to the dead-house, make our *post-mortems* with the greatest care, under the superintendence of Dr. Wagner, either he himself, or the assistant who happens to dissect, dictating the report. In the evening the assistants make a second visit in our wards from six to eight or nine, just as the number of new cases requires. Then there are journals to make or complete, and accidents are coming in, so that undisturbed quiet is a mere dream. I think we have too much to do; and a rather severe attack of typhus fever, from the effects of which I am at present recovering, no doubt resulted in part from overstraining body and mind.

NEW MODIFICATION OF SYME'S AMPUTATION.

We have lately been trying a new method of exarticulation at the ankle-joint, a method invented by Professor Pirozoff, of St. Petersburg. The only mention made of it in Medical literature is to be found in one of the volumes of the "Zeitschrift für Wiener Aertzte," by Professor Schuh, who has performed the operation several times with excellent results. I have not read Professor Schuh's essay, and, therefore, can only describe the method as we have practised it on the subject. We have two cases in the Hospital at present, which will no doubt have the honour of being the first candidates in Dantzig for this really ingenious innovation on Mr. Syme's operation.

The point in which Pirozoff's operation differs from that of Mr. Syme, is the preservation of the posterior portion of the os calcis, which is left to fill up the heel-flap. The proceeding is obvious, and easy of execution. The incisions are made exactly as directed by Mr. Syme: after practising the first from one malleolus across to the other, the operator need only prepare the integuments about a line or two backwards from the inferior surface of the os calcis; he then proceeds to the execution of the second incision across the front of the joint; the astragalus is then exarticulated, and the os calcis divided by the saw behind the posterior extremity of the astragalus. The posterior extremity of the os calcis is preserved by this proceeding, instead of the whole being peeled out, as in Mr. Syme's operation; the heel-flap is thus completely filled out by the bone. The saw is then applied to separate the malleoli, and a thin slice of the articular surface of the tibia; the cut surface of the last-named bone is then brought into apposition with the cut surface of the os calcis, and the skin-flaps accurately united by sutures. The advantages of this operation are obvious:—1st. We obtain a longer stump than by Mr. Syme's operation, and the extremity of the stump is firmer, and far better adapted to bear pressure with impunity. 2ndly. The healing process takes place quicker, and is less likely to be retarded and disturbed, as after Mr. Syme's operation, the cavity of the heel-flap being filled up by the bone. 3rdly. There is no danger of the heel-flap being deprived of the necessary supply of blood, as it will be easy to avoid dividing the posterior tibial artery high up in the wound, as often happens during the execution of Mr. Syme's operation, even by the most skilful hand.

I am bound to add here, that I have seen a case of Syme's operation, in Langenbeck's Hospital, recover remarkably well, where the posterior tibial artery was divided immediately below the malleolus internus; whereas, in another case that came in shortly afterwards, where the artery was preserved during the operation in its whole length, extensive sloughing of the flap supervened.

Of course, I do not mean to imply that the preservation of the arterial branch was the cause of the accident; and am of opinion, as every man of clear sense must be, that the preservation of the artery must be aimed at as much as possible.

Pirozoff's operation is easier of execution than that of Mr. Syme. This is a point I do not particularly urge, as, by diligent practice on the subject, anybody who is able to handle a knife can acquire great dexterity in performing Mr. Syme's operation. A button-hole, or a "window," as we call it here, will certainly now and then make its appearance, just when you are priding yourself upon performing the operation with the utmost elegance: it is a consolation, that the hole injures the pride of the operator more than the patient. Of course, this operation will not supersede Mr. Syme's proceeding, as a perfectly healthy state of the os calcis, in its posterior part, forms a *conditio sine quâ non;* but I think it well deserves the attention of the Profession in cases adapted to its execution.

NEW OPERATION FOR VESICO-VAGINAL FISTULA.

Dr. Wagner has operated upon two cases of vesico-vaginal fistula since we have been in Dantzig; one healed after the first operation, but an incontinence of urine remained. The patient was not to be prevailed upon to remain in the Hospital, so that no further treatment could be resorted to. Langenbeck and Wagner both treat vesico-vaginal fistula on a principle first introduced into plastic surgery by Langenbeck himself. Its application to vesico-vaginal fistula will, however, scarcely be intelligible without a detailed explanation, which I find it rather difficult to offer.

The margins of the fistula are left untouched; the operation is commenced by performing two semilunar incisions meeting at both extremities, so as to surround the whole periphery of the defect. These incisions are made about a line distant from the edge of the fistula, (or even further, according to the extent of the cicatrix' tissue,) and penetrate through the whole depth of the mucous membrane of the vagina. The operator then separates the mucous membrane from the submucous fibro-areolar tissue to the extent of a line or more all around the fistula, commencing from the incisions above mentioned, so that two flaps of mucous membrane result, one on each side.

It will be easily understood that four flaps are now formed, two on each side of the fistula: 1st. The two last-mentioned, formed of mucous membrane, the free margins of which, meeting at both extremities, correspond to the incisions with which the operation commenced. I shall call these the external or inferior flaps. 2ndly. Two flaps, consisting of the other tissues of the vagina, the layer of fibro-areolar tissue with organic muscular fibres, and the external layer of fibrous tissue with numerous elastic fibres, and very vascular. The free margin of these flaps is formed by the surrounding margins of the fistula; these internal, or, according to the position of the parts and the anterior wall of vagina, superior flaps, are broader than the external ones by the distance in which the first incisions were made from the margin of the fistula. It is important to remember this fact for the third stage of the operation. The sutures are then applied as follows:—

The sutures at both extremities are merely passed through the flaps of mucous membrane; all the other sutures are first passed through the external flap on one side from above downwards, then through the internal flap in the same direction; the needle is then passed through the same parts on the opposite

side in inverse order, from below upwards; all four flaps being thus taken up by each suture. The sutures being drawn tight, the double closure is obvious. The parts brought into close apposition are the raw margins, and raw submucous surfaces of the external flaps, and the inferior raw surface of the interior flaps, the margins of which (they being broader than the external flaps) are turned inwards towards the cavity of the bladder, and, being closely approximated, effectually prevent the urine from coming into contact with the parts below.

I will leave you to judge of the merits of this proceeding, and only add that it is not well adapted for large fistulæ, and quite impracticable in cases where the tissues surrounding the fistula are indurated to a great extent, as the first incisions must be performed on healthy mucous membrane. I do not think that a great number of cases have been operated on in this manner as yet, so that I can offer no judgment as to its comparative merits, except theoretical deductions, which certainly speak in its favour. I think that this description is the first hitherto attempted.

MODUS OPERANDI OF ATROPINE.

We have had four cases of development of numerous cysticerci in the brain; a number of remarkable and rare fractures; and cases of nervous disease, among which I may mention four cases of paralysis of the oculo-motory nerve, which gave us an interesting opportunity of testing the mode of action of atropia. The experiments fully confirmed pathologically what Budge has shown of late by his beautiful physiological experiments, that the dilatation of the pupil is wholly independent of the oculo-motory nerve. Budge, as you know, proved that irritation of the sympathetic nerve, or of that part of the medulla to which he has traced the origin of the sympathetic fibres proceeding to the iris, produces the dilatation. Is atropia, dropped between the eyelids, taken into the system, and does it produce dilatation by acting on the nervous centre of the sympathetic fibres, or does it penetrate through the cornea into the aqueous humor, and act locally on the radial fibres of the iris? Many facts show that the latter mode of action is possible. Graefe, of Berlin, presumes to say that it is always the case; but I will discuss the matter no further, as my colleague, Dr. Graefe, will describe the cases I refer to in a small essay.

GENERAL CORRESPONDENCE.

CHLOROFORM IN MIDWIFERY.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the Number of your excellent Journal for December 24, 1853, at the Royal Medical and Chirurgical Society, it is stated, "Dr. Merriman related a case where chloroform was administered during labour. Pain ceased, and he returned home for a short time. On being called again to see the patient, after a lapse of two hours, having been told that she was very ill, he was unable to find any trace of the child; and the systemic effect was so violent, that it was long before labour recommenced, the uterus having been temporarily paralysed. She never recovered from the effects of the narcotic, and was finally removed to a lunatic asylum." How different is the aspect of the case, now we see it at length!

Dr. Merriman finds an Irishwoman in strong labour about 3 a.m., Nov. 21, 1848; the os uteri fully dilated; the head in its natural position, and the waters, which break almost immediately, half way down the vagina. The pains are very severe and frequent, but the head does not descend, seeming to be propelled against the pubes, and not in the axis of the brim.(a) This condition lasts an hour; chloroform is administered, and the pains cease "a moment" (no unusual occurrence in natural labour), but again return as strong as before, forcing down a scalp tumour. Pressure is used to direct the head of the child more backward, but ineffectually. Three successive doses of ergot are now given, but to no effect, for the pains subside, and presently cease. The patient has retchings, and complains of pain in the abdomen, and, having taken forty minims of Battley's laudanum, is left till half-past twelve noon. Dr. Merriman now returns, and, to his surprise, finds no trace of the child's head, the pain and vomiting still continuing. Dr. Hawkesley gives her two grains of opium and two of calomel at five p.m. Dr. Chowne passes his hand into the uterus, seizes the child's feet, and completes the labour at a quarter to seven p.m., the uterus contracting "firmly" as its contents are withdrawn. With great attention the patient recovers. And here the case should have rested, either in Dr. Merriman's mind or his note-book, as a case of obstructed or tedious labour, in which chloroform was useless; but he, ever zealous for the welfare of his fellow-creatures, and fearing the powerful effects of chloroform, thought differently, and now publishes his belief, "that the relaxation of the uterus, in the case of Mrs. Manning, was brought about through the inertia caused by deep inhalation of chloroform." In defending chloroform from this imputation, I may state, as appears from Dr. Merriman's own report, that the pains continued for two hours after chloroform was first administered, and that they at length subsided and ceased, as they would have done in any other case in which chloroform had not been employed, from exhaustion. Moreover, he states, that the uterus "contracted firmly" as its contents were withdrawn. Now, mark! this firm contraction took place at a quarter to seven p.m., while the first exhibition of chloroform seems to have taken place about four a.m. Surely, after such an interval, chloroform should not be blamed because "there was no attempt at any contractions to expel the child or the placenta." But Dr. Merriman further says: "About a year afterwards, I heard from a neighbour that Mrs. Manning had been placed in a lunatic asylum." He does not distinctly say, however, that chloroform was the cause of her being in such a lamentable condition, though it appears to have crossed his mind. The information he received from Dr. Chowne, viz., that Mrs. Manning, after her recovery, had devoted herself to religion, fasting, etc., surely has dispelled any doubts he may have entertained upon that point.

If Practitioners knew better the mode in which chloroform acted, so much apprehension would not, I think, be felt. M. Edward Robin ("Mode d'Action des Anesthésiques par Inspiration") says, "De nombreuses expériences, faites par les grands maîtres, ont montré que, lorsqu'un sang noir convenablement désoxygéné arrive dans les organes à la place du sang rouge, il produit l'insensibilité et la perte de la contractilité. Or tels sont les effets que l'éther détermine quand il pénètre à dose suffisante dans la circulation. Et ce qui prouve que l'action de l'éther sur le sang est primitive."

When chloroform is inhaled, the quantity of carbon in the blood is increased; but if pure air be substituted, the blood soon loses this superabundance of carbon, and returns to its normal condition. The great caution in administering chloroform, is to take care that the quantity of carbon in the blood is not increased too rapidly. I am constantly administering chloroform in midwifery, and am every day more and more pleased with its effects. I have, however, trespassed too long on your valuable space, and will at once conclude by subscribing myself,

A Humble Country Practitioner, and most truly yours,
J. H. Aveling, M.R.C.S.L.

Ecclesfield, near Sheffield, April 24, 1854.

[To the Editor of the Medical Times and Gazette.]

Sir,—Allow me to draw the attention of your readers to the Article on "Chloroform in Midwifery," by S. W. J. Merriman, in your last week's Journal.

The writer seems inclined to attribute all the untoward circumstances attending the case which he relates to the chloroform which was administered, whereas a little attention will show, that its operation was rather beneficial than otherwise. The patient is first seen at 3 a.m. She has severe pains, and the os uteri is fully dilated. At 4 a.m., the pains continue severe, but the head has made no decided progress. Chloroform is now administered, and at the end of two hours the pains are of the same strength as previously, have "forced down a scalp tumour," and the head "frequently appeared to descend a little." At 6 a.m., ergot was administered, in defiance of all obstetric rule, while the pains were severe and the head of the fœtus had only just entered the brim of the pelvis. If any treatment could have been devised more than another calculated to produce rupture of the uterus, this would seem to be the very one. But no; provident Nature seized the only alternative left; the pains "subsided," and "presently ceased altogether." At half-past eight, "forty minims of Battley's laudanum" were given, and the patient left. At half-past twelve vomiting continued, and the presenting part could not be reached by the finger. At five p.m.,

(a) A case of this description occurred in my own practice. The woman had been in labour fifteen hours, and the membrane had been ruptured seven. I found the woman dressed, and having pains about every eight minutes. I ordered her stays to be taken off, and all bands and strings to be loosened. Labour immediately proceeded, the fundus of the uterus, now liberated, tilting forwards, and favouring the entrance of the child's head into the pelvis. The child was born after a few pains.

there were still no pains; she had two grains of opium, and shortly after version was performed, and the child extracted.

The writer has failed to show in what way chloroform acted injuriously in this case. According to his own showing, the pains continued as strong after as before; nay, the only real progress reported in the case is *after* the administration of the chloroform, when a "scalp tumour was forced down," and the head "frequently appeared to descend a little;" and it was not until after the injudicious administration of ergot that the pains subsided and at last ceased. Whether the writer desires to saddle chloroform with the subsequent insanity of the patient, it is difficult to say; but we cannot for a moment attribute it to that cause, with more probable ones in view. The depressed state of the patient at the commencement of labour, from want of proper comforts; the shock evidently received by her system during her confinement, and her imperfect recovery, were much more likely to predispose to her religious enthusiasm and ultimate insanity than a temporary inhalation of chloroform.

If it be true that it is one of the greatest triumphs of the Surgeon to render operations unnecessary, it is not the less true of the obstetrician; and chloroform, by enabling us to conserve the powers of the patient, and by relaxing the soft parts, will frequently cause the natural efforts to be sufficient to expel the child when the aid of forceps must otherwise have been resorted to. I think it highly probable, from my own experience, that in the very class of cases to which the writer alludes, as having been "compelled to use forceps," the arrest having been at the outlet, that many of them would have yielded to the relaxing effects of chloroform, and the necessity for instruments been obviated. Again, in puerperal convulsions, when it so frequently becomes the duty of the practitioner to empty the uterus by artificial assistance, we can command the fits by chloroform, and safely wait for the natural efforts to expel the fœtus. But when we come to unavoidable operations, as come we must, chloroform is truly our most valuable assistant. If forceps are to be applied, the perfect stillness of the patient and the dilatability of the soft parts induced by chloroform afford the most favourable circumstances for their safe and easy application. If turning must be resorted to, the same advantages accrue, and with this important additional one, that we can for a time suspend strong uterine contractions, and yet with the certainty that they will be renewed when the action of the chloroform is allowed to diminish. Whoever has enjoyed the opportunity of turning under both circumstances will have no hesitation which to choose in future. I am, &c. J. K. Fothergill, M.R.C.S.

Darlington, April 25, 1854.

THE SCHOOLS OF THE MIDDLESEX AND FREE HOSPITALS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I submit to your readers the following minutes, which prove beyond a doubt the utter groundlessness of the imputations which have been thrown upon the members of the Middlesex Hospital School:—

"Nov. 21, 1853.—Dr. Crawford in the chair. Dr. Frere, Dr. Goodfellow, Dr. Van Der Byl, Dr. Thompson, Mr. De Morgan, Mr. Bentley, Mr. Shaw, Mr. Heisch.

"Mr. De Morgan reported that he had received a communication from Mr. Gant, a Lecturer at the Royal Free Hospital School, on the part of the Lecturers generally, proposing that, as the recognition of the school had been refused by the College of Surgeons, a certain number of the pupils who had entered to it should be permitted to attend the lectures at the Middlesex Hospital for a limited period, under such arrangements as might hereafter be determined.

"Mr. Gant had expressed his belief that the arrangements of the Royal Free Hospital School might be so far completed by February next, as to enable the Lecturers to obtain the recognition of the College of Surgeons, and again to undertake the instruction of their own pupils.

"It was resolved unanimously:—

"'That, before the question of receiving the pupils from the Royal Free Hospital be put, it be determined, that, if they are so received, it shall be as a matter of courtesy only, the Lecturers here receiving no fee or remuneration.'

"The meeting then took into consideration the proposal of the Lecturers of the Royal Free Hospital School; and, after careful deliberation, came to the following Resolution:—

"'That the Lecturers of the School of the Middlesex Hospital regret that they are unable to accede to the proposition submitted to them by the Lecturers at the Royal Free Hospital.'

(Signed) "Mervyn A. N. Crawford."

"Nov. 24, 1853.—Dr. Crawford in the chair, Dr. Goodfellow, Dr. Van Der Byl, Mr. Heisch, Mr. Moore, Mr. Shaw, Mr. Henry, Mr. De Morgan.

"In consequence of an interview between the Secretary and Mr. Gant, a meeting was held to reconsider the question entertained at the previous meeting.

"Mr. Gant attended the meeting, and stated, that it was the wish of the Lecturers at the Royal Free Hospital, that the students who might be transferred from that school to any other, should attend at the school to which they might be transferred for the entire remainder of the Session, and should be considered as solely under the control of the authorities of such school.

"He stated, also, that the position in which the Royal Free Hospital School was placed was entirely owing to the circumstance, that the Council of the Royal College of Surgeons had not taken any notice of the application made to them for recognition until a few days before he (Mr. Gant) had had the first interview with Mr. De Morgan.

"It was resolved—

"'1. That the circumstances relating to the proposition of the Lecturers of the Royal Free Hospital, since come to the knowledge of the Committee, having been different from those under which the Committee first acted, the Resolutions as to the terms of admission of the pupils of that Hospital be cancelled, and the question be re-opened and considered as if no such Resolutions had been adopted.

"'2. That the pupils from the Royal Free Hospital be admitted to this school on the payment of the half-fee for the whole session, according to the scale of fees at this Hospital.

"'3. That the lecturers are of opinion that, in justice to the pupils who are about to be transferred from the Royal Free Hospital, it be communicated to them by the authorities of the Royal Free Hospital, that the Lecturers of this Hospital cannot permit the pupils to remain at the Middlesex Hospital, should the Royal Free Hospital School be in operation during the next Winter Session.'

"These Resolutions were read to Mr. Gant, who expressed his entire satisfaction with them, and promised to communicate the last one to the pupils who might be transferred to this school.

(Signed) "Mervyn A. N. Crawford."

Some one, it seems, has accused Mr. De Morgan of persuading the Free Hospital students, the number of whom, by the bye, is only twelve instead of eighteen, as has been always stated by a very questionable authority,—to go to the Hanover-square meeting, and hear their own Hospital and school abused. Now, it so happens, that Mr. De Morgan, in common with almost every member of the "Medical Protest Committee," was most anxious to keep out all who had not finished their studies from the Hanover-square meeting, and promoted the adoption of measures to insure their exclusion, as far as possible. And it further happens, that the only person, so far as I am aware, who urged the Free Hospital students to attend the meeting of the 18th of January, was Mr. Thomas Wakley, jun., who paid a special visit to the Middlesex Hospital on the 16th or 17th of January for that very purpose. I am, &c.

Grosvenor-street, April 24, 1854. A. P. Stewart.

THE LATE CONFERENCE AND MR. BRADY'S BILL.

[To the Editor of the Medical Times and Gazette.]

Sir,—The proceedings at the Conference of the College of Physicians, as explained in your last *Gazette*, impose on the Profession, I think, the strenuous support of Mr. Brady's Bill. Since reading your article, I have solicited both the Members of the borough in which I reside to support Mr. Brady's Bill, and I have obtained their promises to do so.

I shall now write to the three county Members, and to such Members as my professional career has introduced me to.

If other gentlemen will do the same, there is but little doubt of the Bill passing. I am, &c. A. B. C.

[We trust this example will be followed, as it is clear now that no other Medical Bill can be considered this Session; and with the modifications Mr. Brady has agreed to make, the measure must prove most beneficial in its operation.—Ed.]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 2, 1854.

Dr. COPLAND, F.R.S., President, in the Chair.

A paper was read, entitled

ADDITIONAL REMARKS ON THE STATISTICS AND MORBID ANATOMY OF MENTAL DISEASES.

By JOHN WEBSTER, M.D., F.R.S., etc.

This communication consisted of a synopsis of 115 dissections of patients dying in Bethlem Hospital, and was accompanied also by a careful analysis of the morbid appearances observed both in the brain and the other organs of the body. A paper published in the Society's "Transactions" for the year 1845 contained the *post-mortem* records of 175 insane patients; and the 115 additional cases supplied by the present paper gave 290 dissections of insane patients, an epitome of which gave the following results. In 226 patients who died insane, the pia mater was infiltrated. In 207, effusion had taken place into the ventricles. In 184, turgidity of the blood-vessels in the brain or membranes was observed. In 117, the arachnoid coat had become thickened and opaque. In 64, the colour of the brain appeared altered from its natural hue. In 51, bloody points were large and numerous upon the cut medullary surfaces; while, in 40 instances, blood was effused, even sometimes to a considerable amount, within the cranium, and which evidently proved the immediate cause of death in most of these patients. According to the above data, the author desired to repeat the same general conclusions formerly enunciated when discussing the pathology of insanity, viz., that—1st, infiltrations of the pia mater; 2ndly, effusion of fluid into the ventricles; and, 3rdly, turgidity of the cranial blood-vessels, were the principal as also the most usual diseased alterations of structure which pathologists might confidently anticipate in the great majority of cases of patients dying while labouring under symptoms of mental alienation.

Dr. Sutherland expressed his concurrence with the views which had been adopted by Dr. Webster, but regretted that no account had been given of the symptoms which occurred in each case. He remarked upon the unsatisfactory nature of the evidence given in such cases by a *post-mortem* examination. He considered that the great means which must be adopted in order to determine the nature of the disease was, the study of the minute anatomy of the brain. A certain difference had been perceived between the normal and diseased brain in certain cases of chronic insanity; namely, the convolutions were not so well defined, and the bands of Foville were not so clearly visible. But even this change was absent in acute cases. Dr. Sutherland remarked upon the absence of all information in the paper as regards the *post-mortem* appearances observed in those dying of the paralysis of the insane.

The President remarked that secret vices were often the real, although, from the delicacy of friends, not the given causes, of insanity. Comparatively speaking, married people were rarely affected by the disease.

Mr. Holmes Coote said, that he concurred with Dr. Sutherland as to the unsatisfactory nature of *post-mortem* examinations in insanity. No connexion could be traced between the symptoms which occurred during life, and the appearances which were seen after death. The microscope and chemical experiments were necessary in order to investigate the true nature of the disease. It was his opinion, that no one with a well-organised brain and of temperate habits of life was ever afflicted with insanity. Mr. Coote then observed upon the frequent occurrence of gangrene in the lungs, which killed so many lunatics. He gave it as his conviction, that this was owing to disease about the origin of the pneumogastric nerve. In these cases the blood was poor and highly carbonized, the brain was reduced in size, the bones of the cranium much thickened, and the whole condition of the patient denoted great weakness and debility.

In reply to a question, Mr. Coote said that in gangrene of the lungs he had made out no microscopical difference in the medulla oblongata.

Mr. Bossy observed, that insanity seemed singularly prevalent in those places where marsh-malaria occurred.

Dr. Guggenbühl, being introduced by the President, said that malaria had great connexion with the disease called cretinism, which, as well known, occurred in low and marshy grounds in the valleys of Switzerland, but was absent in higher ground. In one village, so baneful was the influence of these vapours, that even animals became idiotic. He had not had the same opportunities of investigating the causes of insanity. This malaria which had been mentioned seemed to be of a peculiar description, for in Holland, a notoriously low, flat, and marshy country, the disease was most uncommon; in Hungary, on the other hand, it was frequent. He considered that many different causes combined to produce cretinism, and that it was not caused by any one circumstance.

Dr. Schuloff asked how it was that cretinism occurred so frequently in Styria, which was not a marshy country.

Dr. O'Connor inquired whether the constituents of the urine were changed in lunatics.

Mr. Coote answered, that Bright's disease of the kidneys frequently occurred, but after death it was but rarely that urine could be found for the purposes of investigation.

Dr. Garrod related a case which had come under his notice in University College Hospital, where gangrene of the lungs followed upon an attack of delirium tremens.

The President stated, that many years ago he had given it as his opinion, that a cause of insanity was disease of the ganglionic system affecting the blood-vessels, altering and impeding the nutrition of the brain. Thus the brain was found diminished in size in chronic cases of insanity. He had no doubt that its chemical constituents were likewise changed.

Dr. Webster expressed his satisfaction at the concurrence expressed by Dr. Sutherland with his views. He remarked upon the difficulty of connecting the morbid anatomy of the disease with its symptoms during life. As regards paralysis of the insane, these cases were excluded from Bedlam. The causes of insanity were then passed in review by the speaker. Drunkenness was a cause of insanity; and he also considered, that the great use of tobacco was followed by this disease; which latter opinion he supported by reference to the statistics of insanity in Germany. In private asylums were often found patients who had become mad through much study. The learned Doctor read statistics in corroboration of the views entertained by Mr. Coote, as regards the comparative frequency of the occurrence of gangrene of the lungs in sane and mad persons, stating, that in Prague, out of 335 lunatics, 1 in 13 died from that cause, while, out of the same number of sane persons, only 1 in 56 thus died. In mountainous countries, especially, it was observed, on the northern side of a hill, idiocy and insanity were prevalent, as in Wales and certain parts of Scotland. An avalanche or a landslip had, by changing the face of a country, been the means of abolishing cretinism in the part. He expressed his opinion that insanity was on the increase.

Dr. Guggenbühl remarked, that while mania and melancholia were perhaps on the decrease, madness, arising from the vices of the population, was on the increase. Drunken mothers brought forth children, who became, so to speak, artificial cretins. As regards Dr. Schuloff's question, a wide distinction was to be drawn between idiocy and cretinism. The idiocy in Styria was owing to the stagnant condition of the air between the high mountains in that country. In one place, so imperfectly organised were the brains of the inhabitants, that no man was fit to hold the office of mayor in it.

MEDICAL SOCIETY OF LONDON.

APRIL 29, 1854.

The President, E. HEADLAND, Esq., in the Chair.

Mr. Amos Beardsley, of Ulverstone, communicated the following case. The diagnosis was considered doubtful.

CASE OF CANCER OF THE TONGUE CURED BY THE APPLICATION OF PURE NITRIC ACID.

John Woodend, aged about 38 years, applied to me on Feb. 15, 1854, with a large excavated ulcer on the right side of his tongue, about one inch in diameter, with very rugged elevated edges, and an intensely hardened base. He complained of excruciating pain extending to the root of the tongue, and right ear and right side of the face; of a burning, shooting, or lancinating character; the glands of the neck were also beginning to be slightly swollen. He stated, that a few weeks before, he had casually smoked out of a dirty tobacco-pipe, and a day or two afterwards he found a nodulated warty kind of excrescence on the side of his tongue. It gradually increased, became painful; had slight shooting pains in it. Before applying to me, I understood he had been directed to use some astringent gargle, and

had had it touched with lunar caustic, which had abraded the surface, and aggravated all his symptoms, and the wound or ulcer rapidly increased, with a foul fetid discharge. Upon applying to me it had a curdy appearance. From the hardened base, the peculiar character of the pain, the foul elevated edges, and the curdy appearance of the sore, I looked upon the case as one of a cancerous character. To operate by the knife or ligature appeared formidable, still imperative; but, before resorting to either, I determined to try the application of pure nitric acid; accordingly I directed the patient to protrude his tongue as much as possible, and there hold it with his teeth, and with a strip of card I freely applied the nitric acid to the whole surface. I repeated it again in the evening, and also on the 16th; on the 17th a large portion of the eschar formed, was capable of being removed, and, on the day following, the remainder came away. The sore now presented a deep cavity in the side of the tongue; but the hardness was considerably diminished, and the pain at the root of the tongue was less violent, and deglutition more easily performed. He had been directed to use frequently a gargle composed of dilute hydrochloric acid, to remove the fetor; and was ordered to take small doses of the iodide of potassium in dec. sarsaparillæ. At the bottom of this sore there now appeared several hard white bands as it were; to these the acid was again applied; and so was continued twice a day, till the 5th of March, by which time all the hardness was gone; the pains in the tongue, ear, and face, were entirely removed; the swelling of the tongue itself gone down, and the sore healed; the only trace being a slight indentation on the side of the tongue. On the 23rd Feb. the gargle was exchanged for one containing chlorate of potash, and he continued the iodide of potassium and decoc. sarzæ to the 5th March. To this date, April 22nd, he has continued at his usual employ, and has had no return whatever of any unpleasant symptom.

SUBCUTANEOUS EMPHYSEMA.

Dr. Winn had been called to a delicate infant, which had suffered from hooping-cough and bronchitis for two months previously. The hooping-cough, however, had been so slight, that only three hoops had been heard. In twenty-four hours afterwards the emphysema appeared, and the patient died in a further twenty-four hours. The *post-mortem* examination, made seventeen hours after death, exhibited lobular emphysema of the lungs, with small cavities, and a portion of carnified structure. There were tubercles also, and the mediastinum was distended with air. No point could be determined at which the escape of air had taken place. The cellular tissue of the trunk and neck was emphysematous. The treatment had been mildly antiphlogistic.

Mr. Rogers Harrison inquired if the cavities had been diagnosed during life, and why antiphlogistic treatment had been adopted. A strictly antiphlogistic treatment would in his opinion have tended to produce the emphysema.

Dr. Gibb referred to two published cases in which emphysema of the lungs had followed hooping-cough,—those of Dr. Herapath and Mr. Lilburn. In such cases, there must have been pre-existent bronchitis, but the hoop is not of any moment in the production of emphysema.

Drs. Ogier Ward, Daniell, Snow, and Winn, expressed a preference for the soothing over the antiphlogistic plan of treating hooping-cough; and Dr. Snow recommended friction, with equal parts of olive oil, oil of amber, and turpentine. He also attributed the emphysema to the violence of the cough.

Dr. Henry Bennett read a paper on

THE USE AND ABUSE OF POTASSA FUSA AND POTASSA CUM CALCE IN THE TREATMENT OF UTERINE DISEASE.

He began by remarking that it is now more than nine years since he first introduced potassa fusa and potassa cum calce to the Profession, as valuable agents in the treatment of uterine inflammation. They had since been adopted by many practitioners; but from some cases he had seen, he had reason to believe that they were not always used with the care and caution which were imperatively required, and he was therefore anxious to lay down, even more carefully than before, the rules which ought to regulate practitioners who resort to so powerful an agent. After using for many years pure potassa fusa, or potassa cum calce paste, he had managed to obtain cylinders of potassa cum calce, in the proportion of two parts of potash to one of lime, which did not deliquesce, and were nearly as manageable as nitrate of silver, and, therefore, free from many of the objections urged against potassa fusa. The conditions of local uterine disease, in which he considered that caustic potash, or the actual cautery, the action of which was identical, was applicable, were the following:—Chronic inflammation, or inflammatory ulceration of the mucous membrane covering the cervix, or lining its cavity, intractable to other treatment; chronic inflammatory hypertrophy of the cervix, also intractable to other means; and, lastly, inflammation of the body of the uterus, in which form of disease the potash is merely applied to the cervix to produce a derivative issue, as we should apply an issue to the back in disease of the spine. In the first class of cases the caustic potash is used with a view to modify the morbid vitality of the diseased tissues, and to substitute a healthy reparative action instead. In cases of hypertrophy the elimination of a moderate sized eschar on the enlarged cervix is attended with acute congestion or inflammation of the subjacent hypertrophied tissues, and, under its influence, the latter soften and melt, as it were, or are absorbed. The object was not, by any means, to destroy the enlarged cervix, but to procure its absorption, as above. When applied to the cervical canal, the caustic potash reaches the mucous follicles concealed between the rugæ of the arbor vitæ, which are occasionally the seat of chronic inflammation, and resist every other means of treatment. Although looking upon the use of caustic potash as one of the most valuable contributions ever made to uterine pathology, he wished it to be well understood, that he considered it an *ultima ratio*, a last resource, only to be employed when all other means of treatment, general and local, had failed. If used cautiously, there was no danger whatever incurred by the patient; but, if incautiously or imprudently employed, serious results might follow. Thus, the inflammation produced in the cervix might pass to the uterus; he had known, also, the vagina compromised by the extension of the caustic to it, and had seen several cases in which, the potass having been employed too freely to the cervical canal, the os, or canal, had been nearly obliterated by its subsequent contraction, and by the adhesion of its parietes. To prevent these accidents he advised Practitioners never to attempt to destroy the hypertrophied cervix, as had been proposed, but to be satisfied with producing the eliminatory inflammation already described; to use the potassa cum calce cylinders, which do not deliquesce and run; and, when the potassa is applied to the cervical canal, to apply it very gently, and to pass a bougie through the canal once or twice a-week for six weeks after. By adopting these precautions, no fear of any accident need be entertained. This means of treatment, however, he only recommended when other treatment, general and local, had failed to restore the diseased organ to a natural state. He never resorted to it in passive hypertrophy, either of the cervix or uterus, which, he thought, might be safely left to nature, time, and general treatment. It had been often stated, that the use of the caustic potass to the cervix left indurated cicatrices, which might impede subsequent labours. This was by no means the case; so far from producing induration, this mode of treatment melted, removed it, and facilitated parturition. Indeed, he was becoming more and more convinced of the truth of a statement he had made many years ago, that rigidity of the os in labour was nearly always the result of previous inflammatory disease.

Dr. Tilt, whilst entirely coinciding in the author's views, mentioned several cases which had come to his knowledge in which serious injury had resulted from the use of the potassa. Three of these had closure of the os uteri, and in one he had been called upon to relieve the severe pains of the menstrual epoch by making a crucial incision. In three other cases he had found a large portion of the posterior lip of the os uteri destroyed, and the part attached by adhesions to the posterior wall of the vagina. This he believed to be attributable to the negligence of the patients, who did not renew their visits with sufficient frequency to permit the after treatment to be properly carried out. He had employed this treatment in dispensary practice to effect a more rapid cure, since that class of patients would not continue attendance sufficiently long to be cured by the use of the nitrate of silver.

Dr. Winn advocated the previous employment of constitutional remedies, and especially of small doses of mercury before using so severe a remedy.

Mr. Hird protested most strongly against the use of a remedy so uncontrollable, while others of a safer character had sufficed to cure the disease; and, in reference to the accidents mentioned by Dr. Tilt, considered that the remedy must be worse than the disease. He had not extensively used the potassa cum calce, as he preferred tincture of iodine and nitrate of silver as local applications, and very minute doses of oxymuriate of mercury as a constitutional remedy. He also disputed the correctness of the author's theory of the action of the potassa in hardened structures, viz., that of softening down and melting away the tissues.

Mr. Brown also strongly opposed the use of the potassa, and recommended the exhibition of the bichloride of mercury, with tonics and such other remedies as improve the general health. He had never seen a case which had not yielded to the employment of these means, and therefore he had never ventured to use a remedy which in the most skilful hands had been known to lead to so serious a result as the occlusion of the uterus, simply by the neglect of the patient to attend on one or two occasions. He was of opinion that the paper could not be fully discussed, since it omitted all reference to the efficacy of other and prior modes of treatment.

Mr. Dendy, in defence of the paper, remarked, that the author had recommended this plan as a last resort, after all other treatment had failed. He remarked, that the most distressing symptom of these inflammatory complaints, and one which imperatively calls for removal, is nymphomania, and he had no doubt but that cases do occur in which it is proper to employ the potassa cum calce.

Dr. Daniell offered an objection to the use of the term "melting."

Mr. Hale Thompson considered that but few cases could demand the employment of the potassa cum calce, and he strongly objected to its use on account of the difficulty of regulating its application, and of evils which had consequently resulted. He also objected to the use of the solid nitrate of silver in any case except in ulceration of the cornea, with protrusion of the iris, and believed that the solution is far more useful.

Mr. Hancock, without entering into the question of disease of the uterus, could not understand why nitrate of silver and potassa cum calce should not be used in these affections, when they might be used in similar diseases of other parts. He was at issue with Mr. Thompson in reference to the employment of olid nitrate of silver in certain affections of the eye and eyelids.

Dr. Ryan dwelt upon the serious nature of occlusion of the uterus; and Mr. Clarke remarked that the abuse of a remedy could not be a fair argument against its use; while Mr. H. Lee was of opinion that the potassa cum calce would not supplant nitric acid in the treatment of hæmorrhoids, on account of the great pain which it produces.

The author, in reply, emphatically remarked, that he had only proposed his remedy in those cases which had fully resisted the use of every other, and then for the purpose of raising the vitality of the cervix. The classes of cases in which he employs it, are—1st, chronic inflammatory states of the os or cervix uteri; 2nd, in similar affections of the mucous membrane of the cervix, or cavity of the uterus; and 3rd, in chronic inflammatory conditions of the body of the uterus.

On May 8, at the Physiological Meeting, papers will be read by Dr. Willis, Dr. Winn, Dr. Gibb, and Dr. Leared.

PATHOLOGICAL SOCIETY OF LONDON.

April 18, 1854.

Mr. Fergusson, Vice-President, in the Chair.

Mr. Pollock made a report on the microscopic examination of a specimen exhibited on March 7, by Mr. Fergusson, of

LARGE COLLOID TUMOUR FROM THE BREAST.

The matrix of the tumour appeared to consist of very delicate fibrous tissue, in the meshes of which were numerous clusters of minute oil-globules. Mr. Pollock had himself not been able to detect any cells; but he had been informed by Mr. William Adams, who had also examined it, that many elongated cells had been seen in it. The discrepancy probably resulted from the circumstance, that the tumour was much decomposed before Mr. Pollock had made his examination.

A report was next read by Mr. Prescott Hewett, on the specimen exhibited by Mr. Ward, at a late meeting, of

FIBRO-CYSTIC GROWTH FROM THE FEMUR.

[This was from the case in which amputation at the hip-joint had been performed by Mr. Adams, at the London Hospital. See *Medical Times and Gazette* for April 8, page 389.]

Mr. Hewett agreed entirely with Mr. Ward's previous report as to the histological characters of the disease. It was an excellent example of a fibro-cystic tumour in process of rapid growth, and was no doubt of an innocent nature. The little bony prominence behind the lesser trochanter (the suspicions attaching to which had induced amputation at the joint) Mr. Hewett had sawn through, and found it to be merely an exostosis, consisting of cancellous bony tissue, and much resembling the bony expansions into which tendons are sometimes inserted. As examples of the non-malignancy of fibro-cystic growths of this kind, Mr. Hewett referred to the large fibrous tumours of the uterus, in which not unfrequently cysts are developed. In one of these, which had fallen under his own notice, the whole mass weighed 56lbs., and contained large cysts. It was a very rare form of tumour in connexion with the bones. By the permission of Sir B. Brodie, Mr. Hewett had been enabled to bring before the Society the coloured drawings of three good specimens of it, which had been removed by amputation by that Surgeon. The patients in every case had recovered, and in none was there known to have been any return of the disease, although the operation had in each been performed through the affected bone. In one, the period known to have elapsed without return was ten years; and, in each of the others, it extended over a considerable time. In all the femur was the bone diseased, and the features of resemblance to each other and to the specimen shown by Mr. Ward, were very marked. In all, the disease had begun in the condyles of the femur: in all, it had been solitary, and abruptly limited in extent, the bone immediately above being perfectly sound.

Dr. Andrew Clarke complimented Mr. Hewett highly on the valuable nature of his report, as it regarded practical surgery, but thought the details of the microscopic examination somewhat meagre. He had himself, as Pathological Curator to the London Hospital, spent three or four days in the careful inspection of the tumour in question, and arrived at conclusions in some respects a little different from those just expressed. He agreed with the other observers as to the fibrous structure of the mass generally, but thought that two distinct forms of that tissue existed in it—the one the result of cell development, the other formed by a process of fibrillation directly from the fibrin of the blood. The latter was found only in the layers immediately surrounding the cysts. In the fluid contained within the cysts, he had found altered blood-cells, and his conclusions, therefore, went in support of the opinion expressed at the last meeting, by Mr. Ward, that the cysts had resulted from local extravasations of blood.

After some further remarks by Mr. Hewett and Mr. Ward, Mr. Harvey Ludlow read a report on Mr. Fergusson's specimen of

SERO-CYSTIC TUMOUR OF THE TESTIS.

Mr. Ludlow found that the testis itself had been pushed up, and was expanded over the morbid growth, which did not, as at first sight appeared, affect its structure. The tumour was developed within the tunica albuginea, but, excepting that in one part it adhered closely to the latter, it might have been enucleated from the contiguous parts. Mr. Ludlow remarked, that the specimen might therefore be placed in conclusive opposition to the opinions of those who consider that the cysts in this disease are but the dilated tubes of the gland itself.

Mr. William Adams next read the report of his examination of Mr. Haynes Walton's specimen of aneurism in the calf, which, for the reason mentioned last time, it is deferred to give in detail.

A conversation followed as to the condition of the valves of the heart in the same case, and some difference of opinion having been expressed, at the suggestion of Dr. Quain, Dr. Peacock was appointed to examine and report on it.

Mr. Obré then gave the particulars of a case of

INTESTINAL OBSTRUCTION FROM PRESSURE OF AN HYDATID CYST.

The patient, whose illness had lasted three months, had been brought under Mr. Obré's care, in the supposition that it might be advisable to perform an operation for artificial anus, on account of the obstinate constipation which had persisted for many days. On careful examination of the abdomen, Mr. Obré had satisfied himself of the existence, not of one only, but of numerous tumours, and he therefore declined to attempt the operation. On *post-mortem* examination, there were found hydatid cysts in the subperitoneal tissue of various parts. In size they were from that of a walnut to an orange, and one of the largest was so placed that it had pressed on the rectum, obliterated its canal, and induced sloughing of its coats. The parent cysts contained many smaller ones, and in the latter were numerous echinococci.

Mr. Wood next showed some specimens taken from a man who had died after

SLIGHT INJURY TO THE HEAD, FOLLOWED BY MENINGITIS.

The man had been treated at King's College Hospital as an out-patient, on account of a slight scalp wound, by which, however,

the pericranium had been detached. The wound at first did well; but, after it was healed, suppuration beneath the scar occurred, head symptoms came on, and the man, after having been made an in-patient under Mr. Partridge's care, died about three weeks after the receipt of the injury. During the last few days of life symptoms of purulent absorption had been well marked. The *post-mortem* showed a fracture and very slight depression of the inner table of the skull, without any corresponding fracture of the outer one. There was pus between the dura mater and the bone, pus in the superior longitudinal sinus, and also in the meshes of the pia mater beneath the seat of injury. The collections of matter in these three situations were quite distinct from each other, and there was none in the cavity of the arachnoid. Secondary deposits were found in the lungs.

Mr. Wood also exhibited specimens of

ATROPHIED TESTES.

The organs had been removed from a man in King's College dissecting-room, about whose history nothing was known. He was the subject of hernia on each side, and had probably worn a double truss. In one organ the atrophy was complete, and in the other it was advancing. The vas deferens was in each case of natural size, and the arteries normally distributed.

Dr. Quain next read, for Mr. Birkett, the report of the termination of a case, relating to which he (Mr. Birkett) had some months ago shown a specimen, of

MEDULLARY CANCER OF THE FIBULA FROM A CHILD.

The amputation of the limb had been performed in February, 1853, and the stump was healed in the March following. The child remained quite well for upwards of eight months, when it had symptoms of return of the disease within the skull. Death took place four months later; and, at the *post-mortem*, a large growth of soft cancer was found springing from the left ala major of the sphenoid bone. There had been no re-appearance of the disease in the stump or in the lymphatic glands. Mr. Birkett's note adverted to the circumstance, that patients generally attribute the development of these growths to some injury received, remarking, that of all the parts of the body there was, perhaps, none more effectually shielded from external violence than that from which the secondary disease had in this case sprung.

The President expressed a strong wish, that all who publish the particulars of operations for cancer would follow Mr. Birkett's example, and punctually record the terminations of their cases.

Dr. Peacock showed a specimen of

RUPTURE OF THE SEPTUM OF THE HEART.

It had been taken from the body of a gentleman who had been a patient of Mr. Brandon's, of Highgate. The specimen and history of the case had been given him by Mr. G. F. Lane. The heart was of unusually large size, weighing 14½ ounces, and presented a considerable deposit of fat on its surface. The rupture extended from the posterior wall of the left ventricle across the septum to its anterior portion, and proceeded from the left towards the right ventricle, so as to open into the latter cavity by an aperture sufficiently large to admit the point of the fore-finger. At the posterior part it penetrated through the wall of the ventricle, so as only to leave the pericardium entire. The aortic orifice was somewhat contracted, the valves thickened, the coronary arteries atheromatous, and the muscular tissue about the seat of the rupture was found by Dr. Bristowe to have undergone fatty degeneration. The gentleman from whom the specimen had been removed was 62 years of age, and had generally enjoyed good health. He died suddenly one evening on his return from town. He had been ailing slightly a few days before, but had recovered his wonted health.

Dr. Hyde Salter exhibited some drawings from the microscope of sections from an

OSSIFIC DEPOSIT IN THE PLEURA.

The mass was of great density, to the naked eye, of osseous or almost ivory-like structure, and about half an inch in thickness. It was situated beneath the diaphragmatic layer of pleura, encapsuled in fibrous tissue, but quite unconnected with any bone or cartilage. The point of interest had been to determine whether it possessed the microscopic characters of true bone. This Dr. Salter had decided conclusively in the negative. It possessed neither Haversian canals, canaliculi, or lacunæ. Its structure was not, however, amorphous, but evidently formed on some plan, as its borders always presented notches which were evenly concave, and arranged in some order. In this feature it much resembled the outer or granular layer of dentine, and in one part a group of tubes much like the dentinal ones had even been observed. (These characters were well shown in the illustrative drawings). Dr. Salter remarked, that this resemblance to tooth structure, if confirmed by future observers, would be a new fact in the pathology of these formations. He considered the establishment of the negative fact as to the non-possession of the osseous structure, of importance, and questioned whether real bone had ever been found, except in immediate connexion with some part of the osseous system.

Mr. William Adams replied to Dr. Salter's last remark, that he had shown the Society in a former session specimens of true bone which had been formed in a growth of medullary cancer in the muscle of the upper arm, and having no connexion whatever with the natural bones.

Dr. Salter remarked that such a case was of course a conclusive proof of the fact he had questioned.

Dr. Gibbon showed a specimen of

FIBRINOUS PLUG IN THE MIDDLE CEREBRAL ARTERY.

It had been removed from the body of a woman who had died of phlebitis following parturition. She had suffered from hemiplegia of the right side some days prior to death; and at the *post-mortem*, in addition to other lesions, a firm yellowish clot was found, completely obstructing the left middle cerebral artery. No disease of the heart had existed. There were phlebitis of the iliac veins and double pleurisy.

Dr. Hare asked as to the condition of the clot; if it adhered to the coats of the artery.

Dr. Gibbon had not disturbed it, wishing to exhibit it as found to the Society. He would observe that he believed no parallel case to be on record, and was in doubt how to explain the occurrence, seeing that no disease of the heart existed, and the plug, if derived from the fibrin deposited in the large veins, must have passed through the pulmonary capillaries.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Examinations for the Fellowship took place on Monday and Wednesday last; the following are copies of the questions submitted to the senior candidates in

ANATOMY AND PHYSIOLOGY.

1. Describe the axilla, and the position in which the structures contained within it are placed relatively to each other.—2. Describe the urinary bladder, and the structures contiguous to it, and also the structures between it and the surface of the perinæum.—3. Describe the popliteal region, and the arrangement of structures within it.—4. Describe the nose, the sources from which it derives its supply of blood-vessels and nerves, and its communications with other parts.—5. Describe the hip-joint, and the structures which are situated immediately exterior to its capsules.—6. Describe the structure, course, and connexions of the duodenum. State also its functions.

JUNIOR CANDIDATES.

1. Describe the salivary apparatus of the mouth, the nature of the saliva, and its uses.—2. Describe the structure and excretory ducts of the kidney, and the nature of its secretion.—3. Describe the structure and functions of the various parts which compose the larynx, trachea, and lungs.—4. Describe the structures contained within the palm of the hand.—5. Describe the structures contained within the sole of the foot, with their positions relatively to each other.—6. Give an account of the circulation of the blood in the fœtus. State the differences which exist between the blood-vessels of the fœtus and the adult.

The following questions in

PATHOLOGY AND SURGERY

were submitted to the senior candidates:—1. Describe the diseases of the spinal column, the symptoms by which they are characterised, and the treatment proper to each kind.—2. Describe the diseases of the tongue, and their treatment.—3. Describe the symptoms severally produced by, and the treatment proper to be adopted in, injuries of the head by external violence.—4. Describe the symptoms and proper treatment of fractures of the clavicle. State the consequences of a serious nature which occasionally occur from this accident.—5. Describe the symptoms of, and the varieties of treatment proper to be used in, capillary aneurism.—6. Describe the diseases to which the bursæ are liable, and the proper treatment under different circumstances.

JUNIOR CANDIDATES.

1. Describe the different kinds of aneurism, and state the results of the several modes of treatment which have been adopted.—2. Describe the symptoms and treatment of erysipelas.—3. Describe the primary diseases resulting from impure sexual intercourse, and the remote constitutional effects to which occasionally they severally lead. State the treatment proper in each form of disease.—4. Describe the symptoms, pathological conditions, and treatment of caries and necrosis of the bones.—5. Describe the pathological conditions and consequences of diseases of the veins.—6. Describe the diseases of the œsophagus, and their treatment.

The list of successful competitors will appear next week.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—THURSDAY, APRIL 27.

Petitions were presented by Mr. Buck, from the Medical Practitioners residing in the borough of Torrington, Devon, in favour of the Medical Registration Bill.

FRIDAY, APRIL 28.

Petitions were presented by Mr. Adderley, from Medical Practitioners of Cheadle, Staffordshire; and by Mr. Child, from Practitioners of Eccleshall, and of Tunstall, Staffordshire, against the Medical Registration Bill.

MONDAY, MAY 1.

Petitions in favour of the Medical Registration Bill were presented by Mr. E. Ball, from Mr. George B. Mead, M.R.C.S., of Newmarket; by Colonel Mure, from the Faculty of Medical Practitioners, Glasgow; by Mr. Brady, from Mr. Edmund Blatchley, M.R.C.S., Ashley-crescent, City-road; from Mr. Henry George, North Hornsley; and from Mr. S. H. Cheetham, M.R.C.S., Stockport, Cheshire. Petitions were also presented by Mr. Child, from Dr. M. Ryan, Newcastle, Staffordshire, against the Medical Registration Bill; by Sir G. Heathcote, from Castle Bytham, Lincolnshire, against the Medical Reform Bill; by Mr. Thornely, from Wolverhampton, praying for inquiry into the subject of Medical botany.

WEDNESDAY, MAY 3.

Petitions were presented by Mr. Craufurd, against Medical Practitioners Bill, from members of the Medical Profession of Sydenham, Weobley, Leominster, Bristol and Clifton, Cleobury Mortimer, Grosmont, Hereford, Oundle, Thrapstone, Northampton; from members of Provincial Medical and Surgical Association; from Edward Young, of Milton-on-Thames, John A. Cook, of Northfleet, J. W. P. Llyde and F. R. Trumper, Surgeons residing in the town of Hay, county of Brecon; from Jackson G. Kent, Surgeon, Gravesend, and from Physicians and Surgeons residing at Leicester; by Mr. Hadfield, from the friends and advocates of Medical botany of the East of London (Ratcliffe and Mile-end), against the Medical Bill; and another Petition from twenty-seven inhabitants of Southampton, against the Medical Bill; by Mr. Cairns, from certain Physicians, Surgeons, and Apothecaries of Belfast and its vicinity, in favour of the Bill for the registration of qualified Practitioners, and for amending the law relating to the practice of Medicine in Great Britain and Ireland; by Mr. Hamilton, from the President and Fellows of the College of Physicians, Dublin, complaining of the position of Assistant-Surgeons in the Royal Navy; by Mr. J. H. Vivian, against the Medical Registration Bill, from the Medical Practitioners in the towns of Swansea, Cardiff, Merthyr, Bridgend, and Cowbridge, in Glamorganshire, from Carmarthen and Llanelly, in Carmarthenshire, and from Abergavenny, in Monmouthshire; by Mr. Milligan, from the friends of Medical botany of Bradford, praying that Isaac Revell and other botanists may be examined before a Committee of the House before the Medical Practitioners Bill pass into law; by Mr. Ricardo, from the Medical Practitioners of Burslem, Staffordshire Potteries, and two Petitions from Hanley and Shelton, Staffordshire Potteries, against a Bill for the registration of the Medical Profession.

MEDICAL REGISTRATION BILL.

By an arrangement between Mr. Brady and Lord Palmerston, the committal of this Bill, which stood for this day (Wednesday) is postponed.

COMMITTEE.—PUBLIC HOSPITALS.

The Committee appointed on the motion of Mr. Grogan, to inquire into the state and condition of the Dublin Hospitals, met on Tuesday for the first time. The Members present were,—Lord Naas (in the chair), Mr. Digby Seymour, Mr. Percy, Sir T. F. Lewis, Mr. Whitmore, Mr. Brady, Mr. Grogan, Mr. Kershaw, Lord A. Hervey, Mr. Macgregor, Mr. Moody, Mr. G. Byng, Mr. J. Ball, and Mr. Stirling.

THE LOCK HOSPITAL.

The first witness was Dr. Thomas Byrne, Senior Surgeon of the Westmoreland Lock Hospital, Dublin, who stated, that the Hospital had been founded in 1792 by Lord Westmoreland, who was the Lord-Lieutenant. It had no source of income except what was derived from the Parliamentary grant. From 1808 to 1820 that grant had never been less than 5,000*l.* a-year, and within that period it had been as high as 9,000*l.* From 1828 to 1838, it had averaged 2,813*l.* a-year. In 1838, it had been reduced to 2,500*l.*; and since 1848, it had been reduced 10 per cent. each year, until it was now only 1,250*l.* In consequence, the number of patients had been greatly reduced, and female patients only were now admitted. There were no students and no educational course whatever connected with the hospital. During the last eight years 6,562 females had been relieved by the hospital. Last year the admissions were 574, and there were about an equal number of rejections. The fact of Dublin being a garrison city, greatly increased that class of patients. He was strongly of opinion that the Lock Hospital ought to be retained. Several attempts had been made to increase the funds by voluntary subscriptions, but they had always failed, 1*l.* only having been raised in the course of thirty-four years. There were 150 beds in the hospital, but only 40 were at present occupied. That was owing to the diminution of funds, which prevented more being received at one time. The Clinical Lectures had been put an end to in 1821 by Mr. Grant, who was then Secretary for Ireland; but he (witness) had never been able to ascertain the reason for that step, and he thought it very desirable that they should be renewed, because he believed that no man could be a good Surgeon in the present state of society who had not studied disease in all its forms. The reformatory process which was connected with the hospital had been followed by the best results. The Institution was managed by ten Governors appointed by the Lord Lieutenant. The only paid officers were witness himself, who received 110*l.* a-year; the resident Surgeon, who had also 110*l.* a-year; the Registrar, who received 60*l.* a-year, and the matron. These salaries would henceforth be subject to a reduction of 10 per cent. per annum each.

Sir James Pitcairn, Inspector-General of Military Hospitals, was next examined. He stated, that, in the course of his experience, extending over fifty years, he found that, in those garrison towns in which there was no hospital accommodation similar to the Lock Hospitals, soldiers suffered much more severely than in towns possessing such accommodation. At present such accommodation in Dublin was decidedly insufficient; and he thought, if the grants were continued to the Lock Hospital in Dublin, it ought to be imperative that Medical students should be admitted to witness the Hospital practice.

Dr. Joliffe Tufnell, Surgeon to the Military Prison, Dublin, was next examined, and gave evidence derived from his own experience of the necessity of Army and Navy Surgeons being more especially required to study the practice of the Lock Hospitals, and the necessity for a proper classification of the different kinds of patients.

Dr. Macdonnell, Secretary to the Medical Department, Dublin, was also examined, and spoke to the insufficiency of Hospital accommodation in Dublin, and the necessity of the Parliamentary grants being continued.

Mr. Grogan then said, that concluded the case of the Lock Hospital. He proposed, at the next meeting of the Committee, to take the case of the Dublin Lying-in Hospital, and, after that, to go into the general condition and management of Hospitals.

The Committee then adjourned.

MEDICAL NEWS.

UNIVERSITY OF CAMBRIDGE.—At a Congregation held on Tuesday, the proposed alterations in respect to the Faculty of Medicine passed the Senate,—that the student should reside nine terms, but not be admitted his Bachelor's Degree till the 13th term after his first term's residence. His *status* and privileges to be the same as a Master of Arts; and to be admissible to the Degree of Licentiate to practise in the sixth term from M.B. A Master of Arts to be admissible to the same degree in the sixth term after creation. The Licentiate in

Medicine to be admitted to the Degree of M.D. in the sixth term after admission. A Board of Medical Studies to be constituted, and examiners appointed. The only grace which was opposed was the proposal that a licentiate in Medicine should be admitted to his Degree of Doctor of Medicine six terms after. This was opposed in the Non-Regent House, on the ground that the time ought to be shorter, but was carried by a majority of 17 to 14. There was no opposition in the Regent House.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court on the 28th ult:—

Bluett, Walter John, Gosport.
Fernie, Andrew, Yelding, Bedfordshire.
Fletcher, John Fletcher, Weston, near Spalding.
Hayward, John Williams, Liverpool.
Ince, John, London.
Merryweather, John Winson Collins, London.
Moldola, Raphael, Leman-street, Goodman's-fields.
Rhodes, James, Glossop, Derbyshire.
Sharpley, Thomas, Louth, Lincolnshire.
Thiselton, Edward, Royal Navy.
Walford, Augustus David Ceely, Mercantile Marine.
Woodd, Henry Turner, Royal Navy.

The following gentlemen were admitted Members on the 2nd inst.:—

Arden, George Bankes Floyer, Weymouth.
Botham, John Cartledge, Chesterfield.
Dick, Robert, Ballymoney.
Jacques, Edwin, Gloucester.
Jordan, Thomas Furneaux, Birmingham.
Keene, Alfred William, Guildford.
Kemp, Ebenezer Walker, Wakefield.
Rowlands, Thomas, Liverpool.

The College Lectures.—The valuable course of lectures on Comparative Anatomy, by Professor Owen, were brought to a close on Saturday last, and have been throughout well attended; the Earl of Shrewsbury, Sir Philip de Malpas Grey Egerton, Bart., and other distinguished visiters, were present. Professor Skey commenced his course on Tuesday last. The following is the only programme published by the College of this portion of the course:—Lectures I. and II. On the Evidence of Conservative Surgery, as Manifested in the Forms and Character of Modern Operations; III. and IV. On the Relative Merits of the Operations of Lithrotity and Lithotomy; and V. and VI. On the Relative Merits of the Treatment of Aneurism by Ligature and by Compression.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 27:—

Beresford, Charles, Congleton, Cheshire.
Farr, Septimus Briggs, Dunstable, Beds.
Fowler, Richard Sumner.
Gardiner, William, Moldgreen, near Huddersfield.
Gooddy, George, Barnsley.
Hayward, John Williams, Liverpool.
Jones, Hugh Davies, H.E.I.C.S., Bengal.
Kealy, John Robert, Gosport, Hants.
Kemp, Ebenezer Walker, Wakefield.
M'Losky, Patrick, Rothwell, Northamptonshire.
Pratt, Henry, Montreal, Canada.
Seaton, James, Leeds.
Sharpe, Arthur, Barford, Warwick.
Trend, Henry Gristock, Bridgewater, Somerset.

At Her Majesty's Levee, on Wednesday, Dr. P. Brown was presented, on his appointment as Surgeon to the 2nd Warwick Militia, by Lord Leigh; also, Mr. Hartley Kennedy, late Physician-General and President of the Medical Board, Bombay, on his being elected an Alderman of London, in succession to the late Alderman Thompson, by Sir C. Wood; Assistant-Surgeon Lawrence, on appointment to Grenadier Guards, by Colonel Stanhope; Dr. Meryon, by Earl Granville; Dr. Pearson Nash, on appointment to Madras Army, by Sir C. Wood; Assistant-Surgeon E. M. Sinclair, M.D., on joining the 97th, by Major-General Proctor.

University College. — Distribution of Prizes. — The annual distribution of prizes to the students of medicine attending the London University took place on Saturday forenoon, in Gower-street. The Duke of Argyll presided on the occasion. The Dean of the Faculty of Medicine read the Report of the Professors for the past year. The number of students attending the Medical classes last session was 175, of whom fifty-five commenced within the year. The number of new students in the preceding session was forty-seven. After referring to the appointment of Mr. Morris to fill the geological chair, and to other points connected with the internal management of the University, the report enumerated several valuable presents which had been made to the Institution during the past year, including a cabinet containing a large and well-selected series of rocks and fossils, representing the geology of different countries, presented by Sir Roderick Murchison; a collection of organic remains geologically arranged, and two prizes, one of 15*l.*, and the other of 10*l.*, to be competed for during the present session, the gift of Baron de Goldsmid. The distribution of prizes was then proceeded with as follows:—

For General Proficiency (40*l.*), Frederick Wm. Sayer, of Newport, Isle of Wight.

Anatomy and Physiology (Professor Sharpey, M.D.)—Gold medal, John D. Scurrah, of Padiham, Lancashire; 1st silver medal, Edward James Hayward, of London; 2nd, James Fawcus, of North Shields.

Botany (Professor Lindley, Ph. D.)—Gold medal, Alexander O. Black, of London; silver, James G. Blake, of Taunton.

Anatomy (Professor Ellis)—Gold medal, Henry Maudsley, of Settle, Yorkshire; 1st silver medal, James G. Blake; 2nd, William Henry Colvill, of Forfarshire; junior class, silver medal, Edward James Hayward.

Pathological Anatomy (Professor Jenner, M.D.)—Gold medal, George Buchanan, of London; silver, Julius W. de Tunzelmann, of Bath.

Medical Jurisprudence (Professor Carpenter, M.D.)—Gold medal, Frederick G. Clarkson, of Whitby.

Chemistry (Professor Graham).—Gold medal, Henry Maundsley; 1st silver, James G. Blake; 2nd, Nathan S. Joseph, of London. Birkbeck Laboratory Students: Gold medal, G. C. Foster, of Sabden, Lancashire; 1st silver, Edward R. Cook, of London; 2nd, Fletcher Norton, of East Dulwich.

Midwifery (Professor Murphy, M.D.)—Gold medal, Frederick G. Clarkson; silver, eq., Stephen Nesfield, of Whitby, and Henry Edwards, of Bangor.

Comparative Anatomy (Professor Grant, M.D.)—Gold medal, Edwyn Andrew, of St. Austell, Cornwall.

Materia Medica (Professor Garrod, M.D.)—Gold medal, William Price Jones, of Bala; 1st silver, John D. Scurrah; 2nd, James Fawcus.

Surgery (Professor Erichsen)—Gold medal, Frederick G. Clarkson; 1st silver, Stephen Nesfield; 2nd, John D. Scurrah.

Medicine (Professor Walshe, M.D.)—Gold medal, Stephen Nesfield; 1st silver, Frederick G. Clarkson; 2nd, James Fawcus.

Fellowes Clinical Medals (Professor Parkes, M.D.)—Gold, John Footman, of Ipswich; silver, Henry Edwards. Summer Term: Gold medals, George Buchanan and Frederick W. Sayer.

Liston Clinical Medal (Professor Quain)—Gold (1852-53), Joseph S. Gamgee, of London.

University and King's College, Aberdeen.—The following, after examination, had the degree of M.D. conferred upon them, on the 13th ult.:—

Allsopp, Charles, Southampton.
Brown, Thomas, Burnley, Lancashire.
Corbet, Kenneth, Beanly, Inverness.
Forbes, Patrick, Old Aberdeen.
Frost, Frederick Spencer, Isle of Portland, Dorset.
Hyde, George, Assistant-Surgeon, 69th Regiment.
Jeffery, Edward, Lowestoft, Suffolk.
Lloyd, John Augustus, Bath.
Lynch, Henry, Dublin.
Shortt, John, Madras.

Medical Benevolent College.—A sermon in aid of the funds of this Institution was preached in the parish-church Hammersmith, on Sunday last, by the Right Rev. the Lord Bishop of St. Asaph, on which occasion His Lordship's appeal was liberally responded to.

APPOINTMENTS.

Naval.—Assistant-Surgeon Stephen Bowden, from the Duke of Wellington to the Valorous, vice M'Farlane, invalided. Assistant-Surgeon D. J. Duigan, from the Royal George to the Duke of Wellington, vice Bowden. Surgeon Alexander Cross (1838), to the St. George, 120, in the Downs.

Assistant-Surgeon William B. Dalby (1846), from the Megæra screw steam troop-ship to Plymouth Hospital.

MILITARY.—1st Regiment of Foot: Assistant-Surgeon William Dumbrock, from the Staff, to be Assistant-Surgeon; 4th Foot: Assistant-Surgeon James Ekin, M.B., from the Staff, to be Assistant-Surgeon; 7th Foot: Assistant-Surgeon Alfred Malpas Tippetts, from the Staff, to be Assistant-Surgeon; 19th Foot: Assistant-Surgeon William Richard Grylls, from the Staff, to be Assistant-Surgeon; 23rd Foot: Assistant-Surgeon Andrew Risk, from the Staff, to be Assistant-Surgeon; 28th Foot: Assistant-Surgeon James Frederick Steuart, from the Staff, to be Assistant-Surgeon; 30th Foot: Assistant-Surgeon David Milroy, M.D., from the Staff, to be Assistant-Surgeon; 33rd Foot: Assistant-Surgeon Thomas Clark, from the Staff, to be Assistant-Surgeon; 38th Foot: Assistant-Surgeon William Younge Jeeves, from the Staff, to be Assistant-Surgeon; 41st Foot: Assistant-Surgeon Frederick Tydd Abbott, from the Staff, to be Assistant-Surgeon; 42nd Foot: Assistant-Surgeon Alexander Maclean, from the Staff, to be Assistant-Surgeon; 45th Foot: Assistant-Surgeon Richard Lewise Butler, from the Staff, to be Assistant-Surgeon; 47th Foot: Assistant-Surgeon Samuel Athanasius Cusack, from the Staff, to be Assistant-Surgeon; 49th Foot: Assistant-Surgeon John Holmes Jephson, M.D., from the Staff, to be Assistant-Surgeon; 50th Foot: Assistant-Surgeon George Frederick Davis, from the Staff, to be Assistant-Surgeon; 55th Foot: Assistant Surgeon James M'Haffie Cowan, M.D., from the Staff, to be Assistant-Surgeon; 77th Foot: Assistant-Surgeon Alexander Humfrey, from the Staff, to be Assistant-Surgeon; 79th Foot: Surgeon Thomas Goldie Scot, M.D., from the 48th Foot, to be Surgeon, vice Grant, appointed to the Depôt Battalion at Winchester; Assistant-Surgeon Edward Louis Lundy, from the Staff, to be Assistant-Surgeon; 88th Foot: Assistant-Surgeon William Harris, from the Staff, to be Assistant-Surgeon; 93rd Foot: Assistant-Surgeon William Henry Pollard, from the Staff, to be Assistant-Surgeon; 95th Foot: Assistant-Surgeon George Money Swinhoe, from the Staff, to be Assistant-Surgeon; Rifle Brigade: Assistant-Surgeon James Lunden Brown, M.D., from the Staff, to be Assistant-Surgeon; Depôt Battalion at Parkhurst: Staff Assistant-Surgeon Francis Stephen Bennet, François de Chaumont, to be Assistant-Surgeon; Depôt Battalion at Walmer: Staff-Surgeon of the 2nd Class Alexander Gibb, M.D., to be Surgeon; Staff Assistant-Surgeon John Moore M'Neece, to be Assistant-Surgeon; Depôt Battalion at Winchester: Surgeon John Grant, from the 79th Foot, to be Surgeon; Staff Assistant-Surgeon Alexander Guthrie, M.D., to be Assistant-Surgeon; Depôt Battalion at Fermoy: Staff-Surgeon of the 2nd Class Samuel Smith, to be Surgeon; Staff Assistant-Surgeon Michael Charles Tonnere, to be Assistant-Surgeon; Depôt Battalion at Templemore: Surgeon William Irwin Breslin, M.D., from the 46th Foot, to be Surgeon; Staff Assistant-Surgeon William Henry Flower, to be Assistant-Surgeon.—Hospital Staff.—To be Assistant-Surgeons to the Forces:—Assistant-Surgeon Samuel Gibson, M.B., from the 63rd Foot; Thomas John Murphy, Gent; Peter Nevile Jackson, gent.; Malcolm Currie Ancell, gent.; Connell Francis Laughnan, M.D.; William Haughton, M.B.; Francis Stephen Bennet; François de Chaumont, M.D.; John Moore M'Neece, gent.; Michael Charles Tonnere, gent; James Lunden Brown, M.D.; William Henry Flower, gent.; Alexander Guthrie, M.D.; Edward Young Kellett, gent.; Robert Augustus Chapple, gent.; Charles Ricketts, gent.; Lucas George Hooper, gent.; Frederick Gustavus Hamilton, gent. Memorandum.—The appointment of Surgeon of the 1st Class William Henry Burrell, M.D., to be Deputy Inspector-General of Hospitals, as stated in the *Gazette* of the 28th of March, 1854, has been cancelled.

MILITIA.—6th West York: Lawrence Bramley, Esq., to be Surgeon.

VACANCIES.

RIPON DISPENSARY.—Vacancies have occurred in the honorary offices of Physician and Surgeons. Election (also for Resident House-Surgeon), June 3.

ST. THOMAS'S HOSPITAL.—The office of Assistant-Physician is vacant. Election, May 16.

DEATHS.

EVANS.—April 23, aged 42, William Price Evans, Esq., of Swansea, Glamorganshire, M.R.C.S.E. 1835; L.S.A. 1836.

GRIBBLE.—June 26, 1853, at Hong-Kong, William Gribble, Esq., Surgeon, late of Tenby, Pembrokeshire, in his 46th year.

HODGSON.—April 24, Thomas Hodgson, Esq., F.R.C.S., aged 47. The declining health of this laborious Practitioner for some time back has rendered it manifest to his friends, that either apoplexy, or that which has really cut the thread of life would early ensue. He himself was quite aware of his perilous condition, and would converse with remarkable composure on the subject. A full habit of body, added to by a disability of late to take other than carriage-exercise and a congested state of the venous system, giving rise to intense dyspnœa on motion, were the most prominent features of his case. Heart disease, or aneurism of the aorta, had been imagined to exist; but, by careful examination, his attendant could detect no abnormal sounds indicative of either of these maladies. In the autumn of last year he sought the advice of several of the leading Physicians and Surgeons in London, one or two of whom judiciously suggested the occasional abstraction of blood, but offered no opinion as to the precise nature and seat of disease. At the previous request of Mr. Hodgson himself, a *post-mortem* examination has taken place, when a rupture of the sinus contiguous to the right auricle was discovered, with a vast efflux of blood into the cavity of the pleura of that side. The heart appeared healthy, but embedded in fat, no doubt greatly disabling its actions, if not mechanically impeding the due circulation of the blood. The death was sudden, and occurred in the night. Of a very ardent temperament, Mr. Hodgson did nothing by halves, and his decision of manner with the bulk of people inspired such confidence as acquired for him a very wide practice. His indefatigable industry, too, in early life, was conspicuous, and, if it be added, that he was morbidly tenacious of the credit and good opinion of his patients, and in his intercourse with his Professional brethren, he partook only in large measure of a common failing. As an operator, though unconnected with any charity, he certainly excelled, and has eight times, from nine cases, successfully divided the stricture in strangulated hernia. His Professional receipts were large, and twenty pages in his Day-book for one day's work was no uncommon occurrence. F.R.C.S. (Sen.), 1852; M.R.C.S.E., 1829; L.S.A., 1828; Member of Halifax Literary and Philosophical Society, and West Riding Geological and Polytechnic Society.—*(From a Correspondent.)*

SHORTHOUSE.—May 1, suddenly, of disease of the heart, at 33, Oxendon-street, Joseph Henry Shorthouse, Esq., M.D., deeply regretted; M.D. St. Andrew's, 1852; M.R.C.S.E. and L.S.A., 1850; Physician Metropolitan Convalescent Hospital; Medical Officer Preparatory School Board of Ordnance, Carshalton; Medical Officer Croydon and Epsom Unions; Medical Referee Medical Invalid and General, and Medical, Legal, and General Assurance Offices; Member Epidemiological, Therapeutic, and Guy's Hospital Physical Societies; Member of German Society for Advancement of Scientific Medicine; Contributor of several papers to Medical Journals.

WALLICH.—April 28, at 5, Upper Gower-street, Nathaniel Wallich, M.D., F.R.S., in his 69th year.

CHOLERA.—The following is the statement given in the *Gazette Hebdomadaire* of the cholera in the Hospitals of Paris:—

	Total Cases.	Recoveries.	Deaths.
April 20	21	1	7
„ 21	20	2	17
„ 22	24	0	12
„ 23	41	0	12
„ 24	76	0	18
„ 25	64	3	26
„ 26	45	3	28
Total	291	9	120

Since the 7th of October, there had been 1593 cases treated, of which 613 recovered and 751 died, leaving under treatment, 229.

THE WAR.—HEALTH OF THE ARMY IN TURKEY.—As our readers will doubtless be anxious to learn how our troops fare in respect of health, etc., we purpose, from time to time, to publish such information as we may be able to obtain from sources on which implicit reliance may be placed. 19th April.—The sick at Scutari, this day, amount to 53, the strength of the garrison being five regiments, or about 4200 men; no fevers, a large proportion of the cases "venereal." 19th April.—The barrack and hospital accommodation at Scutari is on a large scale, and the men, for the present, well lodged and healthy.

20th April.—The Battalion (rifle brigade,) is exceedingly healthy, what diseases there are being unimportant.

Liverpool Eye and Ear Infirmary.—On Monday, May 1, a special meeting of the Governors and subscribers was held, "to elect a duly-qualified gentleman to fill the vacancy in the office of Honorary Surgeon, caused by the resignation of Dr. Hibbert Taylor." After much discussion, it was unanimously resolved to adjourn the proceedings in order for the Committee to report, who are to re-investigate the circumstances attending Dr. Taylor's resignation.

By the Quarterly Return of the Registrar-General, of the Marriages, Births, and Deaths in England for the Quarter ending March, 1854, just come to hand, it appears the number of marriages continues to exceed the average; 97,772 persons were married in the quarter ending December 31, 1853,—a greater number than has been recorded in any corresponding period since the Registration Act came into force in 1837, and 3356 in excess of the 94,416 persons who were married in the same period of 1852. 160,892 births were registered in the first quarter of the year 1854, being a decrease of 706 as compared with the 161,598 births registered in the corresponding period of 1853. The returns from all England and Wales, for the first quarter of this year, record the deaths of 111,970 persons. The general result is, that while on an average of ten winter quarters 2·492 persons died annually out of 100 living, in the last quarter the proportion was 2·481. The people were subject to rather less than the ordinary rate of mortality; and, although many suffered fatally from severe weather near the commencement of the quarter, and sudden changes during its course, the class of diseases that prevail among children appears to have been more subdued.

Mortality Notabilia.—In the last return a rather high mortality was remarked, and the present shows that it continued to prevail last week. In the week that ended on Saturday 1211 deaths were registered in London; in the ten corresponding weeks of the years 1844—53 the average number was 973, which if raised in proportion to increase of population, becomes 1070. The present return, therefore, exhibits an excess of 141 above the estimated amount. The mortality from scarlatina and typhus increases. An increase of patients in the London Fever Hospital is reported by the Registrar of of the district in which it is situated. Fatal cases of carbuncle are numerous in the return.

Births.—742 boys and 824 girls, in all 1566 children were registered; average, 1487.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, April* 29, 1854.

Causes of Death.	April 29. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	591	391	224	1211	9726
Specified Causes	589	386	223	1199	9649
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	221	51	17	289	1881
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	8	19	16	43	469
3. Tubercular Diseases	98	136	9	243	1990
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	46	38	37	121	1203
5. Diseases of the Heart and Blood-vessels	5	28	15	48	371
6. Diseases of the Lungs and of the other Organs of Respiration ..	92	47	47	186	1595
7. Diseases of the Stomach, Liver, and other Organs of Digestion	27	25	5	57	596
8. Diseases of the Kidneys, etc. ..	1	10	11	22	114
9. Childbirth, Diseases of the Uterus	..	6	2	8	113
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	4	4	11	94
11. Diseases of the Skin, Cellular, Tissue, etc.	3	2	2	7	13
12. Malformations	6	..	..	6	26
13. Premature Birth and Debility ..	37	2	..	39	194
14. Atrophy	29	..	8	37	203
15. Age	..	..	43	43	471
16. Sudden	2	5	4	11	101
17. Violence, Privation, Cold, and Intemperance	11	13	3	28	215
Causes not Specified	2	5	1	12	77

BOOKS RECEIVED.

On the Subject of the Priority in the Medication of the Larynx and Trachea. By Horace Green, M.D. New York. 1854.

The Statistical Companion. 1854. London: Longmans.

The Advantages of Medical Missions to China. By Charles Bird, Barrister. London: Partridge and Co. 1854.

Sixth Report of the Somerset County Pauper Lunatic Asylum. 1853.

Jahrsbericht über das Blindenwesen im Allgemeinen wie über die Blinden-Anstalten Deutschlands insbesondere, von J. G. Hientzsch. Berlin. 1854.

An Address to Students. By Andrew Wood, M.D., F.R.C.S. Edinburgh: Sutherland and Knox. 1854.

Address to Lord R. Grosvenor on the Fallacies and Fatalities of Homœopathy. By C. E. Reeves, B.A., M.D. London: Strange. Pp. 34.

Second Annual Report of the Commissioners on the Medical Charities (Ireland). Dublin. 1854.

Lectures on Histology. By John Quekett. Vol. II. London: Baillière. 1854.

The Improvements in Modern Surgery. Being the Oration delivered before the Medical Society of London at the 81st Anniversary. By Henry Smith, F.R.C.S. London: Churchill. 1854.—[An abstract of this interesting Address appeared among our Reports of Societies. The entire oration has been printed at the request of the Society. It will will repay the half hour spent in its perusal.]

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

Sir,—Under the head "To Correspondents," in the *Medical Times and Gazette*, of the 22nd inst., it is stated that the spirometer "is now in daily use at the Recruiting Office, Duke-street, Westminster." I beg to inform you that this statement is erroneous. The spirometer has not been used in the above establishment (as is shown by the Register of Recruits) since August 13, 1851. I am, &c.

H. H. Massy, M.B., Staff-Surgeon, Second Class.

London, April 27.

[To the Editor of the Medical Times and Gazette.]

Sir,—Notwithstanding the "caution" given in your Number of the 15th ultimo, our friend "*D'Industrie*," with his "keen eyes," managed to walk off with a valuable time-piece from my house on Thursday last. I hope that you will renew the caution.

The police have fortunately recovered the property; and, therefore, if he should be apprehended, the evidence in my case alone will secure a conviction, I am, &c.

May 1, 1854. Patrick Fraser.

[To the Editor of the Medical Times and Gazette.]

Sir,—If the writer of the letter headed "Dentistry," in your last Number, would read my little Essay with more care, he would find that his statement in reference to it is quite incorrect.

As I believe your Journal to be entirely devoted to subjects of interest to the Medical and Chirurgical world, I shall not again occupy any portion of its valuable but limited space by replying to such letters as the one to which I have above alluded.

I am, &c. Wm. R. Ballard.

45, Park-street, Grosvenor-square, May 1, 1854.

Mr. Rennie.—The papers are more adapted for a popular periodical than for a Medical Journal. We must accordingly decline them.

D. H. G.—Dr. Churchill "On the Diseases of Women;" Dr. Robert Lee's "Clinical Reports on Ovarian and Uterine Diseases."

An Original Subscriber.—1. It is a very improper proceeding, and should be remedied at once. 2. The longer the drain the greater the probability of collections of refuse on its flat bottom. 3. We cannot answer the last question; but it is clear that noxious effluvia would be disengaged.

Mr Pretty's paper shall be inserted in an early Number.

Dr. B.—The paper has been sent to the Veterinarian.

A London Surgeon.—It was evidently unjust to brand a whole Profession for the faults of one or two of its members, but we had rather not publish the letter just now.

Mr. Rigden's statistics shall be published as soon as possible.

Dr. W. Alexander.—Many thanks.

Mr. Lawrence's request shall be attended to.

The reports of the meeting, and other particulars relating to the case of Dr. Hibbert Taylor, arrived too late to allow us to notice them in full this week; and we thought it better to defer any remarks until we could give a complete account of the affair.

Mr. Lacy's letter shall appear next week.

We have been obliged to defer our report of the Anniversary of the Medical Benevolent College until next week.

Mr. Fulcher.—We believe the work is nearly ready, and will appear in June.

Mr. B. E. Brodhurst's paper is in type, but unavoidably postponed.

COMMUNICATIONS have been received from—

Dr. Mitchell, Liverpool; Professor Randolfi; Mr. Cousins; Sir John Forbes; Mr. Rowdon; Dr. Fyfe, Aberdeen; Mr. Propert; Mr. Bird; Mr. Wilde, Dublin; Dr. Balfour; Mr. Brady, M.P.; Mr. Owen; Mr. Palmer; Dr. Andrew Wood; Dr. Hientzsch, Berlin; Dr. Seaton; Mr. Keen; Secretaries of Western Medical Society; Mr. Wiglesworth; Dr. Reeves; Mr. Fletcher, Liverpool; Dr. Ramskill; Mr. Bridges; Mr. Gay; H. H. Massy, M.B.; Dr. Patrick Fraser; Mr. Ballard; Mr. Rennie; D. H. G.; An Original Subscriber; Mr. Pretty; Dr. B.; A London Surgeon; Mr. Rigden; Dr. W. Alexander; Mr. Lawrence; Dr. Peacock; Mr. Brodhurst; Dr. Bence Jones; Dr. Nevins, Liverpool; Mr. Lacy, Poole; Major Allcard, Esq.; Arthur Stretton, Esq; Mr. Waters; Temple C. Paley, Esq.; Wm. Roulston, M.D.; W. W. Tinsley, Esq.; William Brandley, Esq.; Mr. Diamond; Dr. A. Taylor; Alex Gordon, Esq., Surgeon, R.N.

ORIGINAL LECTURES.

LECTURES ON THE MALFORMATIONS OF THE HEART.

DELIVERED AT

St. Thomas's Hospital.

By THOMAS B. PEACOCK, M.D.
Assistant-Physician to the Hospital.

Lecture II.

In the last lecture I spoke of some of the forms of malformation dependent on arrest of development, treating first of those in which the condition of the heart is most imperfect, and subsequently of the malformations in which a less complete arrest of development is associated with obstruction at the pulmonic orifice. It remains for us now to continue the subject.

Obliteration of the Pulmonary Orifice. — A more aggravated degree of the kind of malformation to which I have last alluded is that in which the orifice or trunk of the pulmonary artery is entirely impervious. A case of this description was described by Dr. Hunter, in the paper before referred to, in 1783. The child was born at the eighth month, and was very livid, had violent palpitation of the heart, and died of convulsions on the thirteenth day. The pulmonary artery was completely impervious and contracted into a solid cord. The septum of the ventricles was entire, and the left ventricle was large and powerful, while the right ventricle had scarcely any cavity left. The foramen ovale was open, and the pulmonary branches were scantily supplied with blood from the aorta through the medium of the ductus arteriosus. In 1812, a very similar instance was briefly reported in the *London Medical Review*;(a) and, in 1814, some further particulars of the same case, of which the preparation was in the possession of Mr. Hodgson, were given by Dr. Farre. The pulmonary artery was reduced to an "impervious filament," leading to a large ductus arteriosus communicating with the aorta, which gave off the pulmonary branches. In the septum of the ventricles some of the muscular fibres were wanting, and the lining membrane of the left ventricle had three foramina, giving it a cribriform appearance. The foramen ovale was largely open, and the right ventricle and the right auriculo-ventricular aperture were of very small size. The left ventricle, on the contrary, was unusually large. The child was observed to be of a deep purple colour soon after birth, and had difficulty of breathing. It died of convulsions on the seventh day. In 1814, Dr. Farre alluded to two cases of this description which had occurred to Mr. Langstaff. One of the cases was that of a still-born child; in the other, the infant lived six months. Its skin was always of a deep colour, and the temperature of the child below the natural standard; and it had fits daily. In this instance, in addition to the imperforate condition of the pulmonary artery, there was an aperture in the septum of the ventricles, but the opening, and the cavity of the right ventricle generally, were almost filled by muscular fibres. In 1816, Mr. Howship published a case(b) which agreed with that last alluded to in the circumstance of the septum cordis being deficient, but the aorta arose above the aperture, and the right ventricle was unusually large and powerful, while the left cavities were of small size. The child, which first presented symptoms of cyanosis when fifteen days old, lived to the age of six months.

Since the publication of these cases, various others of a similar description have been recorded, both in this country and on the Continent. This kind of malformation is, however, of much less frequent occurrence than that last described.

The obliteration of the pulmonary artery may be confined to its orifice, being caused by the adhesion of the valves so as to form a kind of diaphragm entirely separating the vessel from the ventricle, while the trunk of the latter, though small, remains pervious. In other cases a larger or smaller portion of the vessel itself may be entirely obliterated and converted into a ligamentous cord, extending from the base of the right ventricle towards the point at which it divides into the two pulmonary branches and joins the ductus arteriosus.

Where the obliteration is due to adhesion of the valves, they are generally found much thickened and indurated, and, indeed, presenting similar appearances to those which, when occurring in the body after birth, are ascribed to inflammation; so that, though the changes must in many cases have taken place at an early period of fœtal existence, we may regard them as due to a process precisely analogous to that which leads to similar results in after life.

The obliteration of the pulmonary orifice may occur either at the early periods of fœtal life, before the septum cordis is completely formed; or during the later months, after the separation of the ventricles is entire. It is, however, of much the most frequent occurrence at the former period. Of 23 cases of this form of malformation of which I have collected notes, 4 only, including that of Dr. Hunter, appear to have taken place towards the conclusion of inter-uterine life, when the septum of the ventricles was already completed. When the obliteration occurs while the growth of the septum is in progress, the right ventricle becomes large and powerful and the aorta derives its chief supply of blood from that cavity, while the left auricle and ventricle are proportionately small. When, on the contrary, the obliteration occurs after the septum of the ventricles is complete, the right ventricle and auriculo-ventricular aperture become very much diminished in size, while the left cavities are unusually large. In the latter case, the foramen ovale is also necessarily open; whereas, when the septum of the ventricles is imperfect, that opening is sometimes closed. In almost all cases of obliterated pulmonary artery the lungs receive the supply of blood from the aorta through the ductus arteriosus; indeed, in twenty out of twenty-two reported cases, the ductus arteriosus may be inferred, or is expressly stated, to have been the channel through which the blood reached the lungs. Of the two exceptional cases, one occurred in the practice of Dr. T. K. Chambers, and is described by Dr. Chevers. The ductus arteriosus was closed, the trunk of the pulmonary artery pervious though small, and together with the branches, appeared to have derived its supply of blood through the left subclavian artery. In the other case, reported by Mr. Fearn, the duct is also stated to have been closed and the pulmonary supply, Dr. Chevers supposes, was probably derived from a similar source. In a case under the care of Dr. Babington, which is also mentioned by Dr. Chevers, the ductus arteriosus opened into the right division of the pulmonary artery, and sent a branch to the left lung, to compensate for the left pulmonary artery which was obliterated. The lungs also received an additional supply of blood through enlarged bronchial arteries. A condition, so far as I am aware, unique, exists in a specimen contained in the museum of the London Hospital, which I had an opportunity of examining through the kindness of Mr. Ward. The pulmonary artery which divides into the usual branches is extremely small, and communicates with the right ventricle by an aperture only capable of admitting a probe. There is no trace of the ductus arteriosus, and the lungs must have been chiefly supplied with blood through enlarged bronchial arteries, of which there are two distributed to the right, and one to the left lung. The aorta is of large size and arises above an aperture in the septum cordis, so as to have communicated with both ventricles. The foramen ovale is closed. This specimen appears to be that described by Dr. Ramsbotham, as a case of obliterated pulmonary artery, in the 61st volume of the "Medical and Physical Journal." It was removed from a female who died at the age of sixteen, of phthisis, and who had, during life, presented the usual features of morbus cæruleus. Cases of this description appear to depend on partial or complete obstruction of the duct at an early period of fœtal life, so that the pulmonary artery gives passage only to the small quantity of blood which circulates through the lungs, and consequently remains in a rudimentary condition. The lungs can, therefore, only be adequately supplied after birth through the bronchial arteries, which are stated to anastomose with the branches of the pulmonary artery. This result would probably, however, only ensue where the duct becomes obliterated at an early period of fœtal life, while the bronchial vessels are still capable of undergoing sufficient dilatation. Cases like that of Dr. Chambers are very similar to those in which the subclavian artery is given off from the pulmonary artery, and depend on a faulty development of the branchial arches, probably owing to obstruction in the pulmonary artery. In all cases in which the pulmonary artery is obliterated, while the ductus arteriosus is free, that vessel must necessarily become the channel through which the blood is conveyed to the lungs.

In the museum of St. Thomas's Hospital there is no specimen of obliteration of the pulmonary artery, but I possess a preparation removed from a male child which died when nearly twelve months old. From birth it was subject to frequent paroxysms of excitement and crying, terminating in convulsions, during which its breathing became very difficult, and the lividity of the face and extremities was extreme. The pulmonary artery is

(a) Vol. v. 1812. P. 262.
(b) "Practical Observations in Surgery." 1816. P. 193.

entirely obliterated and converted into a solid cord, extending from the base of the heart to the point at which it unites with a vessel proceeding from the aorta, evidently the ductus arteriosus, which divides into two pulmonary arteries. The auricles are naturally formed but the foramen ovale is largely open. The cavity of the right ventricle is much expanded, and consists almost entirely of the sinus, the infundibular portion being reduced to a mere chink. The walls of the right ventricle are tremely thick and dense, while the left ventricle is relatively small, and its walls thin. The septum of the ventricles is imperfect at the base, and the aorta, which is of large size, arises over the aperture so as to communicate chiefly with the right ventricle. The ductus arteriosus is given off on the under side of the arch; it is unusually large, and divides into the two pulmonary branches. This case affords a good example of obliteration of the pulmonary artery occurring prior to the completion of the inter-ventricular septum. During the last session of the Pathological Society, a specimen of the more rare variety of this malformation, in which the obstruction occurs after the septum is completed, was exhibited by Dr. Hare; it was removed from a child nine months old, which presented the usual characteristics of malformation of the heart. The orifice of the pulmonary artery was impervious, and the right ventricle reduced to a very small cavity imbedded in the muscular substance. The right auriculo-ventricular aperture was also very small, and the valve imperfect. The right auricle was much dilated, and the foramen ovale open, but to so small an extent, that it is remarkable life could have been maintained for so long a period. The left ventricle was large and powerful, and the aorta supplied the pulmonary vessels through the ductus arteriosus. A portion of the trunk of the pulmonary artery was still pervious.

It has been mentioned, that in all cases in which the pulmonary artery is contracted or obliterated, the ventricle by which the systemo-pulmonic circulation is maintained becomes unusually powerful, and preparations are occasionally seen in museums, in which the muscular substance is not only very thick, but the cavity is diminished, so as apparently to afford examples of what has been termed concentric hypertrophy. It is now admitted, that in ordinary cases of hypertrophy of the heart, the cavity affected, either retains its natural dimensions, or undergoes dilatation, and that an apparent decrease in its size, is only observed where an unusually powerful ventricle has been violently contracted at the period of death, as in cases of fatal hæmorrhage. Malformations have, however, been thought to form exceptions to the general rule, in presenting examples of true concentric hypertrophy. I believe, however, that this is an error, and that the appearance of increased thickness in the muscular walls with diminution of the cavity, is, as in ordinary cases, only apparent. I have several times examined malformed hearts exhibiting this condition when first removed from the body; but after they have been macerated till the muscular tension becomes relaxed, the cavity uniformly expands to a large size, and the thickness of the walls undergoes a proportionate diminution. The term, "concentric hypertrophy," has also been applied to the thickened muscular substance which surrounds the contracted ventricle, in cases in which the current of blood has been directed into other channels; but the term is still less applicable to this condition, which is, indeed, rather one of atrophy than hypertrophy.

There can be no doubt that the hypertrophy of the right ventricle which occurs in this class of malformations, is due to the additional labour which the ventricle has to perform, from the obstruction at the orifice of the pulmonary artery and the connexion which exists with the aorta, and not, as supposed by Bertin and Bouillaud, to the entrance of arterial blood into the cavity; indeed, in most cases, so far from there being any intermixture of the arterial with the venous blood, it is the venous blood which passes from the right ventricle into the left.

The next class of malformations which we have to consider is that in which the heart is naturally developed during fœtal life, but in which disease occurs which incapacitates it from undergoing the changes which should take place after birth, preventing the closure of the foramen ovale, or determining the persistence of the ductus arteriosus.

Open Foramen Ovale.—In 1760, Morgagni related the case of a girl, sixteen years of age, who had been an invalid from birth, labouring under difficulty of breathing and lividity of the face, in whom the orifice of the pulmonary artery was so contracted, from extensive disease of the valves, as not to have an opening larger than a barleycorn. The foramen ovale would admit the little finger, and the right auricle was large. This case is the more remarkable from the observations with which it is accompanied, which show that Morgagni clearly appreciated the immediate cause of the open state of the foramen ovale, and of the symptoms by which the case had been characterised during life. A case very similar to that of Morgagni was communicated by Tacconi to the Academy of Sciences at Bologna, in 1783, which also occurred in a girl about 15 years of age, and since that time various other cases have been related, in some of which the patients survived for much longer periods, and had indeed presented few, if any, signs of imperfection of the heart till shortly before death. The preparation which I now exhibit was removed from a patient of my own, a man twenty years of age, who died of phthisis in the Royal Free Hosptal. He was stated to have been in good health till within two years of his death. He was only under my notice eleven days, but during that time, though there was some lividity of the face and hands, he did not present very marked cyanosis, but laboured under the usual symptoms of consumption, combined with disease of the heart. The valves of the pulmonary artery are much thickened, and adhered together so as to form a diaphragm extended across the orifice and protruded forwards in the usual funnel shape. The opening into the vessel is sufficiently large to admit a lead pencil. The trunk of the artery is much dilated, the right ventricle is large, and its walls extremely thick and dense. The foramen ovale is so open as to allow the passage of the forefinger. The left auricle, ventricle, and aorta are relatively small. In this instance the pulmonary aperture was of considerable size; but in others which have been recorded, the contraction was much greater. The greatest amount of contraction which I have seen is in a preparation in the Museum of St. George's Hospital, which is stated to have been removed from a boy, 10 years of age, who had been cyanosed from birth. In other cases, closely allied to those now mentioned, the pulmonary orifice is contracted by disease, evidently of intra-uterine origin; but yet the *foramen ovale is entirely occluded.* Of this condition an example was exhibited to the Pathological Society during the last Session, by Dr. Hamilton Roe. The man who was the subject of the malformation had been remarkable for feats of strength and agility, and had not presented any signs of cardiac disease till shortly before his death. The pulmonary orifice was found so much contracted, owing to the adhesion of the valves, that it would only admit the point of the forefinger. The right ventricle was greatly hypertrophied and dilated. A case somewhat similar is related by Dr. Craigie, which occurred in the practice of the late Dr. Graham, in the Edinburgh Infirmary. The man was 44 years of age, and died of bronchitis, brought on by a prolonged debauch, and had been able to follow his employment of a navigator till about seven weeks before.(a) The opening into the pulmonary artery admitted the point of the little finger. In cases similar to these, the pulmonary orifice is usually much less contracted than where the foramen ovale remains open; and where the orifice is very small, while the foramen ovale is occluded, the contraction may be inferred to have increased during after-life.

The cases now referred to show that it does not necessarily follow that the existence of obstruction at the pulmonic orifice entails an open state of the foramen ovale. Neither can the former be in all cases assigned as the cause of the latter, for instances occasionally occur in which the foramen ovale is largely open without any contraction of the pulmonary artery. This specimen affords an instance in point. It was removed from a girl, 8 years of age, who was a patient of mine at the Hospital for Diseases of the Chest. She had always been delicate, but had no serious disease till she suffered from measles, two years before her death. She never presented any signs of cyanosis. The valve of the foramen ovale is very imperfect; so that there exists an aperture which will admit the passage of the forefinger. The aortic

(a) *Open Foramen Ovale.*—When the foramen ovale remains open, it may be under three different circumstances:—

1st. The valve may not be at all developed, so that the opening is found large, and bounded by the usual muscular walls. This condition is very rare, and is only seen in connexion with other extensive malformations, as with imperfection in the septum ventriculorum, already alluded to. A case of this kind exists in the museum at St. Thomas's.

2ndly. The valve may be found to present numerous perforations in its substance, or to consist of little more than a reticulated membrane. This condition is rare; and, when present, may be the result of congenital defect or probably of disease in after-life.

3rdly. The valve may be well formed, but the opening may not, however, be closed, a space remaining uncovered of greater or less size, from a mere chink to an aperture sufficiently large to admit the fore-finger or thumb.

It is probable that all these conditions may be induced by obstruction to the flow of blood through the pulmonary artery, during different periods of fœtal life; but the two first, as congenital defects, are certainly rare, and by far the most important is the latter; and it is also that which has attracted most attention.

orifice and the aorta are small. The pulmonary orifice and artery, on the contrary, are much larger than usual. In this case, it is doubtful what may have been the cause of the imperfect closure of the foramen ovale. It is possible that the small size of the aortic orifice may have occasioned it; but it is quite as probable that the smallness of the aorta might have resulted from some obstruction in the pulmonary branches or lungs, which, though showing its effects in the dilated pulmonary artery and open foramen ovale, had itself disappeared. The open state of the foramen ovale may, indeed, depend on a variety of causes. In some instances, imperfect expansion of the lungs, by interfering with the free transmission of the blood, may probably cause the inter-auricular passage to remain. In others, contraction of the left auriculo-ventricular aperture, or of the aortic orifice, may also probably prevent the closure of the opening; and in yet other cases the valve itself may be so imperfectly formed as to be incapable of closing the opening after birth.(a) It is also not improbable that when, as frequently happens, the valve, though it entirely covers the foramen, does not become adherent to the isthmus, the aperture may reopen in after life, should either auricle become much dilated.

You are aware that the closure of the foramen ovale, after birth, is generally assigned to the establishment of an equilibrium of pressure in the two auricles, consequent on the increased circulation of blood through the lungs; the valve being thus floated up, so as to be brought in contact with the isthmus of the foramen, and retained there by the pressure on its left side. On this theory, the cause of the non-closure of the opening in cases of malformation attended with contraction of the pulmonary orifice, has been referred to congestion of the right auricle, causing greater pressure upon the right side of the fold, so that it is prevented from coming in contact with the isthmus, and the blood continues to flow, after birth, from the right into the left auricle. It is, however, questionable whether these views are correct. I have found that in the hearts of children, a few weeks or months after birth, muscular fibres can readily be traced, proceeding from the fasciculi which form the walls of the left auricle, in the course of the cornua of the valve of the foramen ovale, to be expanded on the surface of the valve; and it is evident that muscular fibres so placed must, when they contract, tend to draw up the fold of the valve, and to approximate the cornua at its upper edge. It seems, therefore, probable, that the closure of the opening after birth is an active process, dependent on the contraction of these muscular fibres, induced, partly by the traction exercised on them when the cavity of the left auricle becomes expanded by the receipt of a larger proportion of blood, and partly by the blood so received, or circulating through the vessels of the heart, being more stimulating from having been acted upon by the air in the lungs. If this be correct, it is also probable that the non-closure of the opening may not be entirely dependent on the congested state of the right auricle, but partly on the proportion of blood entering the left auricle being too small to exercise the requisite traction, or too imperfectly subjected to the influence of the air to call the muscular fibres into action. Cases occur not very unfrequently in which the foramen ovale is found closed, though there must always have been very much greater pressure exercised upon the right than on the left side of the valve; and such cases do not admit of explanation on the ordinarily received theory.

Pervious Ductus Arteriosus.—The permanent patency of the ductus arteriosus, like the unclosed state of the foramen ovale, most generally is associated with some obstruction at the pulmonary orifice, as in an instance to which I have already alluded. The duct may, however, be prevented closing by a variety of other causes. Hereafter, I shall have occasion to allude to this condition as very generally existing where the aorta and pulmonary artery are transposed, and frequently where the aorta distal to the left subclavian artery is contracted. It is probable, also, that imperfect expansion of the lungs after birth, by preventing the free transmission of blood from the right side, or that intra-uterine disease of the left auriculo-ventricular or aortic apertures, by preventing the flow of the blood from the left ventricle into the aorta, may prevent the closure of the passage. I am not, however, able to refer to any instance in which a patent ductus arteriosus could be distinctly traced to the operation of the former cause; but a case published by Dr. Mayne, in the "Transactions of the Pathological Society of Dublin," apparently affords an example of an open foramen ovale and ductus arteriosus dependent on contraction of the left auriculo-ventricular aperture; while in a case detailed by Dr Babington in the "London Pathological Transactions," the pervious condition of the duct seems to have been caused by disease of the aortic orifice, though, as the aorta beyond the left subclavian artery was also contracted, the cause of the open state of the duct cannot be decidedly assigned. The patient, a female, 34 years of age, was born at the seventh month, and had suffered from symptoms of cardiac disease from early life. She had never had acute rheumatism. The aortic orifice was of small size, and the valves were four in number. They were extensively diseased, so as not only to create obstruction to the flow of blood from the ventricle, but were incompetent to prevent its return. There was a contraction of the aorta beyond the left subclavian artery, and below this point an opening, as large as a goosequill, formed a direct communication between the aorta and the pulmonary artery. Closely allied to the cases which have now been mentioned, in which the pulmonary is either smaller than usual or entirely obliterated, are those in which during intra-uterine life disease attacks the other orifices of the heart, so as to lead to their contraction or entire closure. Thus cases are related in which the right or left auriculo-ventricular apertures were obliterated. Of the former, I have already referred to two instances, the case related by M. Thore, and that of which the preparation exists in the museum of St. Thomas's Hospital. Of the latter, the case described by Mr. Clarke and Professor Owen, and one recorded by M. Parise, (a) afford examples. Through the kindness of Mr. Canton, I am enabled to exhibit to you a specimen of still more remarkable intra-uterine disease, in which the aortic orifice is entirely obliterated, owing to adhesion of the valves. The aorta is pervious nearly down to its origin, and received its supply of blood through the ductus arteriosus. The two auricles freely communicate, and the right ventricle, and pulmonary artery, are unusually large. The septum of the ventricles is entire, and the left ventricle nearly obliterated. The child, from which the specimen was taken, lived two days, and was apparently healthy, till seized with convulsions in which it died. A case very similar to this is referred to by Tiedemann, as having been seen by Romberg, in a child which also died shortly after birth (b). In these instances, the disease occurred in the after-periods of fœtal life, when the septum of the ventricles was completed, and the channels through which the circulation could alone be maintained were consequently very circuitous. If an aperture had existed in the septum of the ventricles, life might probably have been much longer maintained through the pulmo-systemic artery.

The foramen ovale may close prematurely.—Of this an instance was recorded by Vieussens, and one has been related by Mr. E. Pye Smith, in the first volume of the "Pathological Transactions." The child was healthy when born, but became livid soon after, and died convulsed in about twenty-one hours. The foramen ovale was entirely closed by a firm membrane. The right auricle, ventricle, and ductus arteriosus were of large large size, while the left cavities were very small, and the auriculo-ventricular valve imperfect. It is probable, also, that that the ductus arteriosus may become closed during fœtal life. A case was exhibited at the Pathological Society by Dr. Chevers, in which the duct was apparently in process of contraction in a fœtus of the seventh month, and which lived only fifteen minutes. In cases where the aorta and pulmonary artery arise by a common trunk, or from a common cavity, frequently no ductus arteriosus can be traced, either in consequence of its not having been developed, or of its having soon become abortive.

The various malformations which have now been described are all more or less closely allied, and depend on arrest of the process of development, by which the heart, originally consisting of one auricle, ventricle, and artery, is ultimately formed into the complicated organ as it exists in man. According to the period, therefore, at which the arrest occurs, the heart is found to present the various forms which are proper to it at different stages of development. In some cases, and especially where the organ retains the simply biloculate condition, as in the instance described by Mr. Wilson, we cannot detect any cause to which the arrest of development can be ascribed; but in others, where the growth of the organ has proceeded to a more advanced stage, we are frequently able to trace the immediate cause which has prevented its perfect development. This will, however, be more apparent if we reverse the course which we have adopted in describing the various kinds of malformation, and trace the

(a) See observations by Mr. Struthers, on a case of malformation of the heart, in the *Edinburgh Journal of Medical Science*, 1850.

(a) Bulletin de la Soc. Anat. 12me année. 1837. P. 100.
(b) Edinburgh Medical and Surgical Journal. Vol. XXXVI.

condition of the organ from its more perfect to its rudimentary forms.

If after the septum of the ventricles has been completely formed, the pulmonic orifice, should become the seat of disease, rendering it incapable of transmitting the increased current of blood required to circulate through the lungs after birth, the foramen ovale may, as was clearly shown by Morgagni, be prevented from closing; and if, as was further pointed out by Dr. Hunter, the obstruction takes place at an earlier period of fœtal life, when the septum cordis is incomplete, a permanent communication may be established between the ventricles. The same cause may also occasion an open state of the ductus arteriosus; for if, during fœtal life, the pulmonary orifice be much contracted, or wholly obliterated, the blood must be transmitted to the lungs through the aorta; and unless the ductus arteriosus itself be obstructed, that vessel will necessarily become the channel by which it is conveyed. Similar effects would also result from obstruction in the course of the pulmonary artery, or in the right ventricle, as in cases to be hereafter mentioned, or at the right auriculo-ventricular aperture. On the contrary, obstruction at the left side of the heart, as at the left auriculo-ventricular aperture, or at the orifice or upper part of the aorta, would cause the current of blood to flow from the left auricle or ventricle into the right cavities, and thence through the pulmonary artery and ductus arteriosus into the aorta, so as to determine the persistence of the foramen and duct, or of an opening in the ventricular septum. The pulmonary artery and aorta are, indeed, either capable of maintaining, for a time, both the pulmonic and systemic circulations; and the necessary effect of the one vessel having the twofold function to perform, is to give rise to hypertrophy and dilatation of the cavities of the heart more directly connected with it, and to the atrophy and contraction of those of the opposite side, which are thrown out of the current of circulation.

These effects will vary according to the period of fœtal life at which the obstruction takes place. If, as has been before shown, the pulmonary artery be obstructed before the complete division of the ventricles, the septum may be made to deviate to the left side, so that the aorta may become connected with the right ventricle, and both the systemic and pulmonic circulation may be chiefly maintained by that cavity. If, on the other hand, the struction take place after the completion of the septum, the double circulation will be carried on by the left ventricle; in the former case, the left ventricle; in the latter, the right, becoming atrophied. The degree of obstruction will also influence the course of the circulation, and so affect the development of the heart. A slight impediment, at or near the pulmonic orifice, while the growth of the septum cordis is in progress, will only give rise to hypertrophy and dilatation of the right ventricle, and to the persistence of a small inter-ventricular communication. More aggravated obstruction, on the contrary, will arrest the process of development, and throw the maintenance of the circulation on the left ventricle, which will consequently become hypertrophied and dilated, while the current being diverted from the right ventricle, it will retain its rudimentary condition, so as to appear only a small supplementary cavity. The influence of obstruction, at or near the pulmonic orifice, or in some other portion of the heart, in modifying or arresting the development of the organ, is thus far very obvious; but it is probable that it may equally give rise to the more extreme degrees of malformation, in which one or other cavity maintains its primitive undivided condition. For, if obstruction taking place during the growth of the septum, is capable of preventing its complete development, it may be inferred, that, if it occur at a still earlier period, it would entirely arrest its formation, causing the ventricle, or auricle, or both, to remain single, or to present only very rudimentary septa.

These views as to the cause of the persistence of the fœtal passages and other more serious deviations from the natural conformation of the heart, since their first announcement by Morgagni and Hunter, have gained much support, and have been ably illustrated by Drs. C. J. B. Williams and Craigie, and especially by Dr. Chevers, in the papers to which I have so frequently referred. It cannot, however, be disputed, that, in some cases, more particularly where the arrest of development is extensive, no source of obstruction exists to which the defect can be assigned. It must, however, be borne in mind, that the absence of any obvious impediment to the circulation after the lapse of a considerable period, as in persons dying several years after birth, does not afford any proof that it might not have existed when the deviation from the natural conformation first commenced. Indeed, as remarked by Dr. Chevers, the condition which at first sight appears the least in accordance with the theory of obstruction, that in which the pulmonary artery is dilated, really affords evidence that some serious impediment to the circulation must have existed, though the obstructing cause itself may entirely have disappeared.

From the remarks in this and the previous Lecture, you will see that I regard the adhesion and thickening of the valves, by which, during fœtal life, the orifice of the pulmonary artery, or any other aperture is obstructed or obliterated, as due to disease analogous to that which occurs in after life. When, indeed, the similarity of the changes which are observed in the fœtus to those which result from ordinary inflammation, is considered, I do not see that any other view can be maintained. This theory, however, is not without its difficulties. In after life, as you well know, disease is most usually limited to the left side of the heart; and when the right side also is affected, the process is there found to be much less advanced; whereas, in cases of malformation, disease is generally situated on the right side. If, then, the process of disease be identical at the two periods, to what cause can the difference in its seat be assigned? It cannot depend upon the function of the right side of the heart being, during fœtal life, more active than that of the left, for the blood, entering the right auricle, is equally distributed between the two ventricles, and there is no reason to suppose that the valves of the pulmonary artery are subjected to greater pressure than those of the aorta. Neither can it be owing to the blood which circulates through the right ventricle and pulmonary artery being more stimulating than that which passes through the left ventricle and ascending aorta. So far as there is any difference in this respect, as the blood received from the ductus venosus, on entering the right auricle, is transmitted through the foramen ovale to the left auricle and ventricle, it should rather tend to create disease on the left side. I do not indeed see any satisfactory explanation of the greater frequency of disease during fœtal life on the right side than on the left, and I am rather disposed to doubt whether the difference in the frequency of disease in the two situations, which appears to exist, is not more apparent than real. It cannot be denied, that in children which survive some weeks, months, or years, and which, as having presented marked signs of morbus cæruleus during life, are very generally examined after death, the pulmonary artery is the most usual seat of disease; yet it is quite possible, that if examinations were instituted in a large number of infants, whether stillborn or dying at various periods after birth, different results might be obtained, and the frequency of disease on the two sides of the heart, during fœtal life, prove to present no great inequality. The various facts which have been mentioned show that deviations from the natural process of development may occur at all periods of fœtal life, before the cavities are divided, after the division is partially accomplished, and when it has already become complete. If inferences were, however, to be drawn from the relative number of published cases, deviations would appear to be much the most frequent during the latter periods of fœtal life. The correctness of this supposition may, however, be doubted. The earlier the period at which the process of development is deranged, the greater will be the defect, and the less readily will the system accommodate itself to the change after birth, so as to allow of life being prolonged for any considerable period; so that the cases in which, with any marked malformation, life is maintained for some years, constitute, probably only a very small proportion of those in which similar irregular development takes place. It seems more probable that malformations should most frequently occur during the early periods of fœtal life, when the process of growth is most active.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending May 6 :—

	Males.	Females.	Total.
Workhouses...	53	76	129
Military and Naval Asylums ...	5	...	5
General Hospitals	35	19	54
Hospitals for Special Diseases ...	3	5	8
Lying-in Hospitals	...	1	1
Lunatic Asylums	1	3	4
Military and Naval Hospitals ...	8	...	8
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	3	1	4
	108	105	213

ORIGINAL COMMUNICATIONS.

CONTRIBUTIONS TO ORTHOPÆDIC SURGERY.

By BERNARD E. BRODHURST, Esq.

Assistant-Surgeon to the Royal Orthopædic Hospital, etc.

(Continued from page 106.)

THE ETIOLOGY OF MUSCULAR RETRACTION.

Notwithstanding the opinion expressed in the last sentence relative to congenital paralysis, both as the result of my own experience and of those whose attention has been long directed to the subject, I know no reason why congenital paralysis should not occur, equally as after birth. For, as the preliminary stages of this affection are undoubtedly met with as occurring in utero, paralysis itself may, perhaps also, very rarely occur. But if, indeed, instances have existed of congenital paralysis, they are so rare that they may safely be excluded from our present attention, and be as though they had not been. Romberg says—"The causes of paralysis are only partially known; every period of life is liable to them, from the fœtus to the last stage of existence; there is a congenital and a connate form of paralysis." (a)

Speculating on the matter, congenital paralysis obtrudes itself on the mind.

There is a predisposition to spasm in childhood, and during youth, and in the female sex: especially childhood is obnoxious to spasm. There are, then, many causes to affect the excitable nervous system—to induce irregular muscular action, and, of all others, dentition is the most frequent.

Dentition is specially the period of convulsive disease. The great vascular excitement of the gums, and of the alveolar processes, and the consequent pressure occasioned by the tumefaction of the surrounding parts on the dental branches of the trifacial nerve, render the period of dentition more prone than any other to nervous and cerebral excitement, and this cause that above all which predisposes to this class of affections.

Irritation of the trifacial nerve induces, especially in the adult, facial spasm, and in the infant carpo-pedal spasm. The former is evidence of local irritation, the latter awakens suspicion of cerebral congestion and effusion. Irritation of a centripetal nerve, however, would often appear to be reflected to the muscles through the central organs of motion, without creating disturbance in the centres themselves; but, when this irritation has been long continued, or perhaps at the moment of greatest intensity, a convulsive fit will suddenly occasion loss of power, perhaps of one side, or of one limb, or of a single muscle, or of a set of muscles. The child will have been previously restless, and the thumb will almost invariably have been flexed into the palm of the hand. In this carpo-pedal convulsion, the toes are drawn downwards towards the plantar surface of the foot, and the foot itself is extended, or it is drawn inwards and downwards. This clonic action of the muscles either subsides together with the exciting cause, or retraction becomes permanent on frequent repetition. Frequently, loss of power takes place suddenly, and a distorted position of the limb is produced, during sleep, perhaps; so that those about the child are alone aware of loss of power in the limb, but are ignorant of the cause. Such is the daily experience of this class of cases: a child suffering from dentition, is found in the morning with more or less paralysis, having gone to bed with its customary muscular power. This attack is frequently a single fit, or it may be repeated.

Gastric and enteric irritation, through indigestible matters in the stomach irritating the pneumo-gastric nerve, through scybala, dysentery, worms in the alimentary canal, or other sources of irritation of the spinal nerves, induce, perhaps, clonic action, or, otherwise, convulsion and loss of power. Strabismus is a more frequent result of splanchnic irritation than is affection of the muscles of the extremities; but, whatever part of the muscular system is affected, spasm is a more frequent result than is destruction of muscular power.

Uterine irritation, also, gives rise to retraction of the muscles of the leg, either through irritation of the medulla, or through cerebral irritation, and epileptiform convulsion and consequent loss of muscular power. Perhaps the M. trapezius, and sterno-cleido-mastoideus are more frequently affected by irritation of the spinal accessory nerve, and the medullary tract, in connexion with the lumbar enlargement of the cord, through the sacral and hypogastric plexus, than any other set of muscles through uterine irritation alone. But retraction of the muscles of the lower extremities is not an unfrequent result of uterine irritation. Andral relates an instance of spasmodic contraction of the lower extremities which was occasioned by arrest of the menstrual secretion through fright. Retraction of the flexor muscles of the leg and thigh followed periodically, the periods corresponding to those which should have been the menstrual periods. At these times the heels were drawn into close contact with the nates. These periods of spasm and repose alternated, until the menses were re-established. The general health, during the intervals was undisturbed. I lately saw an instance of spasmodic retraction of the muscles of the calf of the leg and of the adductors of the foot, with Dr. H. Dick, which, during three years, had preceded the appearance of the catamenia. Slight permanent retraction had resulted, which, however, was greatly increased at the menstrual period. Cerebral excitement after parturition, and induction of epileptiform convulsion, is not an uncommon cause of spasmodic retraction, especially the pronators of the forearm, (through which the hand is rendered prone, and the fingers are flexed, especially the second and last phalanges,) and the extensors of the foot, are the affected muscles. Although, in these cases, retraction would appear to be, on a cursory inspection, spasmodic only, there is usually found, at the same time, a certain degree of paralysis. This will in most cases have been, at least in the commencement, apparent in the face, and later, in the muscles of the back. Seldom, indeed, are the upper and lower extremities at once affected from the cause now mentioned, that there is not at the same time observed lateral curvature of the spinal column. The convexity of this curvature is invariably found on the side opposed to the affected hand and foot; and is produced not alone by the paralysis of the one side, but by the necessarily-increased action of the healthy side; just as spinal curvature is produced, without the intervention of paralysis, by the excessive use of the muscles of one side, as in embroiderers, compositors, etc., the nature of whose employment renders the fibre lax, and tends to destroy corporeal strength. To give an instance. Case 15.—E. F., aged 30, April 30, 1853. Six years ago, she gave birth to her only child. Ten days after parturition, she had an apoplectic seizure, through which she lost the use of the left side of her body, and the right side of her face. A few weeks after this fit, she had two distinct epileptic attacks. When I first saw her, her condition was as follows:—The left hand was prone, and the fingers were flexed into the palm. The left foot was slightly extended. The muscles on the left side of the back were flaccid, and the side appeared to be, and was, flattened; the spine presented a very considerable single concavity towards the same side, the arc extending from the cervical to the lumbar vertebræ, thus including all the dorsal vertebræ. The muscles on the right side of the spine were larger, and more active, than in their normal state, and the scapula of the same side was abnormally prominent. The muscles of the extremities appeared to be alone spasmodically affected, and those of the back alone to be paralysed. The muscles on the right side of the back were healthy, and their action increased only by reason of deficient action in their opponents to maintain the erect position. Speech, which had been lost, was perfectly restored, and the muscles of the right side of the face had resumed their functions; the fingers were less flexed than formerly, and the foot less extended. The spinal curvature was yet increasing.

Meningeal irritation, whether cerebral or spinal, as well as centric disease of the cord itself, will induce both spasm and paralysis. Carious vertebræ, morbid growths involving the membranes, and inflammatory deposits, are frequent causes of irregular muscular action.

To these forms of reflex action must be added those in which a direct action is to be observed. Emotion may be mentioned as one of the most frequent causes in this category; and, of the various forms of emotion, fear, as the most common. There is no action of the mind which produces a more sudden and certain impression than fear. The strabismus of infancy may be adduced as an example of clonic action occasioned by surprise. The following case will illustrate this influence as well as any instance with which I am acquainted.

Case 16.—J. C., May, 1853, aged 8 years, with several companions about his own age, was teazing and exciting a poor idiotic female, from whom they easily escaped, when a neighbour, who had for some time quietly watched their sport, threw aside his work, and, seizing two of the lads, threatened to give them up to the unfortunate object of their mirth, and at the same time commenced to drag them towards her. The boys appeared to be much frightened, and resisted to the best of their

(a) On the "Nervous Diseases of Man." Vol. II., p. 256. Sydenham Society's edition.

power. They had advanced scarcely more than a few paces when the subject of the present notice fell, and was convulsed. On recovering consciousness, it was found that the left arm and leg had suffered both as regards sensation and motion. There was numbness and pain in the fingers and foot, and, after a few days, the fingers remained flexed, and the leg was dragged in walking. Six weeks later, paralysis showed itself more confirmed, retraction of the muscles of the calf of the leg had resulted; the hand was pronated, and the fingers were flexed; the right side of the face was slightly numb, and there was inward strabismus of the same side. A succession of epileptic attacks had succeeded the first attack.

Case 17.—I may also mention another instance with which I was acquainted of spasmodic action excited by emotion, for the particulars of which I am indebted to my friend, Mr. Lacy, of Newark, which occurred in the person of a gentleman of large frame and robust health, between fifty and sixty years of age. It was first induced by the report of a pistol, which had been discharged in an adjoining room, and the unexpected exposure of the mutilated corpse of his confidential clerk, who had thus committed suicide. Soon after this occurrence, the muscles of the neck, back, and legs, and more especially those of the left side, became spasmodically affected; especially the sterno-cleido mastoideus, the trapezius, latissimus dorsi, and erector spinæ muscles, were affected. And this abnormal action, which was now developed, was soon after greatly increased by the excitement to which he allowed himself to be exposed in becoming a candidate for the representation of a borough in Parliament. He was the successful, but not the popular, candidate; and the tumult and personal violence to which he was at this time exposed, increased his malady, and rendered it permanent. Even the excitement of an ordinary election, as conducted at the present day, would have tended to exert a prejudicial influence on one so affected; it will easily be understood how much more so twenty years ago, in a town where party-feeling was strong, and the contending interests not unequally divided. Spastic action was consequently much increased; the head might almost be said to be in a state of continued motion; the muscles of the back were spasmodically contracted, as well as the extensors of the legs. It were impossible to witness a more pitiable spectacle!

Since writing the preceding case, I have seen a little lad, five years of age, who was frightened by a mask. At the moment he screamed with terror, and then lost the power of speech. In two days he recovered speech, with stuttering. He did not stutter before the fright. Thus, emotion may occasion a mere passing muscular irregularity, or continued spastic contraction, or it may occasion epilepsy with spasmodic retraction, or effusion and loss of power.

Onanism, and venereal excesses, also, give rise to irregular muscular action, especially of the lower limbs, and occasion softening of the brain and spinal cord, epilepsy, and paralysis.

Hyperæmia and anæmia are both causes predisposing to spasmodic action. Local congestion, especially cerebral and uterine, occasions both local and general spasm; and, indeed, any change in the constituent parts of the blood, whether increase or decrease, would appear to predispose to, if not of itself to induce, that state which terminates in convulsion. Thus, not only local congestion, but also abnormal increase or decrease of the red globules and fibrin of the blood, gives rise to spasmodic action and muscular retraction. Cold and damp, and insufficient nutriment, are fertile sources of these changes to which allusion is now made. Muscular retraction in advanced age, when not dependent on local injury, is frequently premonitory of cerebral disease. Softening of the medulla spinalis and cerebral effusion are found to follow the irritation which has caused retraction. Hooping-cough is not an unfrequent cause of effusion and paralysis among the young.

Injury to the head and back, inducing concussion, and inflammation of, or effusion beneath, the membranes or within the substance of the cerebrum and medulla spinalis, such instances as those related—Cases 2 and 3—at page 9 of the last volume, are well known in the London Hospitals, as giving rise to every form of muscular retraction, temporary and permanent.

The experiments of Stannius(a) show, that the convulsions which are produced by strychnine are attributable solely to the influence of the poisoned blood upon the spinal cord, and thus form good illustrations of the important connexion which exists between the blood, as the stimulus to the motor nerve, and the action of the muscles. Stannius found that, in the frog, all communication having been cut off between the posterior half of the spinal cord and its nerves and the vascular system, the posterior extremities remained unaffected in poisoning by strychnine. And Backer has demonstrated that, after division of the spinal cord in the dog, convulsions are produced in the paralysed parts which lie below the point of division, on the exhibition of poisonous doses of nux vomica. After which, nothing appears to be wanting in proof of the agency of the blood in poisoning by strychnine. But it is not necessary to have recourse to such agents to prove this fact with reference to the blood. The same is ascertained through the poisonous influence of the blood in the early stage of acute specific diseases. Small-pox, for instance, is frequently marked by convulsive disorder prior to the appearance of the eruption. And scarlet fever, measles, and other disorders of a like kind, are frequently accompanied by convulsion in their early stage, and give rise to paralysis of a limb, or, more frequently, to loss of power in one set of muscles only. A similar thing occurs, and, probably, from a similar cause, through the inhalation of fetid emanations which abound in certain localities, the air which has to be respired being adulterated and poisoned by noisome gases, emitted, perhaps, from open drains, or other sources of noxious effluvia. The youngest members, and the weakest, of a family are the first to suffer. But this common cause of imperfect nutrition makes itself apparent far more frequently in the defective condition of the osseous system than in spasmodic affections. Perhaps there are few causes acting alone which influence nutrition so markedly as the impure air of large towns. Healthy children, who have been bred in pure air, and who, from unforeseen circumstances, have been brought into a badly drained, low, and populous district, are certainly not less liable, but, probably, more subject to this class of affections than those who have been exposed from birth to such influences. Bad ventilation, an insufficient supply of water, inattention to cleanliness, and scanty food and clothing, are fertile sources of this and many other disorders.

Another class of cases is that which arises out of pressure upon and irritation or disease of the nerve itself supplying the part. During pregnancy and parturition, pressure of the fœtus on the lumbar and sacral plexus of nerves is an occasional cause of spasmodic retraction of the flexors of the leg and thigh; and this becomes a permanent position, together with extension of the foot. Occasionally retraction of the hamstring muscles takes place during the last month of utero-gestation; and, more frequently, it has been found to result after instrumental and tedious labour. Extension of the foot, and retraction of the gastrocnemius and soleus, are the necessary consequences. I lately saw an instance of this kind, which commenced during the last month of utero-gestation. This lady had previously given birth to seven children. Parturition was effected without instrumental interference.

Irritation, as of enlarged glands in the groin, of a corn in the sole of the foot, of a bunion, of chilblains, perhaps, on the posterior surface of the leg, or on the foot; of variolous pustules in the sole of the foot, are some of the many causes of irritation of a peripheral nerve, and muscular retraction. Again, a tumour seated on a nerve, as on the posterior tibial nerve, will occasion pain, probably not at the seat of disease, but at the ultimate distribution of the nerve, occasioning, perhaps, excessive sensibility in the sole of the foot; or, again, on the crural nerve, and be referred to the instep or the great toe. I have lately seen two such cases, which had resisted every form of local treatment that had been adopted. The first occurred in a healthy young person, aged 18; the other, in a female of 32 years. The first had given rise to incipient varus; the latter to calcaneus. These effects were due rather to position than to abnormal muscular action, to avoid pressure; just as is the case with a corn on the heel, or on the ball of the great toe, or in the sole. For the most part, the abnormal position is, in the beginning, a voluntary position, which is assumed to relieve the pain occasioned by pressure on the part affected. To restore the natural position of the limb under such circumstances is merely to induce a recurrence of pain; the root of the evil must be struck at, or the abnormal position be allowed to remain.

Paralysis may be occasioned by exostosis, aneurism, etc., or by wound of the nerve itself, whether produced accidentally, or through surgical operation. The retraction, in such a case, will necessarily be opposed to the wound inflicted; as, for instance, of the posterior tibial nerve, and consequent calcaneus or calcaneo-valgus, or of the peroneal nerve, followed by varus, etc. Inflammation of a nerve, or its investing membrane, must also be mentioned.

Inflammation, traumatic, rheumatic, erysipelatous, and strumous, especially in the neighbourhood of joints, and burns, give

(a) Über die Einwirkung des Strychnins auf das Nervensystem, in Müller's Archiv. 1837.

rise to muscular retraction, and consequent distortion. Traumatic inflammation, whether induced by incised, lacerated, punctured, or gun-shot wounds, or by contusion, stretching of muscular fibre, or by concussion; and rheumatic inflammation, occasioned by cold and damp, are the most frequent causes of myositis and muscular retraction. Wounds occasion loss of substance, or cicatrices, or paralysis through injury of a nerve, or abscess forms either between the sheaths of the muscles or within their sheaths; large sloughs, extensive cicatrices, and retraction of the skin and adjacent structures, are the daily consequences. In inflammation arising from cold and damp, the sheath of the muscle is affected together with the muscle itself; when the latter becomes indurated in small scattered spots, or the sheath of the muscle is alone affected, through which the muscle becomes bound to its sheath, and the surrounding parts, and the limb thus rendered more or less immovable. Many muscles may thus be simultaneously affected. Metastasis from adjacent structures frequently occasions inflammation of muscle. Or inflammation may terminate in suppuration, or in gangrene; especially the psoas and iliacus muscles are apt to be destroyed in this manner. And phlegmonous erysipelas not unfrequently gives rise to results of this kind. Contusion of a muscle, and concussion, are both followed by retraction. These may each of them depend on local causes; or concussion may be transmitted to the medulla spinalis, to produce effects on the muscular system, differing, however, from those to which I now allude. I have noticed retraction of the gastrocnemius and soleus muscles to have been occasioned by jumping from a considerable height, the heel first coming into contact with the floor. A sharp pain in the calf of the leg was felt a few minutes after, which recurred at intervals. A few days later, retraction of the muscles of the calf prevented the heel from resting on the ground in the erect position of the body; and, three weeks after the occurrence, retraction had taken place to the extent of two inches. Inflammation also, of and about joints, gives rise to muscular retraction, either through irritation, or through long continuance of a retained position.

Strumous inflammation is more rarely found to give rise primarily to retraction, without destruction of the osseous structures. Strumous sores, however, affecting the muscles of the calf of the leg, occasion retraction and talipes; and, in the same manner, syphilitic sores, especially phagedenic, and those of rupia.

Fractures of the long bones, especially in the neighbourhood of joints, and dislocation, also, induce muscular retraction, through the abnormal position of the head of the bone, or of the shaft, and consequent loss of normal tension of the muscles which are attached to the bone.

It was observed by the late Mr. Bell, that the curved tibia gave rise to muscular retraction. This has since been denied. Although the curved tibia, perhaps, in itself, never occasions talipes, muscular retraction will more certainly take place, should any cause arise to induce abnormal muscular irritability, with curvature of a long bone, than if the shaft of the bone retained its normal curves; and thus the tibia, whether curved inwards, outwards, or forwards, by diminishing the antagonism of the opponent muscles, occasions retraction of those muscles which are situated on the concave side, to produce valgus when the tibia is bent inwards, varus when it is bent outwards, etc.

The last cause to which I will refer is general debility, and relaxation of ligaments. This occasions more especially talipes valgus. The ligaments connecting the astragalus and navicular bones, the calcaneo-scaphoid ligaments, and the long plantar ligament, more especially yield, and allow the inner arch of the foot to sink, to diminish the arch, or entirely to destroy it. Delicate young persons of both sexes are apt to be thus affected; boys and young men who are engaged as pot-boys, compositors, and waiters, are very subject to this painful affection; and any employment which necessitates a standing and more or less unvaried posture for many successive hours is a frequent cause of valgus. Young girls, too, merely through relaxation of the plantar ligaments, are very subject to this affection in a slight degree.

The most prominent causes, then, of post-natal muscular retraction are irritation of the cerebrum and of the medulla, local inflammation and injury, and debility.

It has already been said, that the influence of a cause of disordered action is more or less persistent, and that the effects which have arisen are apt to remain, notwithstanding the removal of the exciting cause; as palpitation occasioned by fright may become chronic, as the spasm of hooping-cough will outlast the disease. And of the voluntary muscles, retraction occasioned by irritation does not necessarily subside on the removal of the exciting cause, but is more or less persistent. Thus, retraction, which, in the first instance, perhaps, had a clonic character, may become persistent, or terminate in paralysis, through effusion, or exhaustion of nervous influence. Distortion, whether occasioned by impaired nervous influence or by local injury, or other cause after birth, seldom assumes the same appearance as congenital distortion. Although the ligaments soften and relax, and thus permit of a certain degree of displacement of the tarsal bones, for instance, which varies as the distortion itself varies, and its degree, excessive non-congenital distortion depends rather on the yielding of ligaments, and on the superincumbent weight, together with the removal of antagonistic power, (for loss of power in the opponent muscles increases as retraction increases,) than on spasmodic traction of individual muscles: such distortion as that occasioned in utero, as in the third and fourth degrees of varus, being alone possible before ossification of the tarsal bones is complete.

Spastic action is apt to recur when it has once been excited, and a slight irritant will probably then be sufficient to induce the recurrence. Muscular retraction, occasioned by irritation, can only be deemed a symptom of disease so long as the exciting cause of irritation is present. Irritation having been removed, spasmodic action may of itself cease; but probably it will not immediately or entirely subside, but the false position of the limb will be, at least in part, retained, through abnormal muscular action, the antagonistic force being impaired, and thus the balance of power upset, through the long continuance of spastic action. And retraction thus induced is usually more complete than when it has been produced suddenly, either by effusion or by local injury.

Spasm will, perhaps, be re-excited in the paralysed muscles on the recurrence of inflammation, with, perhaps, inordinate sensibility, where was previously total anæsthesia as well as loss of motor power.

Whatever the distortion may be, if it be due to muscular influence, similar causes and similar effects are found to be universal: irritation, central or peripheral, giving rise to increased muscular activity or suspending muscular power; local injury hindering or destroying muscular action; hypertrophy and atrophy diminishing power by destroying the balance of power.

Although the muscles are for the most part the mediate agents which contribute to this class of distortions, there are other distortions, which cannot conveniently be separated from this class, arising from relaxation of ligaments, and increased only by muscular action; such as the ordinary form of non-congenital valgus, and lateral curvature of the spinal column, so frequently met with in those whose physical powers have been reduced by rapid growth. General debility is the essential element which contributes primarily to these distortions; the ligaments become relaxed; the bones forming the column or the arch are no longer supported and held together as formerly, but, abnormal motion being permitted, the superincumbent weight and the traction of muscles increase the deformity in the same ratio as the power of resistance is diminished.

The muscles which are most frequently affected in talipes are the extensors of the foot; those second in frequency the adductors; thirdly, the abductors; and, lastly, the flexors. It is more common, however, to find a complex rather than a simple variety of distortion; but, of the several simple varieties, talipes equinus is the most frequent. The simple varieties of congenital varus and valgus are comparatively rare; both of them are generally complicated with equinus. The variety of talipes known as equino-varus, in which retraction of the extensors exceeds that of the adductors, is an unnecessary distinction, and only useful to complicate the subject. And the same may be said of equino-valgus. The ordinary forms of congenital varus and valgus are not simple forms, but complicated with retraction of the extensors of the foot or equinus. In varus, the M. tibialis anticus and extensor proprius pollicis are the most constantly retracted; secondly, M. gastrocnemius, soleus, and plantaris; thirdly, M. tibialis posticus, flexor longus digitorum, and flexor longus pollicis; and, lastly, those in the sole of the foot, as M. abductor pollicis, transversalis pedis, flexor brevis minimi digiti, and flexor brevis pollicis, to which must be added the plantar fascia, and especially its internal portion. This portion of fascia, covering the abductor pollicis muscle, and continuous with the fascia of the dorsum of the foot, is occasionally contracted at birth.

As has been already shown, double non-congenital talipes is comparatively rare; while double congenital talipes, as compared with single, is as two to one. Double non-congenital talipes is almost always in both feet of the same kind, perhaps of different degrees of the same affection, whether varus, valgus equinus, or calcaneus, but the same distortion. Congenital distortion, also,

is usually found in both feet of a like kind and of the same degree. Occasionally, however, both feet are distorted, but dissimilarly; as, for instance, with varus of one foot there may be combined another degree of varus, or valgus, or calcaneo-valgus, etc., of the other; and, when such is the case, there is frequently found some monstrosity superadded to muscular retraction. And this may be said always to be the case when the feet are differently distorted in an extreme degree, with or without affection of the hands.

1st. The causes of congenital club-foot are cerebro-spinal irritation, which gives rise to muscular retraction. 2nd. The causes of non-congenital club-foot are irritation, cerebral and spinal, local irritation, pressure, inflammation, position, and debility.

Such, then, is a cursory view of the most prominent causes of muscular retraction.

[To be continued.]

A CASE OF FATAL OBSTRUCTION OF THE BOWELS IN AN INFANT,

FROM

EXTRAORDINARY MALFORMATION,

AND A BRIEF ACCOUNT OF A CASE OF FRACTURE OF THE NECK OF THE THIGH BONE WITHIN THE CAPSULAR LIGAMENT, AND OF THE STATE OF THE PARTS FOUR YEARS AFTER.

By WILLIAM PRETTY, Esq.

A married woman, after completing the full period of her second pregnancy, gave birth to a full-sized male infant. An unusual amount of crying, moaning, and restlessness was soon manifested, and which nurse was unable to appease. Very small quantities of gruel were given to the child, and also some castor-oil; these were almost immediately rejected, and retching continued a very prominent symptom. Nothing having passed through the bowels, an injection of water and castor-oil was attempted to be administered, but it was returned as fast as it was discharged from a small syringe. Urine passed at intervals.

Mr. J. R. Pretty saw the child for the first time on the third day. Upon examination externally made, all was quite natural; internally it was quite otherwise.

The smallest rectum bougie would not pass forward scarcely more than half an inch, and No. 8 flexible catheter soon was stopped in its progress. Mr. J. R. Pretty introduced a trochar, and passed it upwards about two inches, till it reached, as he supposed, the upper portion of the sacrum. No discharge of meconium followed this operation. It was repeated the following day (the fourth) by myself, and with the same unsatisfactory result. At this time the little finger was capable of introduction nearly two inches up the body, but without leading to the discovery of what might be considered the seat of obstruction. On this same day the infant was taken to the University College Hospital, and there examined by Mr. Quain, first by the introduction of his little finger, afterwards by introducing the canula of a trochar used for the puncturing of the bladder through the rectum, the extremity of which was prevented doing injury to soft parts by having had previously passed through it an elastic catheter, fully four inches through the anus up into the abdomen.

Mr. Quain having arrived at the conclusion that the obstruction to the evacuations was not in the usual situation of malformations of the bowel, that is to say, anywhere in the rectum, and having likewise ascertained that there was no evidence as to its actual position, he declined to perform an operation. On the following day, when we again met upon the case, Mr. Quain stated his opinion to be, that the seat of obstruction was not in the large intestine, grounding that opinion upon the absence of any considerable general enlargement of the abdomen, or bulging of any part, as well as upon the result of the previous examination through the rectum. Still, as the child must evidently die if no effort were made for its relief, and as an operation would not do real harm, while it would give to the child the chance of an error in the diagnosis,—influenced, too, more, I believe, by our wishes than his own desire,—he performed the operation for artificial anus in the left loin.

In the operation, the colon was found to be no more than the size of a goose quill. It was perfectly empty. A probe passed through a small opening gave no indication of the seat of the obstruction.

The child survived two other days, and died after having just completed the seventh day. Prior to death, blackness of the hands and face existed, with slight convulsive action of muscles, in addition to almost constant moaning, insensibility, and the passing of a frothy yellowish fluid through the lips.

Post-mortem was made twenty hours after death. The abdominal integuments were much discoloured; the body was fast going into decomposition, and emitted a very offensive odour. The abdomen was found rather more distended than at any previous time. Upon exposing the contents of the abdomen, we found the smaller intestines distended throughout to the size of an ordinary adult's finger; the ileum terminated in a *cul de sac*, two inches in its largest diameter, about four inches long, lying loosely in the right iliac region, and having a rounded extremity. A diverticulum of a conical shape, equal in size to the tip of one's finger, was seen on the intestine, about an inch before the latter, gradually enlarged into the *cul de sac*. The large intestines, or, rather, what should have been large intestines, had no connexion whatever with the small intestines. At the anus all was natural, but the rectum very soon became contracted to a small round tube, a little larger than a goose quill, and this tube was traced in the left iliac region, gradually diminishing in size across the spine to its ultimate impervious termnation at the edge of the mesentery attached to the *cul de sac*, and about one inch from the latter, forming previously a few convolutions over the right kidney. A small coagulum was found in the abdomen.

The small intestines contained gas, and a semi-solid matter of a yellowish-brown colour, missible with water, though some portions were flaky, and would float upon its surface. This matter was found chiefly in the lower part of the ileum, and very abundantly so in the *cul de sac;* the pressing out of which, through the duodenum, was attended with a very offensive smell. The rectum was found to have been perforated, doubtless by the trochar.

It was observed that the introduction of the finger into the rectum suspended the pain and moaning cry of the child. Did this arise from interruption of reflex action upon the sphincter ani? some sympathetic action seeming to exist between this muscle and the small intestines. With the larger bowels, in a natural state, this sympathy of the sphincter is common enough; but here we had no functions performed by large bowels. I may also remark, that the contents of the intestines did not resemble meconium either in colour or viscidity. How far any function of the colon, which is the chief depository of meconium before birth, does, or can produce the viscidity and deep olive green colour of meconium in its natural state, I cannot tell; I have only to say that these properties were absent in this case. The gall-bladder was filled with bile; but I regret not having examined its contents.

Contrasting this case with one which came under my notice, the particulars of which appeared in the *Medical Gazette* about the middle of the year 1851, I find points of dissimilarity, which may not be without some interest. In that instance, the malformation consisted in the deficiency of more than the lower half of the rectum only; it terminated with great abdominal distention, and a spontaneous rupture of the colon near to the cœcum, and the child survived only three days and a-half.

In this case, we had no large intestines in a natural state, and the small intestines, though very greatly distended beyond their natural size, did not give way, and life was prolonged a little beyond the seventh day. In both, the trochar, which should have been of the kind used for puncturing the bladder through the rectum, was not used successfully in attempts made to open the obstructed bowel. In one, the seat of obstruction was pretty well ascertained; in the other, all was doubt and uncertainty—the symptoms during life were much the same in both instances. The malformed bowel of the first has been put up, and is in the museum of the College of Surgeons. The whole intestines, in this case, are in the careful keeping of Mr. Quain.

In the College Museum in Lincoln's-inn-fields, is the preparation of a puppy which happened to fall in my way, in which there was no naturally formed anus. The fæces were discharged through the vulva, and during the act the creature appeared to suffer pain. It was six weeks old when I had it drowned, and was in good condition.

To this same museum I have presented, what Mr. Quekett states to be, an interesting specimen of an ununited fracture of the cervix femoris. The subject from which it was taken, was a female of seventy-five years of age at the time she sustained a fall in the public road, which caused a fracture of the bone. Being near home she was carried there in much pain in a chair. Upon examination I found the limb shortened nearly two inches, and the toes turned inwards.

All power of voluntary motion was lost, and forcible extension and flexion was attended with very great pain, and I failed to discover a crepitus. Her age forbade the expectation of much good from surgical appliances, and the parts injured being so very painful and so very tender, nothing more was done beyond placing her in bed, and the application of a plaster, and a roller to the limb. After a few weeks' confinement, and suffering from much pain, she began to sit up a little, and gradually advanced to such a state of improvement, as to be able to walk with the aid of a crutch and a stick, and after that with a stick only. Ultimately she was able to walk about her room, to get up and down stairs, and even to walk round her little garden tolerably well, though always lame, generally liking to have the support of her stick; but sometimes she would do without it.

She had been often heard to say latterly, that she was sensible of a grating noise in the injured parts when put in motion. I failed at the time the accident occurred to discover crepitation, and also a short time afterwards, probably from the intervention of soft parts between the broken ends of the bone, or my not having effected a sufficient degree of extension, patient and careful examination was not permitted, in consequence of the great pain it caused the patient. After death the rotation of the limb gave clear evidence of the rough surfaces of bone rubbing one against the other. The inversion of the toes was a prominent sign, though this is much more frequently met with in dislocations of the femur, than in fractures of the cervix femoris. The patient lived nearly four years after the accident, and the inspection of the preparation will best show what has been done by nature in the formation of an artificial joint. I will only briefly add, that the head of the bone had become firmly adherent to the acetabulum; much of the neck had been absorbed, and hard bony matter, with an uneven surface, sometimes called ivory deposit, had been formed pretty abundantly upon the inner side of the femur, opposite to the great trochanter; and a firm capsule, with some ligamentous bands, surrounded this artificial and tolerably useful joint.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

Setons in Diseases of the Eye.—Several cases have recently been under the care of Mr. Critchett, at the Royal Ophthalmic Hospital, which show in a strong light the benefits derivable, in well-chosen cases of eye disease, from the more lasting forms of counter-irritation. At one period, setons were much abused in this branch of Surgery; they have now fallen into unmerited neglect. Mr. Critchett's cases have been those of old-standing vascular opacity of the cornea, generally in patients about the beginning of adult life, and of rather cachectic condition. In such, the use of mercurials, or depressants, or frequent leechings, as a rule, only aggravate. The detail of the treatment pursued has consisted in making an issue in each temple, and keeping it open for several months, at the same time allowing the free use of generous diet, or even exhibiting tonics. By this means, chronic local inflammation is gradually subdued, and its attendant thickening removed, while the strength of the patient is improved.

Application of Chloride of Zinc.—In many cases, it is of great importance, in the use of chloride of zinc as a caustic, that it should not run. Such a one is at present under the care of Mr. Cock, in Guy's Hospital, in which it is being used to destroy a polypoid growth in the nose, part of which has been extracted. The spot to which the application is made is deeply placed in an enormously dilated nostril, and it is absolutely necessary to limit its action to the part affected, and, at the same time, desirable that it should there act freely. A paste made with flour or bread-crumb was first tried, but this was very inconveniently moist, and liable to run. Mr. Cock now uses plaster of Paris, which answers admirably. A paste may be made of suitable consistence, and which does not afterwards become in any degree more liquid. It is laid on a piece of lint cut to the wished-for size, which is then carried into the nostril, pressed on to the diseased part, and left in. It should be remembered, that the long-continued pain which often follows the use of escharotics, is from their gradual extension to parts not at first involved. The duration of the pain, after the use of chloride of zinc in this way, is generally much less than if it be used in a paste more liable to liquefy.

Treatment of Chronic Urticaria by Quinine.—Mr. Startin is accustomed to remark to his class, at the Hospital for Diseases of the Skin, that he has seldom seen chronic urticaria resist the influence of a course of quinine. A severe case, in which the eruption had come out daily for the last six months, presented itself a few days ago. The patient was a married woman, of middle age, and of nervous temperament. The following was the prescription ordered:—

℞ Quin. disulph. gr. xij.; am. sesquicarb. ʒj.; magnes. carbon. ʒss.; aq. pur. ʒviij. Ft. mist. ʒss. ter die sumend.

The quinine in this formula is of course undissolved, and the magnesia is added in order to suspend it. To relieve the itching of the eruption, a lotion containing the dilute nitric acid was ordered to be used. With regard to the latter, it may be worth remarking, that Mr. Startin believes it quite as useful as the hydrocyanic acid for the relief of tingling, etc., while it is very much less expensive.

Modes of Exhibiting Cod-liver Oil.—Those who have had large experience of the use of cod-liver oil must have been astonished at the surprising way in which, in a great majority of cases requiring its exhibition, it agrees. It is not easy to mark out beforehand any class of symptoms which contra-indicate its employment, if the existence of strumous disease call for it. Often symptoms, apparently the most likely to be aggravated, are removed or mitigated by its use in a way which surprises both patient and prescriber. Thus, in phthisical cases, a red tongue, acid eructations, biliousness, heartburn, liability to sick headaches, aching pain between the scapulæ, an instinctive and intense dislike to fat or greasy aliment, are symptoms, which, without a question, may often be remedied by the use of cod-liver oil. These statements are, of course, applicable only to a certain proportion of cases; there are others in which its use is clearly indicated, but in which the prescriber's ingenuity is taxed to the utmost to get the patient to bear the remedy. The following memoranda on this part of the subject, founded on our observations of the practice of the various London Hospitals, but more especially of the City Hospital for Diseases of the Chest, may probably be acceptable to some of our readers.

Cases in which difficulty occurs may be divided into the following classes:—1. *Those in which the Nauseous Taste of the Oil forms the Obstacle.*—In these the use of the pale oil will generally obviate the difficulty; it is, however, four times the expense of the brown, and is more liable to be adulterated, which are great objections. The taste of the brown oil may often be concealed by taking it floating on some bitter menstruum. A wine-glassful of strong coffee, of ginger wine, of infusion of quassia, or perhaps best of all, a quinine draught, containing a drachm of the tincture of orange-peel, may serve this purpose. The oil may be stirred up in a little hot milk, and swallowed so warm that the sensation of heat overpowers the taste. Should these expedients fail, the patient may be instructed to put into the mouth a teaspoonful of marmalade or of black currant preserve; and, having well lubricated all parts with the sweetmeat, so as to fully absorb the attention of the gustatory nerve, then swallow the oil. Advantage frequently results from closing the nostrils when taking the dose. 2. *Those in which the Oil excites Sickness, and is quickly rejected by Vomiting.*—Many of the expedients mentioned above will obviate also this source of difficulty, more especially the use of bitters. Very few cases indeed will resist the influence of hydrocyanic acid and bismuth exhibited three times daily for a few days preparatory to the trial of the oil, and continued during its employment. Patients should be directed to eat a little dry biscuit or bread-crust before the oil, and then to take it floating on a cup of the coldest spring water. If these fail, as a last resource, the dose should be given in the recumbent posture, that is, in the morning, an hour or two before getting up, and in the evening after going to bed. This last suggestion is one emanating, we believe, from Dr. Birkett, of the City Chest Hospital, and often answers very satisfactorily. 3. *Cases in which the Oil cannot be Digested.*—This is a large and very important class. Patients complain that they have a great repugnance to the oil, that it makes them feel sick for hours afterwards, though seldom causing actual vomiting; that everything they take after it seems to taste of it, and that thus all relish for food is destroyed; that the oil "rises," either oily or with a most nauseous acid flavour. They frequently have bilious attacks; and, for a day or two in each week, probably the repugnance to the remedy is so great, that they are quite unable to overcome it. If pushed under these circumstances, the oil does more harm than good; there are, however, extremely few such cases in which careful attention to the digestive organs will not enable its administration to be successfully conducted.

We copy the following formula from the Pharmacopœia of the

City Hospital for Diseases of the Chest, where it is in general use for the relief of the condition alluded to :—

"℞ Rad. rhei ℥iij., rad. zingiberis ℥ij., rad. gentian. ℥iss., sod. carbon. ℥iij., aquæ pur. lb. viij."

The roots having been cut into small pieces, the infusion is made with cold water, and, after standing in a cool place for about twelve hours, is strained. The mixture is clear and bright, and not in the least disagreeable to take. In cold weather it keeps well; but in summer the addition of some tincture is necessary to prevent it from becoming thick. If cough be present, it is usual to combine with each dose from half a drachm to a drachm of paregoric; if sickness, from two to three minims of the hydrocyanic acid; and if the signs of atony, a small quantity of the tincture of gentian, calumba, or hop.

By the use of this mild stomachic (a wine-glassful thrice daily) for a week or two before commencing the oil, and then continuing it during the exhibition of the latter, many patients have been induced to bear it with advantage who had failed in other prior attempts to do so. The mixture is so mildly aperient that it almost never purges, and it may be continued for months together with the effect of improving most markedly both the appetite and the digestion. 4. *Cases in which the Oil, although taken easily, cannot be borne in full Quantity, and does not appear to produce much Benefit.* —In many cases of phthisis coming under this head, the combination of tonic medication with the use of the oil often answers well. So generally, in fact, is advantage derived from such combination, that at the Hospital for Chest Diseases there are very few patients indeed who take the oil alone. In almost all it is exhibited together with either the stomachic mixture above noticed, or some form of tonic. The favourite tonics are the sulphates of quinine and iron, (gr. j. with gr. ij. ter die,) or the sesquichloride of iron. The latter is extensively prescribed with the mineral acids in infusion of quassia, or, if the stomach be delicate, in the following more elegant form, which is a prescription of Dr. Risdon Bennett's :—℞ Tinct. ferri sesquichl. ℥x.; acid. nitrici dil. ℥x.; syr. zingib. ℥ss.; aq. menthæ viridis ℥j. Ft. haust.

Notice has been made repeatedly in our hospital records during the last two years of the practice of combining the use of cod-liver oil with that of mercury in small doses long continued, which prevails extensively at the Hospital for Skin Diseases in cases of lupus and cutaneous struma, and at several other Institutions, in the treatment of chronic disease of the joints. This kind of treatment is becoming increasingly prevalent, and is certainly very applicable to many forms of strumous inflammation. The plan of giving the oil to counteract the depressing effects of a mercurial course for the cure of syphilis in cachectic states of the constitution, has also been previously mentioned, and is well worthy of being borne in mind.

Iodide of Potassium with Ammonia.—An opinion prevails at Guy's Hospital that the efficiency of the iodide of potassium is very much increased by combining with it the carbonate of ammonia. The proportions we usually observe prescribed are, two to three grains of the iodide with four to five of the ammonia. Dr. Gull, who strongly advocates the combination, explains to his class that he believes the ammonia to act in three ways:—1st. As a gentle stimulus to the stomach, preventing the iodide from disagreeing. 2nd. As a diaphoretic, diffusing the blood, and with it the remedy, well through the whole system. 3rd. By chemical decomposition, itself being changed into nitric acid, and then by combination with the base of the salt, liberating the iodine in its free form.

ST. GEORGE'S HOSPITAL.

CASES OF TETANUS,

WITH THE STATISTICS OF THE DISEASE DURING THE LAST THIRTEEN YEARS.

It is probably quite needless to state that the series of cases of tetanus here continued, and which have occupied part of our space in the four past Numbers, must not be taken as in any way illustrative of the statistics of the disease in question. They are avowedly selected cases, chosen on account of especial points of interest; that interest, in many, being due to the circumstance that recovery took place. In order, however, that no false impressions may be given as to the amount of success achieved by modern practice, it may be well for us here to devote a few sentences to this part of the subject. We choose the present occasion because the admirable method of case registration pursued at the Hospital which heads this Report enables us to illustrate the question by reference to the result of all the cases treated in it during the last thirteen years. Their number is, however, necessarily limited, and we much wish it were possible to extend it by adding thereto the experience of some of the other large Metropolitan Hospitals; but unfortunately, with the single exception of St. George's, registration of cases either has not yet been attempted, or has been adopted so very recently, that no important materials have been accumulated. The most extended statement regarding the statistics of tetanus with which we are acquainted is that from the Glasgow Hospital, lately published by Dr. Laurie. It shows that of 50 successive cases (all traumatic) treated there, no fewer than 44 died, and but 6 recovered; the fatality thus being no less than 88 per cent. Even these results, discouraging though they may appear, are perhaps a slight improvement on what would seem to have been the experience of the Surgeons of the past half century. Thus we find Mr. Morgan stating, "I have never yet seen or heard of an instance of recovery from acute tetanus." Hennen, in his "Military Surgery," makes almost the same statement; limiting it, however, to the "symptomatic" form. The terms used by Dr. Dickson in his paper, in Vol. VII. of the "Medico-Chirurgical Transactions," lead to the inference that, excepting in the mild varieties, all measures of treatment had been alike unsuccessful in his hands. The statistics of St. George's Hospital do not much brighten this gloomy picture. In the last 13 years, *i.e.*, from 1841 to 1854, there appear to have been under care 18 cases, of which all, excepting 2, have ended in death. We take the statement as to the years between 1841 and May, 1847, from a paper on the subject read by Mr. Pollock before the Medical and Chirurgical Society; and the facts as to the late years have been kindly supplied to us by Mr. Holl, formerly a Registrar of the Hospital, and under whose observation most of the cases occurred. Mr. Pollock's report includes ten cases; two of which were idiopathic, and eight traumatic; in all of the latter, with one exception, the disease appearing within three weeks of the injury. The recoveries were, one of them, an idiopathic case; the other, a traumatic one. The following are some short particulars as to the eight more recent cases :—

Case 26.—A man, aged 33, had a wound of the cornea following on which were suppuration of the globe, and paralysis of the portio dura of the left side. Tetanus supervened on the sixth day of the accident, and ended fatally four days later.

Case 27.—*Severe Burn.—Acute Tetanus on the Eighth Day. —Chloroform Inhalations.—Spasm of the Glottis.—Laryngotomy. —Death after Thirty-Six Hours' Illness.*—A healthy-looking girl, aged 17, was admitted, under the care of Mr. Keates, on February 1, 1849. She had been very severely burned about the waist, nates, and left lower extremity, and, for some hours after her admission, was in a condition of collapse. On the third day, the febrile excitement was beyond what is usual, and there was much restlessness. Free suppuration became established, and the sloughs were in course of speedy separation; but there continued a degree of wakefulness, indicative of an irritable state of the nervous system. She was treated by salines and moderate doses of opium, but the latter failed to procure rest. The bowels were throughout well open. On the morning of the eighth day, the nurse observed a slight spasm of the muscles of the neck, which lasted but a minute, and then passed off; the girl, however, afterwards complained of difficulty in swallowing. Two hours later, a violent attack of spasm of the muscles of the neck and glottis was brought on by the attempt to swallow a spoonful of tea. It did not last more than a minute, but there remained afterwards persistent trismus and a rigid condition of the left sterno-mastoid; pain about the pit of the stomach was also complained of. The skin at this time was cool, but the pulse frequent. In the afternoon, a second attack of spasm occurred. During the night she was able to swallow a little fluid food; but, as morning returned, the symptoms again became severe. From seven o'clock till noon, spasms occurred almost every minute, and the jaws were closely shut. The bowels had acted by an enema; the pulse was very feeble, 140. At half-past two, chloroform was inhaled. At first the patient was brought but slightly under its influence; the rigidity of the muscles did not relax, but the jerkings ceased, and she lay quiet, and expressed herself as feeling better. As the effects appeared to wear off, the inhaler was re-applied; the process being repeated four times within the half-hour, always with the same results. About three o'clock she passed into the second degree of anæsthesia, and immediately a violent paroxysm of spasm

supervened, during which the glottis remained so long closed, that it was deemed necessary to prevent instant death by the performance of laryngotomy. No further attempts were made to exhibit chloroform. The spasms subsequently became less severe; but, at the same time, the patient got much weaker, the skin became covered with clammy sweat, and at eight p.m. she died.

No *post mortem* was permitted. The case is of great interest, as an illustration of the inexpediency of attempting to push chloroform inhalations in the peracute form of the disease. See Case 35.

Case 28.—In this case, the patient was a little girl, four years old, admitted on account of a severe burn; but unfortunately the details of the case are not forthcoming.

Case 29.—*Extensive Superficial Burn.—Slight Tetanic Symptoms on the Ninth Day, Slowly Increasing until the Thirteenth, and then Becoming Acute.—Chloroform Inhalations.—Death on the Fifth Day of the Disease.*—A girl, aged 12, pale, thin, and miserable-looking, admitted under the care of Mr. Keates, on February 1, 1849, on account of several superficial burns on the belly, trunk, face, and both arms. The accident had happened two days before admission. There was not much reactionary fever, but a great degree of restlessness and nervous excitement. In the slighter of the sores, cicatrisation proceeded rapidly, the others were gradually cleaning, and secreting healthy pus, the sloughs being in process of separation. On the 9th day, the child had spasmodic twitches in the flexors of the right arm, which were at first supposed to be choreic. On the morning of the following day, although she had passed a very restless night, the symptoms were not aggravated, and the burned surfaces looked remarkably well. In the evening, however, slight trismus came on. On the eleventh day there was no alteration in her condition, but on the twelfth there was complete closure of the jaws, pain at the epigastrium, and much spasm of the affected arm. All the sloughs had now come away, and the discharge was healthy and profuse. On the thirteenth day the irritation of dressing the sores appeared to increase the frequency and violence of the spasms. Pulse 92, skin moist. At four in the afternoon of this day chloroform was inhaled. The patient was only allowed to become slightly affected by it, and when so, the spasms, with very slight exceptions, quite ceased, but the muscles remained rigid; she lay in a half-asleep state. The effect of each administration was very transient, not lasting more than six to ten minutes. For about an hour and a-half its use every ten or fifteen minutes was persevered with, and soon after it was discontinued the spasms returned with even more than their former violence. At 8 p.m., it was again tried, and inhalation was practised five times. The first produced quiet sleep for about ten minutes; the second, the same; the third, for twelve; the fourth, for eight; and the fifth, for twenty. As soon, however, as the influence of the last passed off, the spasms returned with great violence, and became almost incessant. The vital powers were now evidently fast declining, she sank into extreme debility, and death took place at eight on the following morning. The spasms continued very frequent up to the time of death, but had much mitigated their severity during the last few hours.

We shall have to allude to this case in another place, as an example of the difficulty of classifying tetanus. From the slow development of the symptoms, their commencement in one of the extremities, and the quiet pulse up to the fourth day, it would, had recovery been the termination, have been unanimously referred to the class of "*chronic*" cases. It affords another good illustration of the powerlessness of the anæsthetics in preventing recurrence of the attacks of spasms after their influence has subsided.

Case 30.—A man, aged 27, admitted with a compound fracture of the right leg. Acute tetanus developed itself on the sixth day, and death followed two days later.

Case 31.—A man, aged 63, with an ulcer on the leg of unknown duration. Death occurred after a single day's symptoms of tetanus.

Case 32.—A man, aged 26, admitted with a lacerated wound in the right hand, had acute tetanus on the tenth day, and died two days later.

Case 33.—A woman, aged 44, admitted on account of a lacerated wound below the right knee. The disease appeared on the 12th day after the accident, and ended fatally on the 7th of its duration.

We shall defer further remarks on the questions involved in the statistics of tetanus until the conclusion of the series.

THE PROVINCIAL

PRACTICE OF MEDICINE AND SURGERY.

THE BRISTOL GENERAL HOSPITAL,

CASES OF TETANUS.—RECOVERY.

[Under the care of Mr. LANSDOWN.]

The following cases are from notes which have been kindly furnished to us by Mr. Mitchell Clarke, the House-Surgeon to the Hospital in which they were treated:—

Case 34.—*Amputation at the Ankle-Joint.—Subacute Tetanus on the Fourteenth Day.—Treatment by Opium and by Ether Inhalations.—Beneficial Influence of the Latter.—Recovery.—(The Disease having lasted Three Weeks).*—Benjamin Davis, aged 21, in much enfeebled health, was admitted on July 21, 1847, on account of extensive disease of the tarsus of the left foot. His condition was such as to render preparatory treatment necessary, and this having been adopted on October 25, Mr. Lansdown performed amputation of the foot at the ankle-joint, after the manner advised by Mr. Syme. During the operation the patient was under the influence of ether, and felt no pain. But little bleeding occurred, and the stump was dressed with sutures and wet compress in the usual manner. The sutures were removed on the third day. The condition of things, both as regards the stump and the man's general health, was quite satisfactory, until the evening of November 8. He had at first been kept on broth diet, but after the first four days had been allowed meat and porter. On account of a very narrow line of skin on the border of the posterior flap, which looked dark, a turpentine ointment had been applied to it. On the evening of November 8 (14th day), he complained of pain about the lower jaw, and five grains of the soap and opium pill were ordered as a night dose.

Nov. 9 (15th day).—The pain is this morning not so great, but he has a little difficulty in swallowing. The opium pill is to be repeated, and a dose of castor-oil is to be given, as the bowels have not acted. To continue meat diet, but omit the porter.

10th.—Much the same as yesterday. He did not swallow the meat which had been ordered. *Vespere*, 10 p.m. The difficulty in opening his mouth has very much increased; there is rigidity of the muscles of the neck, and he complains of pain in the back, as also in the pectoral muscles. Mr. Lansdown now allowed him to inhale the vapour of ether. After about four minutes' inhalation he could open his mouth much more freely. Half an-hour later the inhalation was again practised, and, during it, the muscles of the neck became less rigid, he could open his mouth better, and stated that he felt no pain in his face. Ten grains of the soap and opium pill were ordered to be given.

11th, 11 a.m.—There is a slight disposition to opisthotonos; pulse 120; skin moist. The trismus is still almost complete, and he experiences such difficulty in swallowing that he scarcely takes even fluid. A dose of croton-oil (two drops) having been given, and an interval of twenty minutes allowed to elapse, the ether inhalation was again resorted to. After breathing it for four minutes, he became able to swallow some arrow-root, and opened his mouth better. Mr. Lansdown directs the inhalation to be repeated every three hours. The night dose of opium is to be repeated.

12th.—The bowels acted freely yesterday after the croton-oil. Each exhibition of the ether has been attended with the good effects previously observed, and the remedy is to be persevered with. He is much in the same condition as during the last two days; the head still drawn back, and the jaw fixed, but the muscles of the back are not quite so rigid as they were. The stump suppurates freely.

13th.—In much the same state. Treatment to be continued.

14th.—Has had attacks of painful spasm, extending from the lower part of the sternum through to the back, and recurring every ten or fifteen minutes. Has slept but little; pulse 108; bowels confined. He finds great relief from the ether; but his mouth is now so firmly closed, that he cannot admit the inhaling tube; a sponge is accordingly to be used. To take three drops of croton-oil immediately, and a grain of the acetate of morphia three times daily.

15th.—The spasms have increased, both in severity and frequency. The effect of the ether in enabling him to open his mouth is still very marked. The bowels have been freely open. Vespere, 10 p.m.—The opisthotonos is not so marked, and there is very little spasm; he can open his mouth better. During the inhalation of ether it was noticed that his pulse fell from 108 to 84, or even to 72, rising again as its effect passed off.

16th.—The spasms have returned with increased severity. He

cannot swallow even a teaspoonful of fluid, excepting when under the influence of ether; the slightest attempt at deglntition occasioning spasms, during which he appears almost choked, and then dashes the fluid from him. He snffers very severely from diaphragmatic spasm, and the abdominal mnscles are quite rigid. Bowels open. To continue the morphia and ether.

17th.—Countenance much improved; spasms diminished, both in frequency and severity; pulse 104. A considerable portion of slongh is just separated from the heel, and the grannlations are plentiful over the exposed surface.

18th.—Improving. To continue the remedies.

19th.—Abdominal muscles again rather more tense. To take another dose of croton oil.

20th.—Spasms less freqnent. Bowels freely open.

22nd.—In every respect better.

25th.—Continues to improve; the opisthotonos and the trismus are both much diminished, but the muscles of the abdomen remain tense. To continne the ether inhalations, bnt omit the morphia.

Dec. 1.—Since last note he has steadily improved, and this morning he opened his month sufficiently to pnt ont his tongue.

4th.—Can now open his mouth qnite freely, and for three or fonr days has had no spasm. He is sitting up for the first time. The stump looks well, and is closing. The inhalations are to be discontinued.

After this the man rapidly recovered. Mr. Lansdown saw him six months after the illness, when he was in enjoyment of perfect health.

In his excellent paper on tetanus, to which we have already allnded, Dr. Lanrie states that he shonld have no hope of a case in which, during the first three days of the disease, efforts at deglntition brought on spasmodic dyspnœa, threatening snffocation. The symptom alluded to may undoubtedly be deemed one of the worst possible import, yet, as we have seen, it was present in a later stage of the above, which nevertheless resulted in recovery. The gravity of the symptom depends on the fact, that it indicates the involvement in tetanic irritability of the medulla oblongata, from which are derived nerves which snpply organs essential to life. Although it mnst be admitted that it is almost never present in the mild cases, yet it is very desirable that its value as a prognostic be not overrated, bnt that regard should rather be had to the whole conjunction of symptoms and the history of the case. In Mr. Lansdown's case, as has been shown, the attendant symptoms were not of the most severe class, and the period at which the disease had followed the injury, and the rather tardy development of the affection were circnmstances of encouraging import. The valne of the ether inhalation is very well shown in the above, more especially in that it enabled the patient to take food without risk of indncing the spasmodic closnre of the glottis. Mr. Gregory's case from the Sheffield Infirmary (Case 24) is another illustration of the use of anæsthetics in this way. As we have before remarked regarding chloroform, after several of the preceding cases, so we must here respecting ether, that althongh invalnable as an alleviant, it does not seem to have exerted any influence in preventing the recnrrence of the paroxysms.

Case 35.—*Severe Burn on the Back in an Epileptic.—Acute Tetanus on the Eighth Day.—Induction of a Paroxysm by the attempt to Inhale Chloroform.—Death in Fourteen Hours.—Autopsy.*—Phœbe Wood, aged 64, was admitted on December 4, 1854. She had been subject to epilepsy, and on the night previous to admission had been much bnrned, owing to her bedclothes taking fire from her candle while she was insensible from the effects of a fit. The bnrn was a severe one, and had involved the lower part of the back, the buttocks, and the inside of the thighs. The surface was dressed with cotton wool, a diet of broth and rice was ordered, and an opiate dranght administered every night.

Dec. 6 (3rd day).—Is doing pretty well, but complains much of pain; the bowels are confined, and it is necessary to give castor oil.

8th.—The eschars are separating very slowly; she is very feeble, and still complains much of pain; bowels open yesterday; to take a draught of ammonia and gentian, and to have an egg added to her diet.

10th.—Being rather feverish, a saline dranght is ordered in place of the tonic.

12th.—Death has occurred this evening from a very rapid and severe attack of tetanus. The first symptoms appeared this morning, at about five a.m., up to which time she had, excepting great debility, seemed doing fairly. Trismus first came on, and was quickly followed by complete inability to swallow, and the development of violent opisthotonos, attended by severe paroxysms of general spasm. A dose of castor oil was first given, and afterwards two purgative enemata, but no stool was obtained. Opium, both by the mouth and the rectum, was also freely given, bnt exerted no influence over the disease. The symptoms continued with increasing severity, and death took place at seven p.m., fourteen honrs from the commencement of the attack. At about nine a.m., a single trial of chloroform inhalation was made. The vapour brought on a most violent attack of general spasm, dnring which her face and head became much congested, and for a while it appeared as if she must die in the paroxysm. After fighting for breath for some time, however, she rallied. The remedy was not tried again.

At the autopsy, which was made by Mr. Clarke, twenty-four hours after death, no important lesion was discovered, excepting that a portion of the cord, about an inch in length, in the middle of the dorsal region, appeared softer than the neighbouring parts. Neither the cord or its membranes were undnly congested. The lateral ventricles of the brain contained abont half an ounce of fluid.

This case gives us an instance of what perhaps might be expected in the per-acnte forms of the disease,—viz., the aggravation of the convnlsive spasm during the first attempt at inhalation of chloroform. The same effect has been noticed in several other recorded cases, all of them being examples of the severest class. It is of interest to note, that the patient was the subject of epilepsy, this making the third case in our series in which such was the fact (Cases 3 and 15).

Mr. Clarke informs us, that at the time it occurred several other cases of tetanns had recently happened in the city of Bristol.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	May 13.	Royal College of Surgeons. Lectures on Surgery. By Mr. Skey. Lecture VI. Four o'Clock.
——	——	Royal Institution. *Subject:*—"On the Importance of the Study of Language as a Branch of Education for all Classes." By Dr. R. G. Latham. Three o'Clock.
——	——	Medical Society of London. *Subject:*—"On the Pathology and Treatment of Strieture at the Orifice and Anterior Part of the Male Urethra." By Mr. H. Smith. Eight o'Clock.
——	——	Royal Botanic Society. Four o'Clock.
Monday,	May 15.	—Chemical Society. Eight o'Clock.
——	——	Statistical Society. Eight o'Clock.
Tuesday,	May 16.	—Royal Institution. *Subject:*—"On Flame." By Professor J. Tyndall. Three o'Clock.
Wednesday,	May 17.	—Microscopic Society. Eight o'Clock.
Thursday,	May 18.	—Royal Institution. *Subject:*—"On Botany." By M. T. Masters, Esq. Three o'Clock
——	——	Harveian Society. *Subject:*—"On Pleuritis; with Cases." By Dr. Sibson. Eight o'Clock.
——	——	Royal Society. Half-past Eight o'Clock.
Friday,	May 19.	—Royal Institution. *Subject:*—"On Some Phenomena connected with the Motion of Fluids." By Professor Tyndall. Half-past Eight o'Clock.
Saturday,	May 20.	—Royal Institution. *Subject:* — "On the Importance of the Study of Chemistry as a Branch of Education for all Classes." By Dr. C. G. Daubeny. Three o'Clock.
——	——	Medical Society of London. Eight o'Clock.
——	——	Royal Botanic Society. Four o'Clock.

Linnean Society.—At a meeting of this Society, on the 2nd inst., six vacancies having occurred during the year in the foreign list, the following eminent naturalists were severally ballotted for and elected, viz., M. P. J. Van Beneden, Professor of Zoology and Comparative Anatomy in the University of Louvain; J. D. Dana, A.M., of New Haven, Connecticut, anthor of various works on the classification of zoophytes, corals, crnstacea, etc.; M. A. M. C. Duméril, Professor of Zoology at the Museum of Natural History of Paris; M. K. A. Meyer, Superintendent of the Botanic Gardens of St. Petersburg; M. F. A. W. Mignel, Professor of Botany at Amsterdam; and M. J. F. C. Montagne, Member of the French Institnte, and author of numerous Treatises on Cryptogamic Botany. The President then proposed, "That in consequence of the recent death of Nathaniel Wallich, M.D., Vice-President of the Society, and in consideration of his long connexion with, and eminent services to, the Society and to natural history, the meeting should now adjourn," which was unanimously agreed to.

Medical Times & Gazette.

SATURDAY, MAY 13.

QUACKS AND QUACKERY—MEDICAL BOTANISTS.

If any argument were necessary to convince us that we have too long delayed our promised exposure of Quacks, we should have found it in the consternation produced among them by Mr. Brady's Registration Bill. This measure was brought in by that gentleman on the 17th of February, and the effects of its introduction were similar to those produced by putting a terrier into a corn-barn. Immediately we saw the straws begin to move, and in a marvellous short space of time vermin of every kind were seen rushing about in terror and alarm. But we must confess, that until this Bill stirred up every *pseudo*-medical unclean thing to its depth, we had no idea of the extent to which Quackery had gone, the organization it had acquired, or the daring attitude it had assumed. We refer now more particularly to what is called Medical Botany, or Coffinism. Nothing in relation to our own Profession has ever astonished us so much as the manner in which petitions have been pouring in from the followers of Coffin, and the nature of the contents of their petitions. Let us, like Leporello, collect and roll them out, in one list, before astonished, yet apathetic, Medicine :—

Petitions Presented to the House of Commons in Favour of Coffinism.

Feb. 17.—From Edward Meacham, "for provision for the *protection of Botanic Practitioners.*"

Feb. 22.—From Michael Frederick Gaskin, praying "that the new Medical Registration Bill may be so modified as to enable those *professing the new Botanical System of Medicine* to practise under its provisions." Also, from John Thompson, to the same effect.

Feb. 24.—From Thomas Richardson, praying that "*the Reformed, or Botanic System of Medicine,* may be protected under the new Medical Reform Bill."

Feb. 28.—From Robert Harle, of Salford, "A Practitioner of the Reformed Botanical System of Medicine against the Medical Registration Bill.

March 2.—From *certain inhabitants* of Liverpool, against the Medical Reform Bill.

March 10.—From John Stephens, "Medical Botanist, Ratcliffe Highway, for inquiry, before the Medical Reform Bill be passed into law."

March 13.—From advocates and friends of Medical Botany in London, against the Medical Practitioners Bill.

March 20.—From Medical Botanists.

From Medical Botanists and other inhabitants of the West Riding, against the Medical Practitioners Bill.

March 21.—From 4180 Medical Botanists and inhabitants, "against the *restrictions* proposed by Mr. Brady's Registration Bill, and *against any Monopoly of Medical Practice, as being opposed to the freedom of science, and a restraint on the people in the choice of Medical treatment!*"

March 22.—From Medical Botanists and other inhabitants of Newcastle-upon-Tyne.

From Medical Botanists and inhabitants of Bradford and Thornton.

From J. F. White, of Leeds, Medical Botanist.

From Medical Botanists of Manchester and Northallerton.

March 28.—From the Chairman of a meeting at Nottingham against the Medical Practitioners Registration Bill, "*as interfering with the practice of the Professors of the Botanic System of Medicine.*"

From Medical Botanists and inhabitants of Derby.

From Medical Botanists and others of Bradford, "with 1200 signatures against the Registration Bill."

March 29.—Nine Petitions from Medical Botanists residing in the West Riding.

April 6.—From Medical Botanists and inhabitants of York, against the Medical Registration Bill.

April 11.—From Dunk Street, signed by 88 inhabitants; also from a public meeting held at Freemasons' Hall, Great Queen Street, London, "signed by 368 persons, in favour of Botanic Medicine, and praying for an investigation."

May 1.—From Wolverhampton, praying for inquiry into the subject of Medical Botany.

May 3.—From the friends and advocates of Medical Botany of the East of London (Ratcliff and Mile-end) against the Medical Bill.

From the friends of Medical Botany of Bradford, praying that *Isaac Revell and other Botanists* may be examined before a Committee of the House before the Medical Practitioners Bill pass into law.

May 4.—From the advocates of Medical Botany in Canterbury, praying for a Committee of Inquiry before the Medical Bill be passed into law.

These Petitions were presented as a matter of course by different Members, and were never thought of afterwards. If Mr. Brotherton, however, who seems to have been especially selected by the Coffinites as their mouth-piece in Parliament, were to be asked by some Greenacre to present a Petition in favour of the protection of murderers and poisoners, while the Criminal Law was under discussion in the House, no doubt he would be startled. Yet these Medical Botanists ask for nothing more nor less than the paternal protection of Parliament while they poison the public.

The principal drug used by them is lobelia, a powerful acrid narcotic poison; and Lindley, in his "Medical Botany," speaking of it, says, "In such doses as a *common teaspoonful* of the seeds and leaves, in which quantity irregular Practitioners have ventured to give it, it frequently proves fatal in five or six hours."

How fatal, we shall see by the following list of cases.

In November, 1853, an inquest was held by Mr. Baker on an ostler, named George Burt, to whom an emetic of lobelia seeds had been given by John Stephens, a Medical Botanist. Dr. Letheby discovered *a tablespoonful* of lobelia seeds in deceased's stomach. The Doctor stated that thirteen cases of poisoning by lobelia had occurred within the last three or four years, and that, in six of these, the Coroner's jury had brought in a verdict of "Manslaughter." Here are the fatal six :—

1. Thomas Wilson, treated by John Wood, a shoemaker, of Maryport, in Cumberland, April, 1849.

2. Frances Waters Bates, who was treated by her husband, a newsman, of Northampton, June, 1850.

3. William Hewitt, of Preston, treated by William Tate, a blacksmith, August, 1850.

4. John Siddall, of Oldham, treated February, 1850.

5. Henry Steward Davis, treated by John Stephens, a greengrocer, of Ratcliff Highway (one of the Petitioners!) July, 1851.

6. Charlotte Cardwell, treated by George Palmer, an ostler and porter, Dalston, in February, 1853.

Let us give one more case, and we have done.

Robert Smith Massenger, a child of three years old, under the care of a woman named Mary Ann Mansfield. The child died, and Dr. Letheby found *fifteen grains of lobelia* in its intestines!

Here are, to our minds, and to that of Coroners' juries, eight palpable cases of manslaughter committed by persons practising the "New Botanical System of Medicine." And yet this party of poisoners have the hardihood to come forward and petition against the Registration Bill, as interfering with the practice of the professors of the Botanic System of Medicine, one of the Petitioners—John Stephens, of Ratcliff Highway—having actually stood at the bar on a charge of having caused the death of one person by lobelia!

We have no doubt at all that if the Registration Bill had passed, it would have interfered with such persons as these, and the more Petitions they present the more we shall believe that Mr. Brady has hit the true mode of suppressing quackery.

But it will be seen, that some of the Petitioners actually ask to be protected by this very Bill. Why don't the pick-pockets petition for the insertion of a clause in their favour in the Petty Larceny Act! There is something almost ludicrous in the audacity of the Coffin gang; and we should feel inclined to laugh, were it not that their very impudence proves how helpless disunion has rendered the Profession. Is it come to this at last? Are ostlers, shoemakers, blacksmiths, and newsmen to be allowed to experiment on the public? Are the learned and indefatigable professors of a science which gave a Harvey and a Jenner to the world, to be flouted in Parliament itself by criminal wretches, who, for a few pence, ease the pangs of the poor,— by sending them to their last rest?

But let us give a Portrait of one of the class who have influenced the Parliament to throw out Mr. Brady's Bill. It is a case in which the mode of treatment being effectually concealed by being carried on at the "Coffinite's" own house, the *body* of the victim is also carefully disposed of by the quack,— now turned undertaker. We are indebted for the particulars to the conscientious rectitude and virtue of one Mr. Denis Turnbull, "Medical Botanist," of Gateshead.

The son of a friend of the "Medical Botanist" was smitten with cholera. This young man was taken to Mr. Turnbull's house, there to be treated. He dies there, and is buried by the "Medical Botanist;" the bill is sent in and disputed, and hence the defence of Mr. Turnbull as to his charges, which disclose the following particulars :—"Stimulating drops used internally and externally, *half a gallon*, 1*l.* 10s.; slippery elm, 4 oz., 1s.; cholera-powder prepared, 2s.; box of pills, 1s.; two vapour-baths, 4s. 6d.; camphor prepared, 1s.; syrup, *prepared for vomiting*, 2s. 6d.; brandy, 1s. 6d.; new milk, 3d." Such was the treatment, so far as the "bill of particulars" discloses. The undertaker's bill was equally astonishing.

The extent to which the Coffinite Quackery has spread through the country, and especially in the manufacturing districts, as shown by these Petitions, explains one circumstance before inexplicable — the very great discrepancy between the number of Medical Practitioners given by our Directories and by the Census. According to the Parliamentary Return obtained by Mr. Brady, from the Registrar-General's Office, there were, in 1851, 18,675 Medical Practitioners; while the Directories for the same year only show 11,808. Now, if we make a very liberal allowance for names omitted and for those since added, there are, in all probability at this present moment upwards of *six thousand illegal Practitioners in Great Britain.* Of these, the poisoners must form a very large proportion. The next Return Mr. Brady should move for ought to be the quantity of lobelia imported into this country. We should then, perhaps, be able to make an estimate of the amount of death dealt to the community, which will doubtless interest the public and Parliament.

Some of our readers may feel inclined to think those Coffinite Petitioners altogether beneath the notice of the Profession. Let them not be so deluded. The chord they have struck has been responded to by many Members of the House, for it will be seen, by reference to our Parliamentary Intelligence, that the opposition to Mr. Brady's Bill has been successful. The Coffinites and every other species of quack have accordingly obtained immunity for another year. The conflicting interests of the College of Physicians and the Scotch Graduates, and the support given by part of the Provincial Medical and Surgical Association to the Bill framed by Mr. Hastings and the Reform Committee of that body, have clearly led to the defeat of Mr. Brady's useful measure, by the assistance so afforded to the exertions of the quacks. The lesson must not be lost.

DR. HIBBERT TAYLOR AND THE LIVERPOOL EYE AND EAR INFIRMARY.

A very painful transaction, involving the character of a member of our Profession well known and universally esteemed, has lately occurred at Liverpool; but we trust that the publicity already given to the matter, and the enthusiastic and unanimous support given by his Professional friends, will yet have the effect of restoring the injured gentleman to the situation from which he has been, we hope only temporarily, displaced.

Dr. Hibbert Taylor is a gentleman who has been in practice nearly twenty years, and is distinguished for the attention which he has bestowed and the publications he has offered upon the subject of ophthalmic disease. He has lectured on ophthalmic medicine and surgery in the Liverpool School of Medicine, and was formerly Surgeon to the School for the Deaf and Dumb. It can, therefore, excite no surprise, that when the subscribers to the Eye and Ear Infirmary in Liverpool were anxious, in September last, to appoint an additional honorary medical officer to that Institution, Dr. Taylor should be invited to fill the post. He accordingly relinquished his connexion with another institution of a similar character, to which he had been attached for fourteen years, and accepted the appointment thus offered to him.

It appears to have been the practice with Dr. Taylor, in examining his patients, to direct his inquiries not only into the nature of the local mischief which more immediately attracted notice, but also to extend them to those constitutional derangements with which the special diseases are frequently accompanied, and of which, indeed, the local disorders are often only symptoms or consequences. That Dr. Taylor was blamable in thus acting, no Professional man of the smallest reputation would for one moment assert; and, however strange it may appear to the public at large that there should be any connexion between a scrofulous discharge from the ears and the existence of pulmonary and mesenteric disease, yet such connexion is too well known to Medical Practitioners to need any explanation from us. Accordingly, Dr. Taylor was in the habit of occasionally examining the condition of the internal organs of patients so afflicted, and the circumstances which led to his present painful position may be thus briefly narrated.

A delicate girl, aged 21, came under Dr. Taylor's treatment at the Eye and Ear Infirmary, for deafness, and as he suspected from the conformation of her chest that there might be pulmonary disease, he examined the state of her lungs by percussion and auscultation. On a subsequent occasion, believing that there might be disease of the mesenteric glands, he asked permission of the girl to examine the lower part of the abdomen beneath the dress, and, as the girl made no reply, he construed her silence into assent, and placed his hand under her clothes, but, as she wore drawers, without touching her body. At this moment, a female servant of the Institution, who, it seems, had been previously peeping through the keyhole, suddenly rushed into the room on pretence of finding something in a cupboard, when the examination of the patient was suspended, and was not subsequently renewed. Such is the simple history of this very commonplace transaction, and we think it as well to state that, having received a multitude of communications on the subject, including the evidence of the patient herself, taken down by a solicitor, and having read over the whole of the evidence, we can really find no reason whatever to charge Dr. Taylor with indelicacy or impropriety in the examination which he made. At the same time we cannot but remark, as the result of our own experience, which will be amply borne out by our fellow Practitioners, that it is exceedingly injudicious, under any circumstances, to make an examination of a female's person without the presence of a third party; but, as Dr. Taylor has himself

admitted his want of caution in this particular, we think it unnecessary to allude any further to this part of the subject, except to observe that we cordially agree with the sentiments of Mr. Blackburn, one of the speakers at the late large meeting of the Profession held in Liverpool, who said, that although it would have been wiser in Dr. Taylor to have called in the matron while making his examination, yet that his omission to do so was surely "not a ground on which a man was to be publicly damned and excluded from society, and deprived of a situation which he filled with honour to himself and great advantage to the public."

Dr. Taylor's examination of the patient having thus been interrupted by the officious interference of the servant-girl, he appears to have thought nothing more about the matter; but, about three weeks afterwards, he was requested to attend a Special Committee Meeting at the Institution, which had some unpleasant business to transact. On entering the Committee-room, he was informed that he had been sent for in consequence of a charge having been made against him of having taken improper liberties with a female patient by examining her chest and abdomen. Far from denying the charge, Dr. Taylor at once admitted that he had made such an examination, and maintained the propriety of his conduct in having done so. He then explained the whole transaction, and his statement agreed in all material points with the evidence of the girl herself, which was afterwards submitted to some of the members of the Committee. Dr. Taylor was then requested to withdraw. After waiting for a short time, a member of the Committee came and advised him to resign,—a recommendation which Dr. Taylor unfortunately adopted in the hurry and agitation of the moment, while under the sudden and distressing impression made upon his mind by the unfounded accusation brought against him. He subsequently, however, repented of this premature and ill-advised step, and feeling conscious of his own innocence, requested permission to be allowed to withdraw his resignation, but was not allowed to do so. He then laid the whole case before his Professional friends, and obtained certificates from some of the most eminent Practitioners in Liverpool, to the effect that the course he had pursued was not only undeserving of blame, but was absolutely necessary to enable him to prescribe satisfactorily for the patient's disease. The same sentiments were unanimously entertained by the Medical Officers of the Royal Infirmary, and a joint-certificate was signed by them to that effect, and forwarded to the Committee. As the latter body still persisted in confirming the resignation of Dr. Taylor, and actually appointed a day for the choice of a successor to that gentleman, a public meeting of the Profession in Liverpool was called on Friday, April 28, which was most numerously and respectably attended; about one hundred and twenty Medical Practitioners having been present on the occasion.

While we deeply sympathise with Dr. Taylor in the distressing position into which he has been thrown by the Committee of the Eye and Ear Infirmary, we cannot but think that he has, on the other hand, abundant sources of consolation that so numerous and influential a body of his Medical brethren should have assembled to vindicate his innocence, and to defend their own rights; and we regard this meeting at Liverpool, together with the late Metropolitan meetings at the Hanover Square Rooms, as very distinct indications of a growing desire on the part of the Profession to come forward, when occasion demands, in defence of an injured brother. That this is the true policy of the Profession there can be no doubt.

The Resolutions passed at the Liverpool meeting have been published in the local papers; and we are happy to find that the exertions of the Profession have not been fruitless, for, at a meeting of the Governors of the Infirmary, held on the 1st of May, it was unanimously resolved, "that the proceedings of this meeting be adjourned, to receive a report of the Committee of the Institution, who are requested to re-investigate the circumstances attending the resignation by Dr. Taylor of the office of Honorary Surgeon."

As the subject has thus been re-opened, and as a conciliatory feeling appears to exist, we are unwilling to offer any remarks, except such as may tend to heal these unhappy differences, and to restore peace between Dr. Taylor and the Governors of the Institution of which he is a distinguished ornament. The Committee of the Institution, we presume, are not actuated by any feeling of personal dislike in the proceedings they have taken against him. In their zeal for the welfare of the Institution, they have listened too readily to the evidence of meddlers and menials; but we hope that they will retrace their steps while there is yet time, and restore a worthy and able man to the position their conduct has endangered, and thereby accede to the unanimous wishes of the Profession.

With regard to the conduct of Dr. Nevins, in canvassing for the appointment made by the resignation of Dr. Taylor, we will only give a short extract from the report of the meeting, feeling that further comment is unnecessary.

Dr. Nevins, speaking of the propriety of the examination made by Dr. Taylor, says: "It is as unusual as it appears to be unnecessary. Where a patient is brought for a purely local disease to an Hospital specially, and ever since its foundation, appropriated to local diseases, it is unwise, unnecessary, and injudicious, to make examinations either of a general or constitutional character. There is an etiquette to be observed in Hospitals as elsewhere, and, if a patient is brought to an Orthopædic Hospital, I should not think the *speculum uteri* would be used. It is useful in a General Hospital or Infirmary; but, if the Surgeon of an institution for the cure of club-feet should use the *speculum* for examinations—(interruption and considerable disapprobation.) I am quite certain, Sir, (Dr. Nevins pursued) that the public will say—and they have said, as you yourself know, if I send a daughter to a gentleman who has for years been devoted to Ophthalmic Surgery for some disease in her ears or eyes, do I suppose that he will sound the nursemaid's chest before he prescribes for the child herself. (Renewed disapprobation manifested by the scraping of feet, etc.)

"Mr. Hodgson asked whether Dr. Nevins intended, after the expressed opinion of the meeting, to take the situation if he were voted to it?

"Dr. Nevins: I think that is a question this meeting has no right to ask, and one I shall decline to answer.

"Mr. Hodgson could not agree with Dr. Macintyre that Dr. Nevins had acted in a very chivalrous manner. Three times that night had he made insinuations against Dr. Taylor's mode of examination, which, had he been a friend of Dr. Taylor's, he would not have expressed; and he (Mr. Hodgson) hoped, if that was friendly, that he might never have such a friend. (Cheers.) Dr. Nevins must, in fact, have been one of the jury who tried Dr. Taylor; and had he been a friend of the latter, he would not have canvassed for an appointment, the resignation of which he must have known had been wrenched from Dr. Taylor in a manner anything but honourable to the parties who had done so. This was a second edition of what had occurred in London to the unfortunate Mr. Gay; and he (Mr. Hodgson) did say, that the Profession were never more called upon than at the present to maintain their own dignity, and support gentlemen who filled public appointments, and who gave their time, and were called upon every day to make painful examinations. (Cheers.)"

INCREASE OF HOSPITAL STAFF.

It has been decided to elect an extra Assistant in both Physicians' and Surgeons' departments at St. Bartholomew's Hospital. Two vacancies are therefore to be filled up. It is confidently reported that Dr. Baly will be a successful candidate for one appointment. A sharp contest between Dr. Kirkes and Dr.

John Hue is likely to take place for the second. We can only repeat our former hope, that the best man may gain the day, and that professional merit alone may decide the election. Mr. Coote and Mr. M'Whinnie will, it is expected, be the Assistant-Surgeons, although Mr. Savory comes forward. A project has been under the consideration of the Governors as to the propriety of passing a rule compelling resignation of office of all future Medical Officers at the age of 65. It is said to be likely to succeed. There can be no doubt that such a plan would effect a very necessary reform, and it might be carried out without hardship, and with great benefit to the patients and to science, by the appointment of consulting officers on the plan lately proposed by one of our correspondents.

Dr. Habershon was elected Assistant-Physician at Guy's Hospital on Thursday week. It is proposed to give the Assistant-Surgeons beds in this Hospital, six male and six female, in addition to the foul wards. If this were accompanied by an increase of staff to attend to the out-patients, the measure would be highly commendable, and worthy of imitation, as it approaches towards the system of special wards and teachers in our large Hospitals, and would discourage the establishment of a number of small detached special Hospitals.

At St. Thomas's, Dr. Bristowe is to be elected Assistant-Physician, by previous understanding and without opposition. Dr. Bristowe well deserves his appoiutment. It is said, that it is not intended to entrust beds to his charge, as was the case with his predecessors. This is to be regretted, as it is a great encouragement to a junior officer to have a few beds, and an excellent preparation for more extended future responsibility; but this plan can only be carried out by the election of a staff so large that the duties of the out-patient department are not neglected, nor entrusted to those who have no official station in the Hospital, as they have beeu of late in the Surgical department of St. Thomas's especially.

DUBLIN HOSPITAL GRANTS—LOCK HOSPITAL.

The Committee of the House of Commons charged with the investigation of the important question of the claims of the Dublin Hospitals to public grants, commenced its sittings with an inquiry into the condition of the Dublin Lock Hospital. Nothing can possibly be stronger or more conclusive than the testimony of Dr. Byrne, Sir James Pitcairn, (Inspector-General of Military Hospitals,) and the other witnesses examined as to the value of this Institution, and its claims to support. The utter futility of trusting to voluntary contributions for the maintenance of such an Institution is most fully proved. And it would be difficult to name any class of Hospital which is so absolutely a necessity in our Medical educational system, especially in reference to all departments of the public service. We believe, that by no means sufficient attention is devoted to the study of syphilitic disease by candidates for the army and navy medical service. A special course of study and attendance on the clinique of a properly organised Lock Hospital should be enforced by the Directors in their departments. From Dr. Byrne's evidence we learn that clinical instruction has been abolished in the Dublin Lock Hospital since 1821. The restoration of this clinique would be a boon to the cause of Medical education generally in Ireland, and more particularly to the military and naval service. We trust a recommendation to this effect will emanate from the Committee. How much do not science and humanity generally owe to the liberal and enlightened policy which furnished such ample means of successful investigation in the endowment of the Hôpital du Midi of Paris!

The case of that noble monument of individual enterprise and genius the Dublin Lying-in-Hospital, the creation of Bartholomew Mosse, has been likewise well proven before the Committee, by the evidence of Dr. Shekelton, the preseut master.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

RADICAL CURE OF OBSTINATE INTERMITTENT FEVER BY BLEEDING FROM THE FOOT, PRACTISED AT THE COMMENCEMENT OF THE ATTACK.

By Dr. BRUGUIER,

The first case was one of quartan fever, which had lasted more than a year. After having prepared the patient by several days' regimen, Dr. Bruguier directed him to use a hot foot-bath a quarter of au hour before the presumed invasion of the attack. As soon as shivering, headache, etc., came on, he bled from the foot. The cold fit immediately diminished; the patient was put into a warm bed, and he had given to him some drink at short intervals. The hot fit quickly succeeded, but not very actively; perspiration was not very abundant; in short, the attack lasted but for a brief period. The fever did not return. Three other similar cases are recorded, and the author strongly recommends the practice to the consideration of Surgeons.—*Revue Thérap. du Midi.*

The *Fête Jubilaire* of the celebrated anatomist, Frederick Tiedemann, who was made Doctor of Mediciue in March, 1804, and who has resided at Frankfort four years, has just been celebrated in that town. He was Professor at Heidelberg more than forty years, and he retired from the University in 1849, in consequence of a great domestic affliction,—namely, when his son was shot by the Prussian soldiers. The Universities of Heidelberg, of Giessen, of Friburg, and of Wurtzburg; the Imperial Society of Naturalists and of the Academy of Sciences at Munich; the Medical Corporation of Mayence; the Learned Societies of Frankfort, and the Municipality of the town of Heidelberg, sent envoys to give him their felicitations. The Society of Natural History of Frankfort opened a subscription for a gold medal, executed at Munich, to be presented to this celebrated anatomist. Ou one side is a portrait of the Professor; and on the other a star-fish, the subject of his first great monograph, which was rewarded by the Institute of France.—*Gaz. Hebd.*

We understand that both the President and several members of the Royal Medical and Chirurgical Society of London have subscribed for Professor Tiedemann's medal.

CASE OF HYDROCELE AND OF CONGENITAL HERNIA OF THE LEFT SIDE.

INJECTION OF THE PURE TINCTURE OF IODINE; DISAPPEARANCE OF BOTH THE HYDROCELE AND THE HERNIA; FORMATION OF A CYLINDROID CHORD, RESULTING FROM A DEPOSIT EFFUSED THE WHOLE LENGTH OF THE TUNICA VAGINALIS.

By M. JOBERT DE LAMBALLE. Surgeon of the Hotel-Dieu.

Auguste Michelot, aged 34, was admitted into the Hotel-Dieu November 18, 1853, suffering from the maladies above-mentioned. Up to the age of seven years the left side of the scrotum was normal; or, perhaps, a little less voluminous than the opposite. At the age of sixteen, in consequence of a violent effort, there appeared along the course of the inguinal canal, and extending to the bottom of the corresponding scrotal fossa a tumour directed obliquely from above downwards, and from without inwards. A transverse depressiou, sensible only to the touch, divided the tumour into two unequal halves; one superior, the other inferior. The latter, the size of a filbert, was hard, and from the sensation produced by pressure, was evidently the testicle. The former of larger size, soft, augmenting after meals, or upon coughing and disappearing upon the patient assuming the recumbent posture, etc., was clearly a hernial protrusion.

The surgeon who then saw him, pronounced, as his diagnosis, that the testicle, imperfectly developed, had passed into the scrotum later than natural; and that the intestine had descended into the tunica vaginalis. A bandage was applied, which the patient wore for eighteen years; but, of late, the inferior swelliug became gradually larger, and the patient accordingly came to the hospital, where he was admitted.

In the fold of the left groin there is a swelling the size of the fist, directed obliquely from above downwards, and from without inwards, without change of colour in the skin. A circular constriction divides the tumour iuto two halves. The testicle is readily felt smaller than natural, but around it is a quantity of serous fluid contained iu the tunica vaginalis, which is translucent. It appeared to the author that the intestine was

separated from the testicle by an imperfect diaphragm or septum, which supported the viscera upon its ventral surface. The hernia having been replaced, a trochar was plunged into the inferior compartment, until the point of the instrument was felt to be free. Then pure tincture of iodine was injected until it reached the point of communication of the hernial sac with the abdomen, where its further passage was arrested by pressure exercised by an assistant. A very small quantity of serum escaped from the canula; the instrument was removed, and the wound was covered with diachylon. The following day (26th) the scrotum was distended by fluid; the skin was red, and moderately tight. The patient said that he had no pain; there was neither fever nor re-action. On the 28th the swelling had diminished; and, on December 4, ten days after the operation, the patient wished to leave the Hospital. The whole course of the inguinal canal was then filled by a cylindroid chord, as well as by the spermatic vessels. He could walk without pain or inconvenience; the left testicle, more raised than before the operation, was acted upon by the morbid deposit, which gradually contracted towards the inguinal ring, and had acquired a very firm consistence. Neither coughing nor straining caused the re-descent of the hernia, although the man has resumed his usual avocation for some time.—*L'Union Méd.*, March 4, 1854.

CASE OF CANCROID ULCER OF THE FACE, IN WHICH THE PAIN WAS CALMED BY THE VAPOUR OF CHLOROFORM.

By M. MOISSENET.

J—— has suffered for two years from a cancroid ulcer, occupying the left side of the forehead, and invading successively the orbit, the eye, and a part of the corresponding cheek. The pain was incessant; her horror of exposing the raw surface to the contact of the air was extreme. So great were the sufferings, that they wrung from her loud expressions of agony. Every application was tried without effect; opium in every form, chloroformed pommades and plasters; but with so little success, that ultimately the patient declined any further trials. Some compulsion was then required to induce her to submit to the following treatment. By means of Hardy's instrument, a current of air impregnated by chloroform was directed upon the wound, and with marked alleviation of pain. It was then repeated, the instrument being gradually more closely approximated. Complete local insensibility ensued, which lasted a quarter of an hour, and enabled the attendants to apply in comfort to the patient the usual dressing by which the wound was covered.—*Société Méd. des Hôpitaux de Paris*, Feb. 22, 1854.

THE INTERNAL ADMINISTRATION OF NITRATE OF SILVER IN CHOREA.

The number and the diversity of therapeutic agents recommended in the treatment of chorea are well known. Their enumeration would be a fruitless task; but it is our duty to bring to notice that one now most in favour in Germany, although in all probability it will share the fate of others, and have but a brief period of repute. Take three grains of crystallized nitrate of silver, dissolve them in half an ounce of distilled water; every day the patient is to take three teaspoonsful of the solution. This dose determines the diminution and the cessation of the convulsions. The melioration once produced, the medicine must be continued for a short time in gradually decreasing doses.—*Journal für Kinderkrankh.*, 1853.

UPON ACUTE ARTICULAR RHEUMATISM, AND THOSE CASES OF SUDDEN DEATH OCCURRING DURING THE COURSE OF THE MALADY.

By J. COSSY.

The pathological anatomy of acute articular rheumatism has of late years been the subject of much attention. M. Cossy has favoured us with some observations furnished from the Clinique of M. Louis. He found, in two cases, after seventeen days of the disease, either a turbid-yellowish green aspect of the synovial fluid, or flakes of lymph. The other alterations consisted in redness and thickening of the synovial membrane. To these facts are added some collected by M. Leflaive (*Moniteur des Hôpitaux*, July, 1853) and by Dr. Fauvel, who communicated directly with the author.

In the first, the synovia was found to contain globules of pus, easily recognisable by the microscope. In the second, there were again flakes of lymph. The facts published by M. Cossy support the opinion that rheumatism is of inflammatory nature.

The two cases recorded by M. Cossy are interesting, as illustrating points connected with the rapid and fatal termination of rheumatism, sometimes witnessed, and attended by cerebral phenomena. Loss of intellect, cries, encephalic pains supervened suddenly, and terminated in the patient's death. In another case there was coma and dulness. Pathological anatomy could not discover in these two cases any lesion to account for the symptoms observed during life.—*Archiv. Gén. de Méd.*, 1854.

GENERAL CORRESPONDENCE.

TREATMENT OF NÆVUS BY COMPRESSION.

[To the Editor of the Medical Times and Gazette.]

SIR,—It is often found that a simple contrivance will avail when more elaborate plans fail. It is thus I have found the treatment of nævus, the organisation of which is too soft and sanguineous to be easily and effectually treated with vaccination, threads, ligatures, etc.

I find the application of pressure by means of a firm pad and elastic band speedily destroys the nævus, causing it to slough, and thus effects a radical cure, leaving but little mark. It is quite singular in some cases how soon the tumour blackens and disorganises.

My plan has been this. If the nævus is situate where an elastic band will sit, I regulate the size of the pad so that it shall press on the entire tumour, but not beyond it, and I adapt the width and thickness of the vulcanised india-rubber band, to the age of the patient and the pressure required. This last will cause suffusion of the adjacent parts, if it be kept on too long at one time. For instance, if the nævus be on the forehead, the band encircling the head will make the face swell, the swelling speedily disappearing on the removal of the band. When the nævus is become disorganised, the pad is no longer necessary, but a slight pressure after it has sloughed, by the use of a thinner or larger band, will very much assist the part to heal.

The band I send you as a sample is of the thinnest elastic I find useful,—viz., the sixteenth of an inch thick. You will see it is home-made. The size of the part to be encircled is taken, and the required length cut off a sheet of vulcanised rubber, which can be bought of any thickness, at eight shillings per pound. It is sewn together, and a little bag of soft leather made and stuffed with wool, for the pad, which is then fastened to the band.

So with similar bands for umbilical hernia; while ganglions and bursæ after evacuation are speedily cured by a similar contrivance, the elastic, for these cases, being one-twelfth or one-eighth of an inch thick. Any needlewoman can make such.

I am, &c. E. LACEY, F.R.C.S.

Poole, May 2, 1854.

THE MEDICAL AND CHIRURGICAL SOCIETY AND THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—You will greatly oblige me by publishing the accompanying letter, which has been delivered to the Council of the Royal Medical and Chirurgical Society last Tuesday, in the next number of your very valuable Journal.

I am, &c. HENRY MORTIMER ROWDON.

Nottingham-place, May 10, 1854.

TO THE PRESIDENT AND COUNCIL OF THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

MR. PRESIDENT AND GENTLEMEN,—As the tone and character of the publications contained in the *Lancet* have lately been made the subject of consideration and discussion in our Society, and as a recent recommendation of the Fellows of the Society regarding the withdrawal of that Journal, was subsequently confided to you, for your deliberation and decision thereon, I am induced to believe that a communication which presents to your notice the utterly unfounded nature of some calumnious statements which have since appeared in several leading articles of that Journal, will not, upon the present occasion, be considered either obtrusive or inappropriate. I cannot but consider, also, that the continued countenance, or the immediate condemnation by the Society, of a Journal which perseveres in unjustly assailing the character of any one of its Fellows, is a matter of very deep importance, and one that nearly concerns every Fellow of the Society, however humble he may be. On this ground, therefore, and also because the task of refuting many of the late mis-statements contained in the *Lancet* devolved upon myself, I venture, with great defer-

ence and respect, to address you on the subject. It is generally known, that at the last annual meeting of the Society, Mr. De Morgan moved the following Amendment: "That as the Society was established for the promotion of science, and to uphold the honour and dignity of the Profession, it is of the highest importance that it should not in any way encourage the circulation of works, the tendency of which is at variance with these objects, and that, inasmuch as the tone and spirit of the *Lancet* have not been such as to entitle it to the confidence of the Society in these respects, the meeting recommends to the Council its withdrawal from the list of weekly periodicals." It is also well known that that Amendment was submitted to the Fellows who were present upon that occasion, and that it was carried by a large majority. I do not here propose to refer in any manner to the reasons on which the Fellows at that meeting were led to adopt Mr. De Morgan's Amendment; but I simply desire to draw your attention to the discreditable conduct of the *Lancet* since that date. If any argument or instance had been wanting to vindicate the course which was adopted by the last annual meeting, it has since been supplied in the pages of the *Lancet* itself. The course which was pursued by Mr. De Morgan in proposing the discontinuance of the Journal in question, is one which any Fellow of the Society is legitimately entitled to take, if he should believe that the character and objects of the Society call for such an interference. Whatever were the merits of the Amendment which was carried at the annual meeting, and whatever may be the result of the Resolution which was then agreed to, the individual responsibility of the mover was limited, as a matter of course, to the expression of his own opinion and vote thereon. The Editor of the *Lancet*, however, instead of confining himself to the task of proving that the course which the Society had taken was unmerited and uncalled for, in that the *Lancet* was not fairly open to such marked censure and disapprobation; or, instead of protesting in any other way against the Resolution of the Society, commenced forthwith a most virulent personal attack upon Mr. De Morgan. The very gross and abusive nature of that attack may be seen in the leading Articles of the *Lancet*, commencing No. XI. and ending No. XV., to which five Numbers (as the misrepresentations are infinitely too voluminous to transcribe) I beg to refer you. For the complete refutation of the misstatements contained therein, I must also beg to refer you to a paper by Dr. Stewart, published in the last Number of the *Medical Times and Gazette* (page 470), and also to a communication from myself to the Editor of the *Lancet*, which was published in the last Number of that Journal (page 501). The data on which the statements contained in the latter paper are made, I shall be anxious to lay before you, if you will grant me an opportunity of doing so, either at your next meeting, or before any Sub-Committee of your body: and I cannot doubt but that Dr. Stewart will be equally ready, on such an occasion, with the evidence on which he has founded his contradiction of the statements made by the *Lancet*, and which I may be pardoned for again asserting *were indeed very gross*.

Assuming that the statements in the *Lancet* regarding Mr. De Morgan can be proved to be unjust and calumnious, it becomes a subject of deep reproach that a Journal which, for its own purposes, thus calumniates one of the Fellows of the Society, should be allowed to remain on the Library-table—and that the Fellows should be so invited to read, in five successive Numbers of that Journal, the most barefaced aspersions and the most unscrupulous condemnation of one of their own order—of one, indeed, who, no long time since, most worthily filled a very important office in the Society, and who may fairly be said to hold a very distinguished position in the Profession generally. Without exposing myself to the charge of dealing in either flattery or compliment, I may further say that, however much other Fellows of the Society may differ with Mr. De Morgan on particular questions, all who know him will admit that he is a gentleman of the most scrupulous honour and integrity.

Can the Society, then, without a conscious sense of wrong, continue to present to the eye of every Fellow who enters the Reading-rooms the pages of a Journal which it seems to me, first misrepresents an opponent, then appeals to the Profession for his condemnation, and neither spares private character, however blameless, nor professional merits, however acknowledged or conspicuous?

The injurious tendency of those articles, in which Mr. De Morgan is so unjustly held up to the odium and censure of the Profession, must be very evident to every one; and it must be equally evident that they were dictated by a spirit of personal malice and revenge. If this were not so, and if the Editor of the *Lancet* had, for instance, really believed in the ill-usage of Mr. Tuson, why did he reserve all comment upon the matter until seven years after the date of that occurrence? Why did he not stand forth in defence of Mr. Tuson at the only time when, if the cause had really *admitted* of defence, he might justly hope to influence those by whom Mr. Tuson could be protected from injustice and oppression? Why has he now raked up this painful subject to the redoubled injury and annoyance of Mr. Tuson, with whom he affects to sympathise, but for the obvious purpose of serving his own ends; regardless alike of the effects of renewed exposure upon Mr. Tuson, as of the truth or untruth of the statements by which an opponent was to be injured?

I must now, Mr. President and Gentlemen, ask permission to make a few remarks on the question of the privileges which undoubtedly belong to all Fellows of our Society, in regard to the selection or exclusion of periodicals, and for maintaining which Mr. De Morgan has been so shamelessly traduced. And here I beg to observe, that the *Lancet* itself, in a late Leading Article, (No. XIII., p. 368,) after stating, that "the only authority over the Press of this country are the laws, and public opinion legitimately expressed," and that, "by public opinion, the Press stands or falls;" further adds, that "no man is asked to buy a Journal, and that public and professional opinion have the power to punish a Journalist for any real or supposed faults." These identical questions of buying the *Lancet*, and of censuring it for what were believed to be its real faults, were involved in the Amendment that was carried at the last Annual Meeting. As it has been so distinctly conceded, that every one has a right to determine for himself as to the purchase of that or any other Journal, so it cannot be doubted that any Society, by a Resolution legitimately made and carried by its members, is equally entitled to exercise that privilege. Great as is the *true* liberty and independence of the Medical Press, equally great, surely, is the liberty and independence of the Professional public who read. With what reason or justice, then, can the *Lancet* complain, as it has done (p. 368), that by the exercise of the admitted right to discontinue the purchase of that Journal and to condemn its faults, "it was an act of tyranny for a powerful Society like the Medico-Chirurgical to attempt to interfere with the independence of the Press, and doubly so to dictate to the fellows and to the Profession what they should read and what they should not read"? It has been already shown, that no such tyranny has been exercised, or any such attempt ever made; although the Society, as a body, had recommended that the *Lancet* should be discontinued in the library, it was still competent for every fellow of the Society and for every member of the Profession to buy and read the *Lancet*, or not to do so, according to his own individual judgment and choice. It unquestionably constitutes a much greater act of tyranny that a considerable majority should be compelled to buy and encourage a Journal in opposition to their own publicly-declared judgment and choice, and the principles of conducting which they entirely disapprove.

In another place, again, the *Lancet*, after denying the existence of a right of censorship of the Medical Press, in whatever quarter it might be assumed, dwells with particular emphasis, and evidently with no small degree of pride, on the essential services which, from time to time, it has rendered to the Profession; even to its highest institutions and societies; and these sentiments have been echoed far and wide. Every one must admit, and indeed all have admitted, the conspicuous talent and ability with which the *scientific* and literary departments of the *Lancet* have been conducted. And also that many of the great questions of Medical reform and Medical politics, have been handled with a degree of moderation and power that have called forth general approbation. So, also, in former days, by its fearless exposure of the corruptions and abuses to which all men, and more especially all societies of men, are naturally prone, very signal benefits have been conferred upon the Profession. But is it therefore to be tolerated, that the immense influence and power which it has thus acquired should be allowed to become the engine of personal invective and injustice, and that the high function of the press should be subverted to the gratification of vindictiveness and enmity? Where can we look and not see instances in which the most cherished institutions, and colleges, and societies, which have secured incalculable advantages to mankind, have yet required, and have received, the purifying influence of public scrutiny and public censorship? On what principle, then, can the *Lancet* claim to be alone exempted and screened, on the ground of its having achieved so much good, from the criticism and censure which it so conspicuously deserves, and to be deprived of the chastening and correction which it has so palpably provoked? But here, again,

the Editor of the *Lancet* must be allowed to speak for himself. He asks (No. XI., p. 313), "What constitutes the influence of the Medical Press? It is nothing but the embodiment of professional opinion,—*to complain of the Press is to complain of the Profession; for it is the Profession which has alone made us what we are.*" Is that biting taunt intended, in the same breath, to express reproof and contempt for the implied degenerate taste of the Profession, and to exonerate the Editor of the *Lancet* from the patent culpability of his own acts? Does he mean to say, that when he penned the aspersions, and incorrect statements, which are contained *in the preceding lines of the same article* (concerning the eighteen students of the Free Hospital, which have been so conclusively contradicted and demolished by Dr. Stewart), that he felt he was writing to suit the taste and requirements of his readers? and that the *esprit de corps* of our Profession is at so low an ebb, that its members rather relish, than are disgusted with, a pungent attack upon a fellow-Practitioner, or, as it may sometimes be, a successful rival. Are we to understand the Editor of the *Lancet* to imply, that the contributors to that Journal, numbering as they do some of the most distinguished members of our Profession, entertain so little regard for the fair fame of other members of the Profession, that so long as their own objects are accomplished in one part of the Journal, they pay little heed to the injustice and persecution committed in another? and that they permit themselves to give a degree of weight and value to a Journal in which most gross aspersions are circulated, and without which such calumnies could never for a moment be tolerated? And shall the *Lancet* be further allowed to insinuate, that even our institutions and societies, which should not only uphold the character and dignity of the Profession generally, but should also protect their members from the assaults of an unscrupulous Press, are yet so suicidally indifferent on the subject, that they support, and indirectly encourage a Journal which, when occasion serves, does not hesitate to traffic in the reputation of their own members? If these are the inferences to be drawn from the offensive and contemptuous assertions of the *Lancet*, that the Profession has alone made it what it *is*, then, indeed, Mr. President and Gentlemen, it must be high time that our Society should unanimously discountenance and censure the Journal which so misjudges the Profession; and when, by such means, the desired change shall be effected, then may the Editor hereafter point significantly to its pages and say, that the Profession, and chiefly the highest Society in the Profession, have made the *Lancet* what it *should* be. I have the honour to be,

Mr. President and Gentlemen, your obedient Servant,

HENRY MORTIMER ROWDON.

Nottingham-place, May 5, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

MAY 6, 1854.

The President, E. HEADLAND, Esq., in the Chair.

DR. SEMPLE gave the particulars of two instructive cases of femoral hernia which had recently occurred in his dispensary practice.

HERNIA MASKED BY ENLARGED GLAND.—DEATH.

The patient was an old woman who had long been in declining health. At length fever appeared, with vomiting and constipation, so that Dr. Semple had diagnosed inflammation of some part of the intestinal tract. There was a small tumour in the groin, which had been there without giving pain for three years. It was moveable, and not tender, and from its rugged outline appeared to be an enlarged gland, so that Dr. Semple did not feel justified in performing an operation. The autopsy showed peritoneal inflammation in the right iliac region, and a small portion of intestine, with a gland in front, near to the femoral ring.

HERNIA OF OVARY OR THICKENED OMENTUM.—RECOVERY.

This woman was a cook, aged 35, who had enjoyed good health, and had entered the hospital for the performance of the operation for hernia.

There was a tumour in the left groin just below Poupart's ligament, elastic and movable on its outer, but fixed on the inner side, and uninfluenced by coughing. She stated that the tumour appeared suddenly about a week previously; and, as it gave her pain, she was attended by Dr. Allen, who relieved the symptoms without removing the tumour. Dr. Semple used the taxis ineffectually, with the assistance both of chloroform and the warm bath. A dose of castor oil produced an evacuation; but Dr. Semple considered that the dejection might have proceeded only from the part below the stricture.

He operated on May 4, having first administered chloroform. On opening the peritoneal sac, he found, as he then believed, a piece of intestine; and, passing his finger through the ring into the abdomen, found some slight adhesions. Subsequently, he became convinced that it was not intestine, and he placed a ligature around the neck, and, having made an exploratory perforation, cut it off. The tumour had not been properly examined, but he thought it looked like an ovary, and the peduncle like one of the lateral ligaments. The patient is doing well.

Mr. Dendy had met with a similar case, many years ago, in parish practice, on which he operated while the patient was apparently *in articulo mortis*, and found the smallest button of intestine strangulated, and hid by a red gland. His patient did well, and he remarked, that the lower classes bear operations better than the higher, from the habitual absence of artificial excitement.

Mr. Hancock expressed his regret that the operation had not been performed on the first case, and considered the operation necessary whenever there are symptoms of strangulation, with the presence of any tumour in the hernial position. He had had several cases of a precisely similar nature. He also directed attention to the important fact, that a small tumour may pass undetected, if the thigh be examined in the straight position, and that the limb should be bent, and the leg turned over the opposite one. He inquired if the tumour had long existed in the latter case, and expressed his belief that it was a piece of thickened omentum.

The Hon. Secretary, Dr. E. Smith, read a paper, entitled

SOME IMPORTANT OBSERVATIONS ON APHONIA ARISING FROM ORGANIC LESIONS.

By Dr. HORACE GREEN, of New York.

The author began by remarking, that many cases of aphonia occur quite unconnected with lesion of the vocal chords or of the parts immediately adjoining, and that it is not an idiopathic disease, but one dependent upon lesion of sensibility or lesion of structure. He then described the following varieties of aphonia depending upon lesion of structure, and recited cases in illustration, viz.:—1. Ulceration of the mucous membrane of the vocal ligaments. 2. Thickening of the mucous membrane of the vocal ligaments. 3. Œdema of the arytæno-epiglottic folds. 4. Œdema of the epiglottic cartilage. 5. Ulceration of the fossæ at the roots of the tongue, and on the side of the arytæno-epiglottic cartilages. In reference to the treatment employed by him, he remarked that "whether the alterations of structure, on which the disease depends, consist in œdema of the parts, in ulceration of the mucous membrane of the chordæ vocales, topical medication, in the form of a concentrated solution of the crystallized nitrate of silver, has proved in my hands to be altogether the most effectual remedy that has yet been adopted." "Constitutional remedies," as iodide of potassium and the proto-iodide of mercury, and tonics, "are to be employed when indicated, as in other cases where local disease is found complicated with general derangement." "But without topical medication, these latter measures are ordinarily of no avail."

Mr. Pilcher considered the paper full of practical matter and physiological reasoning; but, in reference to the cases under the last head, was of opinion that the aphonia was due to thickening of the mucous membrane, not at the fauces, but extending down into the trachea. He had noticed that this condition is common among those who speak loudly in the open air, and mentioned the cases of two brothers, one of whom recovered, but the other died unexpectedly during the night from spasm of the glottis. In the latter, as in the former case, he had applied a solution of nitrate of silver, and he attributed the fatal attack to his patient having, while residing for the benefit of his health at Bonchurch, Isle of Wight, stayed out on the night preceding his death until 9 o'clock.

The President, in opposition to the author's practice of resting the treatment almost exclusively upon topical applications, remarked that, in cases of aphonia resulting from mere congestion, topical remedies are not necessary, and the disease is cured by general treatment alone. His experience enabled him to state that the solution of 40grs. to the ounce may be employed to the trachea without injury. The author had not referred to syphi-

litic cases of aphonia; and he would be glad to hear from the distinguished surgeons then present, if syphilitic ulceration of the larynx can be effectually dealt with by the application of nitrate of silver.

Dr. Forbes Winslow hesitated to express his dissent from the author's views in his absence, but was of opinion that ulceration is not so common a cause of aphonia as the author had intimated. He had seen several cases of aphonia resulting from head disease, and relieved by leeches to the head, and also from hysteria, which had occurred and passed away most rapidly, and no reference to such causes had been made by the author.

Dr. E. Smith explained that the author had divided cases of aphonia into two categories—lesions of sensibility and lesions of structure, and had limited his remarks to the latter.

Mr. Weedon Cooke commended the application of caustic to any ulcerated surface, and had found it also highly beneficial when combined with general treatment, even in syphilitic ulcerations. He had not employed it of greater strength than twenty grains to the ounce.

Mr. C. Clarke remarked that, at a former meeting, it had been stated that the author had carried the probang down to the bifurcation of the trachea; and the President had stated that it could be introduced into the larynx with some degree of ease, but he had found the greatest difficulty in his attempts, and especially in sensitive persons and those with irritable air-passages. He inquired as to the most convenient size of probang and mode of operation.

The President, in explanation, stated that he had not represented the operation as an easy one at all times, and had not passed the probang to the bifurcation of the trachea.

Dr. O'Connor referred to two points as necessary to the easy introduction of the probang,—first, to accustom the neighbouring parts to the presence of the instrument, by using it to the fauces for two or three days previously; and secondly, to use a proper instrument, such as had been recommended by the author. The probang must be rapidly passed at the time of operation, and the fixed spatula is better than that having a hinge. He had frequently used it with a solution varying in strength from 15 to 40 grs. to the ounce, and had recently restored the voice of a clergyman in a few days who then seemed to have phthisis. Unless these diseases in America differ from similar ones in England, he was of opinion that the author's drawings were exaggerated. This class of diseases often induce death if neglected, and are then considered as pulmonary affections.

Mr. Dendy expressed his surprise that any one should advocate the use of nitrate of silver in syphilitic ulcerations of the larynx and fauces. The author had made no reference to them. He then showed, that, whatever theoretic difficulties might arise to the introduction of the probang, the author had practically met them by directing the application of the solution first to the fauces and then to the larynx; and, in illustration, referred to the difficulty which attends the first introduction of the catheter in spasmodic stricture, and the ease of subsequent operations.

Mr. J. F. Clarke was personally acquainted with the author, and could depend entirely upon his veracity when he affirmed, that he had repeatedly passed the probang down to the bifurcation. He also remarked that Mr. Liston used to pass forceps down the trachea without difficulty; and in Mr. Brunel's case, when that gentleman was placed upon his head, no inconvenience was sustained until the half-sovereign fell into the larynx. He had therefore no doubt of the practicability of passing any instrument down into the lungs, provided it could be passed through the larynx. The author had given no opinion as to the frequency of cases depending upon ulceration.

Mr. H. Smith remarked, that as the man must breathe while the probang is passed into the larynx, but may live for an indefinite period with a catheter in the urethra, it is not fair to contrast the two operations. He did not think the application of nitrate of silver to the trachea as at all times free from danger, and referred to two cases of acute disease of the glottis, which had been induced by it. The first case had suffered for twelve hours from severe dyspnœa, and after the application of the solution became so black in the face that tracheotomy was performed, and, although he was relieved for a time, he ultimately died. In the second case, there were ulcerations of the upper part of the larynx. The probang, armed with the solution, was passed, and from that moment the patient became so much worse as to despair of recovery. Tracheotony was performed in a few hours afterwards, and he did well.

Dr. Radcliffe referred to the instance given by Dr. Green, of a piece of sponge having passed through the trachea and lodged in the bronchi, as evidence of the possibility of passing a body to the bifurcation. He attached great importance to the author's directions to apply the solution for three or four days previously to the fauces, and he referred to one of his own patients, on whom Dr. Wagstaffe had operated with difficulty on the first, but with ease on subsequent occasions.

Mr. Hale Thompson denied that the remedy now advocated was a new one, for, while dresser to Sir Everard Home, at St. George's Hospital, in 1821, he had seen it employed. Dr. Anthony Todd Thompson had also strongly commended its use, and had noted its strength. He, however, utterly repudiated the employment of so strong a solution as 80 grs. to the ounce, He admitted that a saturated solution may be prepared of almost any strength, but affirmed that no one would apply it to the trachea. He had seen a solution of 20 grs. to the ounce employed with benefit in many cases, and much injury in others; and believed that it would be highly pernicious in syphilitic ulcerations. He was assured that every practical man must have found the operation one of very great difficulty.

Mr. Rogers Harrison, Honorary Secretary, in the absence of the author, stated that the latter had used the solution of 80 grains to the ounce, only to the fossæ at the root of the tongue. He also maintained that the treatment was not new, since Sir C. Bell had, in 1816, employed it of the author's strength (40 grains to the ounce), to ulceration of the larynx, but had discontinued it from fear of the results.

EPIDEMIOLOGICAL SOCIETY.

May 1, 1854.

Dr. Addison in the Chair.

A Paper, by Dr. James Bird, was read, entitled

AN ACCOUNT OF THE INDIAN PLAGUE,

WHICH PREVAILS IN THE MOUNTAINOUS DISTRICTS OF GURHWAL AND KUMAON, ABRIDGED FROM THE OFFICIAL REPORTS OF THE DISEASE; WITH REMARKS ON THE ANALOGY OF ITS MORBID PHENOMENA, AND MODE OF PROPAGATION, TO THOSE OF TRUE PLAGUE.

Dr. Bird commenced by observing, that the contemplation of a possible visitation of true plague to the scene of our present warlike operations in the East, must invest every research into the history and relation of like diseases, with an importance that could not otherwise attach to the subject. But, by considering, on a wide scale, former or distant plagues, apart from the many causes which disturb the judgment of those who had been witnesses of the scene, we were more likely to obtain unbiassed views, and principles of a comprehensive character, founded merely on the evidence afforded, not only in regard to general knowledge of all epidemic diseases, but respecting the causes and pathology of oriental plague in particular. The plague of the Himalayan territories of Gurhwal and Kumaon, had broken out there, at various times since 1823 to 1852, and had been attended by fearful mortality among the people. The Political Commissioner of these territories, Mr. Batten, and the late lamented Governor of Agra, Mr. Thomasson, had caused various inquiries to be made into the nature of this pestilence; the result of which was three reports—one by Superintending-Surgeon Renny, and the other two by Assistant-Surgeons Pearson and Francis. These reports having been forwarded by the Court of India Directors, for the information of the President and Council of the Epidemiological Society, they were given over to Dr. Bird, for abridgment, before they could be read to the Society. All the facts recorded in the Reports were accordingly included in the abridgment, which was read to the Society, under the following heads:—1st. History of the disease; 2nd. Its Semeiology, or symptoms; 3rd. Its Etiology, or causes; and, 4th. Its Anatomical Pathology; with some concluding remarks on the analogy of its morbid phenomena to true plague, and the manner in which it appears to be propagated. In abridging these interesting reports, said he, on a form of epidemic disease, which has been prevalent in Western and North-Western India since 1815, no facts have been omitted necessary for the formation of a correct opinion as to the true nature of this disease. Whether this be typhoid fever and glandular swellings, or a modified form of the Levant plague, has become matter of difference and dispute between Superintending-Surgeon Renny and the other Medical reporters. In the previous account of the characteristic symptoms, as given by the former, casual notice was taken of

the apparent limited opportunities he had of seeing the disease, compared with those which were presented to Messrs. Pearson and Francis. If the series of symptoms recorded by the former were too few and insufficiently marked in character to justify the inference of a decided diagnostic opinion, those detailed by the latter, when compared with the enumeration of the true plague symptoms, as recorded for us by the most experienced observers of Levant plague, induce me to join issue in judgment with Messrs. Pearson and Francis, that the disease is decided plague; the infectious germs of which, when produced, may again become inert under certain conditions of latitude, climate, temperature, atmospheric pressure, and probable elevation of locality. But if the semeiology of the two forms of Indian and Levant plague be found so closely analogous, the morbid anatomy of the two is certainly little less so; and the weight of evidence here, in the question of dispute between Mr. Renny and Messrs. Pearson and Francis, is in favour of the correctness of their opinion. The lay official authorities on the spot incline, too, as would appear, to this view of the subject. In a letter dated July, 1852, from the Secretary to Government, of the north-western provinces, then presided over by the late lamented Mr. Thomasson, to the Medical Board of Fort William, it is said: "The Lieutenant-Governor gathers, from the information which has been collected, that, whether the *Mahamurree* may or may not be correctly designated the plague, it is a highly dangerous fever of a typhoid form, almost identical in its symptoms with the Levantine plague, and believed by the people to be contagious. It is impossible to discover or to determine the laws which confine the influence of *Mahamurree* as of the plague within certain limits, beyond which it rarely passes. The question is, how to mitigate its ravages within the limits where it does prevail." In this passage, where the word "contagious" is used synonymously with "communicable," there is at once much good sense and sound Medical philosophy, drawn as an inference from observed and recorded facts, to the exclusion of opinion founded on the conventional interpretation of terms differently used by parties engaged in the subject of controversy. One thing is obvious from these Reports and official correspondence,—that controversial parties, who discuss the origin and propagation of such diseases, are in danger of misunderstanding each other and of misleading others, unless the writers have previously fixed the meaning which should be attached to the words "contagion" and "infection-contagion." Dr. Copland properly makes use of it as only a mode of specific infection, or, more definitely, the transference from one individual to another of a morbid poison, either by direct and mediate contact, or inoculation. Mr. Renny, while he admits the probably infectious character of the Himalaya plague, states, somewhat vaguely, "that it is not propagated by a specific contagion, as small-pox and true plague," not recollecting, that such an assertion must deny the production by the human body of a poisonous emanation in infectious diseases, capable of transference to others through the medium of atmospheric air. His opponents use the words infectious and contagious as synonymous, or as applicable to the character of all diseases communicable from person to person; and though they were at first disposed to trace the origin of the Himalayan pestilence to sources of imported contagion, they latterly admitted it to be both an endemic and an epidemic distemper, produced by general causes, just like that of Egypt, Syria, and Turkey, but propagated, too, by a specific one,—the subtle, excreted matter which is generated from the human body, being capable of exciting like affections in others. The practical deductions they have made, are, 1st. That *mahamurree* and plague are identical. 2nd. The disease is of local origin, capable of transmission from person to person and from place to place. 3rd. That it is gradually extending itself, and that no sufficient grounds exist for the supposition, that it will never be developed in surrounding countries. 4th. That the local circumstances upon which *mahamurree* depends should be done away with, and sanitary measures introduced, in which case it is probable that the disease will be gradually eradicated, or at any rate modified in severity. Neither is the difference between them and Mr. Renny very material, whether it be a malignant typhoid fever or plague, as Cullen's definition of the latter includes what is pathognomonic of it in these words:—"Typhus maxime contagiosa, cum summa debilitate; incerto morbi die, eruptio bubonum vel anthracum."

A short discussion followed the paper, in which Dr. Milroy, Dr. Snow, Mr. Tucker, and Dr. Bird took part; the endemic origin of the disease, or its introduction from without, its identity with the Egyptian plague, and the value of ordinary sanitary measures and of segregation in preventing its spread, forming the topics of debate.

SECOND FESTIVAL OF THE MEDICAL BENEVOLENT COLLEGE.

The Second Festival of the friends and supporters of this excellent Institution was held, at the Freemason's Tavern, on Friday, April 28. The Earl of Shaftesbury presided.

The Chairman, after the usual formal toasts had been given and responded to, said: We are now about to commence the great business of the evening, but it requires little to be said beyond the expression of surprise and regret that such a measure as we are met together to support and advocate has not been before proposed and carried into effect; surprise that it has been so long overlooked, and regret that so many have passed away without tasting of its benefits and advantages. If it were asked, why we do not allow those in need to enter into the general Institutions of the country open for those in distress, we should answer, that a special provision of this kind excites a greater degree of interest and co-operation on the part of the Profession; in the second place, I think a special provision secures to the recipients more comforts; and, thirdly, I think a special provision of this kind is far more agreeable to the feelings of those who receive assistance, and also more respectable. (Hear, hear.) We make provisions of this kind for our soldiers and sailors; and if we do so for the defenders of our country, surely we should do so for the defenders and preservers of our lives. (Cheers.) The objects of this Society show, that those who receive assistance from it do so more from necessity than influence, more from merit than friendship; and I would push the analogy a little further. Those who look over the annals of the Profession will see that none but the Profession know how far they jeopardise their lives in arresting the progress of all kinds of disease; I am not speaking of the times when epidemics visit the land, but of their daily visits to those places where the fever and the pestilence are walking in darkness, the effects of which, upon them, though unseen, are felt in the heavy blows inflicted on their constitution and health. (Hear.) I believe that, year after year, hundreds are cut off in early life by their zeal and energy in entering into those haunts of death. If we would sustain them in that course, and secure for the public their unremitting attention, let us do all we can to relieve their minds, and to assure them that, if they fall in pursuing the honourable warfare, their wives shall not be beggars nor their children penniless. (Cheers.) I do not think there is any profession that gives so much gratuitous service as that for the benefit of which we are now met together. I will not specify any other by name, but I will ask you if you know of any other, the members of which will sit at home for so many hours morning and evening for the sole purpose of giving advice gratuitously to all those who will go to their houses. (Hear, hear.) But, gentlemen, there is another view in which I regard the members of the Medical Profession; and although not a Medical man myself, I will venture to say that there is not a man in the kingdom better qualified to bear testimony to the fact, that there is none more diligent, unremitting, and zealous in carrying out the objects to which I allude,—the most effective assistance is given by them in the examinations consequent on the further development of the great sanitary question, and in the introduction of the remedies we have endeavoured to successfully employ. (Cheers.) Placed, as I have been for the last four years, at the Board of Health, and having had to examine into the sanitary condition of the people, and had epistolary communications with Medical men in all parts of England, I can bear my testimony, which will be borne out by my colleagues, to the unremitting exertions manifested by all Medical men, not only in pointing out the evils, but also in giving their assistance in providing a remedy for them, acting, in fact, as though they lived by health instead of by sickness, in the spirit which we might presume actuates the physician to the Emperor of China, who receives a good salary while the Emperor is well, but who loses everything when he is ill. ("Hear, hear," and cheers.) I gladly bear testimony to their disinterested zeal; and I feel that they have shown themselves members of the most liberal Profession that exists; and here let me say, that I am afraid the merits of a large portion of them are not so fully known in higher quarters as they ought to be. I allude especially to the Union Medical Officers. (Hear, hear.) They are a body of men whose services are far beyond my powers of description; and, without any disparagement to those who figure in the pursuit of the Medical Profession generally, I must say, I believe the Medical Officers of the Unions, from the experience they obtain by going into all the haunts of poverty and disease, have gained an amount of knowledge which could not be obtained by those who were only in the upper circles of society. (Hear, hear.) I mention this, because I believe their services are overlooked—(hear, hear)—and the miserable pittance they receive—(hear, hear)—is a disgrace

to the authorities of our land, and a very great injury to the public generally. ("Hear," and loud cheers.) Now, there is one other respect in which we must consider the Medical Profession. Taken as a body, the Medical Profession is by no means a rich one. (Hear, hear.) No doubt there are some few of its members who have amassed considerable wealth; but the great mass are persons of small means, and are not in such a position as to be able to improve their means; and those who are placed where there is the greatest demand for their sympathy, generally have the least power to render assistance. I speak of those more particularly engaged among a poor population. They never, however, withhold their services or their money, if they can possibly spare it; and yet, I believe, at the end of a long life, or, perhaps, a short one, cut off, it may be, by disease, they have often nothing to bequeath their children but an accumulation of bad debts which they can never recover. This, I believe to be a plain and truthful statement of the claims for such an Institution as the Medical Benevolent College; and I do not think it is necessary for me to say more to excite your sympathy on its behalf. I know it is customary to make an appeal, but I do think that these facts are more powerful than any argument which I could use, and more convincing than any appeal which I might make. It is to our interest to sustain the independence, the character, the zeal, and the courage of the Profession, and to keep it in such a position as to be beyond the effects of ignorant quackery. ("Hear, hear," and cheers.) It is our duty to support by all means in our power those who devote their time and study to a knowledge of those great gifts of God, the healing art, and raise it to a higher standing—to raise it from quackery and mystery to the highest point of science. (Applause.) I shrink not from the word: theology may hold the first place with us, but medicine claims the first in science; both, however, should be united, body and soul, inasmuch as both are necessary to enable man to honour his Creator, and labour for the welfare of his fellow-man. (Cheers.) If these be your views, I do not think you can have many scruples in wishing God-speed to this our enterprise, and saying that your purses and efforts shall not be wanting on behalf of an Institution that is greatly calculated to advance the moral, political, and social interests of this useful body of men. (Hear, hear.) The noble Chairman resumed his seat amid a burst of enthusiastic applause.

The Chairman then gave "The Health of the noble President of the College, the Earl Manvers," which was enthusiastically received.

Mr. Henry Pownall proposed, "The Health of the Clergy who have assisted this Society,"—may their numbers and zeal greatly increase, and may those who have occasion to apply to the Committee for assistance and relief obtain all the benefits which the services of their husbands deserve and their own necessities require. (Applause.)

The Rev. Dr. Irons, in acknowledging the toast, said: It would not become me to receive the toast as a matter of course. In setting forth the claims of the Medical Benevolent College to our congregations, I am sure we have all felt that we have been doing our duty, and therefore not entitled to any especial thanks.

The Rev. Mr. Mackenzie proposed "The Health of Mr. Propert." (Cheers.)

Mr. Propert, in responding to the toast, said: I trust the noble Lord's words in reference to the objects of the College will be long remembered. It has been most rightly said that we have the power of making the undertaking one of far greater importance, and—I won't allude to anything about jealousy—I trust that you will not consider it the cause of Propert, but the cause of the Profession. ("Hear," and cheers.) I am thankful to say that I am in such a position that in all human probability I shall never want any assistance from it; and I exert myself on its behalf because I feel that it is a disgrace to the Profession that it has not been established years ago, and from the feeling that it ought to be established. (Cheers.) I am thankful to say it is progressing in a most satisfactory manner. Nothing can be going on better; but, as my excellent friend has told you, it will not go on unless you go on with it, and unless you get others to assist in this labour of love. (Hear.) Among the hundreds of cases which come before us, I would mention a very strong one from Somerset. A highly talented young man, only 30 years of age, was in practice there, with every prospect of carrying everything before him; but it has pleased God to cut him off, and he has left a widow and four children without a shilling to bless themselves. The Council have given the friends the consolatory assurance that the weight of their influence shall be given to the case; but we can't elect them; it is for your Lordship and others to do so. I grieve to say the list of applications for admission is getting very long, and I hope you will not go away from here without each and all saying, "I am determined to do as Propert has done." (Hear, hear.)

Mr. Alderman and Sheriff Wire proposed the health of the Chairman, which having been responded to,

The Chairman next proposed "The Colleges of Physicians and Surgeons, and the Apothecaries' Society." (Cheers.)

Dr. Todd responded to the toast. He said, there is no Fellow of the College who has taken a more lively interest than myself in the Society. Allusion has been made to a feeling of jealousy; I can truly say, with reference to the College of Physicians, that I believe that a very large proportion of that body take a very warm interest in the Institution, and their desire is that it should be carried out in such a manner as to maintain the character of the Medical Profession; and from the manner in which it has been so far carried out, there can be no doubt that all the anticipated benefits will be derived from it. It is impossible for me to conceive that this Institution, when it becomes generally known, will not be supported by all classes of Medical men, and on behalf of the College of Physicians I beg to thank you. (Cheers.)

Mr. Pilcher responded on behalf of the College of Surgeons.

The Chairman then gave "the health of the Council," coupling therewith the name of the Rev. E. Scobell.

The Rev. E. Scobell acknowledged it.

Mr. Clifton said, a great deal of work must devolve on the Officers of the Institution; and I never met with any man who discharged his duty with more zeal, energy, and untiring devotion than does the Hon. Secretary of the Society, and I beg to propose his good health. (Cheers.)

The Hon. Secretary having left the room, his health was acknowledged by one of the company.

Mr. Propert: You have spoken of the exertions of the poor humble individual who first brought the matter forward, but we should not have succeeded if it had not been for the able exertions of the local secretaries throughout the Kingdom, now amounting to upwards of four hundred, in every large town in England. (Hear, hear.) I beg to propose their health, and couple with the toast the name of Mr. Stedman, of Guildford. (Cheers.)

Mr. Stedman briefly responded to the toast.

The Chairman then gave the health of the Trustees, and afterwards the Stewards, both toasts being warmly received.

Mr. Clifton responded, and observed, that the stewards had been amply repaid, if their exertions had tended to promote the happiness of the company.

The Chairman, as a concluding toast, proposed the ladies, and said the ladies had rendered very essential service. From his own experience, he could assert, that there is not a charitable Society in the Kingdom which does not derive very essential service from the ladies. (Cheers.)

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, May 4.

Petitions were presented by Mr. Tollemache from members of the Medical Profession at Birkenhead, praying that the condition of the Assistant-Surgeons in the Navy might be improved; by Mr. Heywood, from various members of the Medical Profession near London, against the Medical Practitioners' Bill, also against the Medical Reform Bill, from Derby; by Mr. Duncombe, against the Medical Reform Bill; by Mr. Deedes, from the advocates of Medical Botany in Canterbury, praying for a Committee of Inquiry before the Medical Bill be passed into law; by Mr. Moody, from the Crewkerne and Yeovil Medical Society, in favour of the Medical Registration Bill.

Tuesday, May 9.

Petitions were presented by Mr. Craufurd from Medical Practitioners at Daventry and Braunstone, against Medical Practitioners Bill; by Mr. Cobbett, from Oldham, against the Medical Registration Bill; by Mr. Miall, from certain inhabitants of London, against the Medical Practitioners Bill.

UNIVERSITY OF LONDON.

Mr. Bell obtained leave to bring in a Bill to extend the rights enjoyed by the graduates of the Universities of Oxford and Cambridge, in respect to the practice of Medicine, to the graduates of the University of London.

IRISH MEDICAL CHARITIES.

Sir J. Young stated, in answer to a question from Sir D. Norreys, that it was his intention to introduce, in the course of a few days, a Bill to place Irish Medical Charities, which are still supported by Grand Jury assessment, under the charge of

the Commissioners for the Regulation of Medical Charities in Ireland.

MEDICAL POOR-LAW RELIEF.

Mr. Pigott moved for a Select Committee to inquire into the mode in which Medical relief was now administered in the different Unions in England and Wales, and to ascertain whether any additional facilities might be afforded to the poor in obtaining Medical aid. The hon. Member, after citing the authority of Mr. Charles Buller and others, as to the imperfections of the present system, said, that it tended greatly to increase the number of paupers; and, with regard to the salaries of the Medical Officers, it was wholly impossible for them to properly discharge their duties at their present rate of remuneration.

Lord J. Russell said, that the Medical relief of the poor was no doubt an important subject, and the Government were desirous of placing no obstacle in the way of the appointment of the Committee.

The Motion was then agreed to.

WEDNESDAY, MAY 10.

Petitions were presented by Sir G. Goodman, from the Medical Practitioners of Leeds, against the Bill for the Registration of the Medical Profession.

MEDICAL PRACTITIONERS (NO. 2) BILL.

On the Motion for going into Committee upon this Bill,

Mr. Craufurd (after the presentation of numerous Petitions by Mr. Brady in favour of the Bill) rose to move, as an Amendment, that the House should resolve itself into a Committee upon the Bill that day six months. His opposition to the Bill was simply grounded upon the fact, that it was defective in principle; that it was not a progressive, but a retrogressive, measure; that it would prove injurious, not only to the Medical Profession, but to the public at large; and that it would only confirm the anomalies and increase the difficulties of the present state of the law. The Bill proposed, that every person who was registered under this Act should be entitled to practise as a Medical man; but it imposed no educational test whatever as the ground-work for being registered. He could come to no other conclusion than that the Bill was simply devised for the purpose of creating registration fees throughout the country, to be given to some persons or other,—whom he knew not. The Medical Profession in Scotland were strongly opposed to this Bill, owing to the manner in which it dealt with Scotch diplomas, and he believed that his learned friend, the Lord-Advocate, also entertained serious objections to the measure. He would not further detain the House, as he had now pointed out the principal defects of the Bill, and he trusted they would reject it.

Mr. Warner, in seconding the Amendment of his honourable friend, said that the present Bill would not only increase the patronage of the Government, but that its great fault was, that it proposed to deal with one of the most important of the human sciences in a way which tended, not to encourage its advancement, but which would materially check it. The real motive which had induced the corporate bodies mentioned in the Bill to agitate for a measure of this kind was because they felt that the new sciences of medicine were so encroaching on their antiquated system, that it was absolute necessary to put a stop to them. He did not think that the Medical Profession could be at all aided by placing restrictions on Medical study, and the Medical schools of this country must be subjected to competition; otherwise they would rank lower than those of any other country of Europe.

Colonel Dunne opposed the Amendment, for the Medical Profession of Ireland generally approved the provisions of the Bill. He was bound to say, that the Bill did not so much affect Ireland as this country, for in whatever part of Ireland a man might be, he could be certain of receiving proper Medical attendance; but he (Colonel Dunne), although there were many eminent men in the Medical Profession in England, would rather go into the heaviest fire of a battle than submit to the Medical treatment he would generally meet with in an English village. He thought it absolutely necessary that the means provided by the present Bill should be adopted, in order to protect the public from those not duly qualified to practise in the Medical Profession.

Mr. Phinn hoped that this measure would not share the fate of many of the "innocents" on the Wednesdays of this Session, and, having passed through a second reading, he trusted the noble Lord, the Secretary for the Home Department, would not now ruthlessly put an end to it. (A laugh.) He had been requested by many gentlemen of the Medical Profession to support the present measure, thereby advancing the cause which they had at heart, that the public might see who had and who had not received a Medical education. Taking the analogy of other Professions, they found, that an attorney could not practise without having his name on the Rolls of Court; that a barrister must be a member of one of the Inns of Court; and that a clergyman must be ordained; therefore, he considered that this proposed Registration could not be objected to. It might not be the best qualification, still persons would see from it those persons designated by the Legislature as qualified to practise, and would, in some degree, be protected from those quacks who had not the slightest pretensions or qualifications for practiring. His hon. friend had said, that the present Bill would create further patronage for the Government. If this were so, then the Government would, no doubt, receive the Bill with open arms; but he was very much afraid that they would disclaim the patronage which it was supposed this measure would give them. He could not say that this Bill dealt as comprehensively and efficiently with Medical Reform as he could have wished; still he trusted that, as there existed so great a difficulty in reconciling the opinions of the Medical Profession on this subject, the House would regard the Bill as a step in the right direction, and decide that Registration should be adopted.

Mr. Henley said that there was some difficulty in knowing what really was the principle of the present Bill. If it were intended merely to make a list of doctors, there would be very little good or harm in that; but he suspected from the last Clause, that it was intended to give a discretionary power to those who made the registration as to whom they would enter, and whom they would leave out. (Cries of "No, no!") He knew that Medical Reform was a difficult subject to deal with, but, as he did not think that the present Bill would render it one jot the less so, he should vote against it.

Mr. Laslett felt it is duty to oppose the Bill, as it was a measure affecting unfavourably a large majority of the Medical Profession.

Mr. W. D. Seymour could not agree with the suggestion of the Hon. Member who had moved the Amendment, who, admitting that the principle of registration was good, thought that the measure ought to be larger, and should be kept back until some uniform educational test could be introduced, and the Medical Profession could be brought under one system. This, under the present state of things, was nearly impossible. He considered that the principle of the Bill was unexceptionable, and should therefore support it.

Lord Palmerston was afraid that he must perform the duty that the hon. and learned Member for Bath had assigned to him, though, in doing so, he could not concur with him in thinking that, in the present instance, he was dealing with one of the "innocents," as he was inclined to consider that the Bill would have an effect which would rather be injurious than innocent. (Hear.) He begged, first, to defend the Medical Profession of England from the imputation cast upon it by the hon. and gallant Colonel, whose misapprehensions, he was happy to think, must have arisen from the apparent good health which the gallant Colonel had enjoyed while he had sat in that House. He had not been visited by any of those constitutional afflictions which visited Members from the over performance of their duties—(a laugh)—otherwise he would have found, whether he had remained in town or gone to the purer air of the country, that there was no difficulty in obtaining excellent Medical advice and attendance. He (Lord Palmerston) considered that this measure, as it now stood, would have the effect of giving by registration a Parliamentary sanction to a number of persons who were not entitled to it. The object of registration should be to register those persons duly qualified; but this would not be done by the present Bill, as diplomas could be obtained by a number of persons from bodies many of which he did not think very well qualified to give a diploma that should be a proof of the qualification of the holder to practise. He granted that the Medical Profession required some considerable alteration—it was at present a chaos that quite bewildered a non-professional man who attempted to find a remedy for existing evils. It was very true, with reference to the majority of the Medical body, that they did not much aid those who had for their object the improvement of the Profession. It often happened to others, as it had frequently happened to him, that a number of Medical practitioners waited upon him and assured him that the provisions of this Bill would be of great public advantage, and was approved by the Profession generally; but at no very distant period he would find that a large portion of the Profession differed from and disapproved the measure. He spoke with all deference to those better informed on the sub-

ject than himself, but, from the consideration which he had given it, he thought that there were some general principles which might guide them in seeking to improve the Medical Profession. What was wanted was some uniform system of education, some uniform test of qualification. This could not be obtained while there existed, as at present, some 22 bodies entitled to give diplomas, and as had been stated, some of these ran against the others, and so lessened the fees and the efficiency of the examination, and the result was, that men obtained diplomas who were not qualified to practise, and who were unable to discharge the duties of their profession. He should be happy, by entering into communication with the leading members of the Profession, if he could forward some measure which would lay the foundation of a uniform improvement in the Medical Profession. He could not say that at present he had any such measure that he could propose to Parliament; but he thought that any efficient legislation on the subject would be of great advantage to the Profession and to the public at large. He could not, however, but think that the present Bill was putting the cart before the horse, and making the consequence a preliminary cause. He should, therefore, support the hon. Member's Amendment in opposition to the Bill.

Mr. Napier could not come to the same conclusion that the noble Lord had done; and, though he disapproved of some of the details of the Bill, he yet thought that the best course that could be adopted would be to go into Committee, and he should therefore support the Bill.

Mr. Brady, in briefly replying, stated that the Bill would be of great advantage to the public, as it would have the effect of enabling them to distinguish the man who had been properly educated from the man who had obtained his diploma by the most unjust means. He agreed with what the noble Lord had said as to the difficulty of obtaining any uniform system; but this was attributable to the existing laws, which should be remedied, and he considered the present measure would form the basis for future legislation upon the subject.

Mr. Hume, having been consulted by the hon. gentleman (Mr. Brady) with regard to his Bill, could bear testimony to the excellent intentions by which he had been animated. He hoped that the Government would bring in a general measure which would put at rest this important question.

The House divided, when the numbers were :—

For going into Committee	69
Against	118
Majority	49

The Bill was accordingly rejected.

COMMITTEE.—DUBLIN HOSPITALS.

This Committee met again on Thursday, May 4.

Dr. Shekelton, Master of the Lying-in Hospital, Dublin, stated that that institution was opened by the celebrated Dr. Moss, on the 8th of December, 1757. It was incorporated by charter, and Dr. Moss appointed master. The Master receives nothing from the Hospital, except 9*l.* for coals. His emoluments are derived from fees paid by pupils. Witness had been Master for six years and a-half, and during that time the fees he had received amounted to 3699*l.* During that time, 340 pupils had passed through the Hospital; interns paid a fee of 20*l.*, and externs 10*l.* Half the fee paid by an intern went to the Hospital for his maintenance, the other half to the Master. There were also female pupils. During last year 2002 patients were admitted. The average stay of a patient was eight days, and the average cost 1*l.* A few patients not in destitute circumstances are admitted; these pay 1*l.* each, but no woman who presents herself at the gate for admission is ever refused. About 90 soldiers' wives are annually admitted. There is a Protestant chaplain attached to the institution. The reduction of the grant necessitated the closing of some of the wards. To enable the Hospital to meet any emergency would require an additional sum of 200*l.* a-year.

Mr. Strickland, Registrar of the Hospital, and Mr. Puzack, one of the Governors, gave further evidence to the same effect.

Dr. Cuthbert, of the North Dublin Union, said there had been a decided increase of disease among the population since the withdrawal of the grant to the Lock Hospital. The crippling of that Institution had produced the worst results in other respects also; for female patients who would otherwise have been received there were obliged to go into workhouses, where they remained and contaminated the young female population. They succeeded even in persuading young girls to leave the workhouse and follow them into the streets. The withdrawal of that grant had also thrown very serious obstacles in the way of a complete Medical education at Dublin, and the Profession there suffered in consequence. Owing to the reduction of the grant, the Hardwick Hospital, where fever patients were admitted, was unable to receive all the sick who were brought there. Accordingly, many fever patients were obliged to be nursed in the workhouses, and the consequence was an alarming spread of the epidemic.

The Committee sat again on Monday.

Dr. Brady, Vice-Chairman of the North Dublin Union, gave further evidence as to the pernicious effects upon workhouses of the reduction of the grants to the Lock Hospitals. Female patients, who would have gone into that Hospital, were obliged to come into the workhouse. Questions of expense, and other considerations, prevented the possibility of a classification of female patients in the workhouse after the age of 15. There is, therefore, no separation of the honest woman from the prostitute, and the effects are most demoralizing. There were generally 2500 inmates of the workhouse, of whom close upon 50 per cent. were under treatment. No inmate was allowed to cost more than 3s. a-week. Proper treatment in a Lock Hospital would cost 10s. a-week.

Dr. W. H. Porter, Governor of the Meath Hospital, said, that the present grant was sufficient to support the fever wards, but, if fever were rife, it would not be sufficient. In his opinion, the City of Dublin supported no Hospital by voluntary contribution; the inhabitants were too poor. In 1853, the grant was increased in consequence of the dearness of provisions.

Mr. Stanley, Registrar of the Meath Hospital; Mr. Matthews, Registrar of the Cork-street Hospital; and Dr. Thomas Brady, of the King and Queen's College of Physicians in Ireland, gave further evidence to a similar effect, and the Committee adjourned.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 5th inst.:—

Barrett, Charles Albert, Kingston-Bagpuze, Berks.
Cutcliffe, Henry Charles, South Moulton, Devon.
Gerber, Philip, Harley-street.
Jordan, Thomas Furneaux, Birmingham.
Keal, William, Oakham, Rutland.
Sam, Seth, Royal Navy.
Smith, Joseph, Exeter.
Tulloch, John, Forgue, Aberdeenshire.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 11th inst.:—

Kilburn, William Byers, West Auckland; diploma of membership dated April 10, 1854.
Martin, James, Quebec; June 11, 1852.
Merryweather, H. Collins, Euston-square; Dec. 21, 1853.
Partridge, W. P., E. I. C. Service, Bombay; Dec. 23, 1853.
Sam, Seth, Madras; May 5, 1854.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 4:—

Edwards, Thomas Nelson, Mattishall, Norfolk.
Heelis, Robert.
Morris, Sylvanus Jones, Barmouth, North Wales.
Mullings, Samuel, Sible Hedingham, Essex.

APPOINTMENTS.

Dr. Henry Monro has been elected to the office of Physician to St. Luke's Hospital, in the place of Dr. Philp, resigned. This appointment will give general satisfaction to the Profession.

Guy's Hospital.—At a Committee of Governors, held on Thursday last, Dr. S. O. Habershon, of Finsbury-circus, was elected to fill the office of Assistant-physician.

TESTIMONIAL.

At the last Monthly Meeting of the Glasgow Parochial Board, it was resolved, that the sum of 100 guineas each should be presented to Drs. Crawford and Easton for their services during the visitation of cholera, and 25 guineas to each of the District Surgeons, excepting those recently appointed, accompanied with the thanks of the Board.

VACANCIES.

STAFFORDSHIRE GENERAL INFIRMARY.—The office of House-Surgeon and Secretary is vacant, by the resignation of Dr. William Webb. Election, May 26.

DEATHS.

FORRESTER.—May 2, at 314, High-street, Glasgow, John Forrester, Esq., Surgeon—(*Glasgow Saturday Post*)—Licentiate of Faculty of Physicians and Surgeons Glasgow, 1843; author of two papers on Phthisis, 1848.

JEBB.—April 25, at Oporto, Portugal, from the effects of a fall from his horse, Henry Jebb, Esq., M.D., youngest son of the late Sir Henry Jebb, of St. Stephen's Green, Dublin.—*(Morning Chronicle.)*

KEMP.—April 30, at Ventnor, Isle of Wight, Alexander Kemp, Esq., F.R.S.E., Assistant-Teacher of Chemistry in the University of Edinburgh.—(*Scottish Press.*)

MORGAN.—May 3, at No. 2, Earl Street, Westminster, David Morgan, Esq., Surgeon, (late of Horseferry Road,) aged 36.—*(Times.)*—M.R.C.S.E., 1842; L.S.A., 1841.

NEWSOME.—April 30, at Middlesbrough, Mr. William Newsome, Medical Student.—*(Gateshead Observer.)*

AIKIN.—Lately, at his residence, No. 7, Bloomsbury Square, Arthur Aikin, Esq., F.L.S., in the 81st year of his age. Although not a member of the Medical Profession, Mr. Aikin had been connected, as Professor of Chemistry, with one of our chief Medical Schools, and during the long period of thirty years, had taken an active part in the education of members of the Medical Profession. His name will be familiar to many readers of this Journal, who will regret in him the loss of an old and respected teacher. Mr. Aikin was the eldest son of Dr. Aikin, and the brother of Lucy Aikin, the well-known authoress. He was born at Warrington, in Lancashire, in the year 1773. His attention was early directed to the subjects of chemistry, mineralogy, and geology, and he soon acquired great proficiency in these branches of science. In the year 1807, we find him taking an active part in the improvement of geological science. He was one of the founders of the Geological Society, and in 1814 he delivered some lectures before the Society, of which he was then Secretary. These lectures were subsequently collected and published, under the title of a "Manual of Mineralogy." From the year 1817 to 1839, he acted as Secretary to the Society of Arts, and contributed many papers of great value to its "Transactions." During this period, he delivered to the Society a series of illustrations on various subjects connected with the Arts and Manufactures. These lectures were collected and published in 1841, under the title of "Arts and Manufactures," forming a useful and instructive volume. In the year 1821 Mr. Aikin joined the late Mr. William Allen in the Chair of Chemistry at Guy's Hospital, which he occupied until the summer of 1851, when, owing to the infirmities arising from advanced age, he felt it necessary to resign his office. Mr. Aikin specially directed his studies to the chemistry of the metals, and we believe we are not stating too much in saying, that he occupied the first rank as a metallurgical chemist in this country. The "Chemical Dictionary," in the compilation of which he was assisted by his brethren, established his reputation as a chemist; and, although now to a great extent superseded by other and more modern treatises, it contains much valuable information. We may say of this, as of other works which issued from his pen, that whatever he published bore the stamp of accuracy and truthfulness. Independently of his knowledge of chemistry, Mr. Aikin was well versed in botany. He was also a good classical scholar. A man of studious habits, his time was spent in self-instruction or in the cultivation of some useful pursuit. In private life he was esteemed by all who knew him. He was a man of even temper and amiable disposition. He was equally ready to receive and to impart knowledge, and we believe we may truly say, that in spite of the collisions which must occasionally occur among men of science, he never made an enemy.

WALLICH.—Dr. Wallich, whose lamented death was announced in our last, has been long known as one of the most zealous of Indian botanists, was a native of Denmark, and first visited India in 1807, in the capacity of Surgeon to the Danish settlement of Serampore, in Bengal, having risen from the condition of a prisoner of war, at the taking of Serampore, when that place passed from the possession of the Danish Government into that of the East India Company. There he became acquainted with the late Dr. Roxburgh, then superintendent of the East India Company's botanic garden at Calcutta, by whose friendship he continued to benefit, till compelled (in 1812) to proceed to the Mauritius for the recovery of his health. After an absence of some months, he returned to Bengal, and in the following year obtained a commission in the English East India Company's Medical Service; and in 1815, on the departure for Europe of the late Dr. Francis Hamilton, the successor to Dr. Roxburgh, was nominated to the temporary charge of the Calcutta Gardens, an appointment subsequently confirmed by the Court of Directors, at the instance of Sir Joseph Banks and others. Over this magnificent establishment Dr. Wallich continued to preside for nearly thirty years, during which (and more especially during the first thirteen years of his superintendence) the collection of indigenous plants cultivated there was greatly enriched by the botanical treasures collected by himself and his assistants, or forwarded to him by his numerous correspondents in various parts of India. In 1820 he began, in conjunction with Dr. Cary, to publish the "Flora Indica." In the same year he made a botanical excursion in Nepal; and after spending a year there, returned to the Garden, with the intention of publishing an account of the plants collected; but, his health failing, he was compelled to seek benefit from a sea voyage, in which he visited the islands of Penang and Singapore, and some other places in the Straits of Malacca, returning to Calcutta after an absence of five months, with a rich harvest of the natural productions of those countries. About this time he issued the "Tentamen Floræ Nepalensis." In 1825 he was deputed by the Government to inspect the timber-forests of North-western Hindostan. In 1826 and 1827 he accompanied a mission from the supreme Government of British India to the Court of Ava, when he ascended the Irawaddy as far as Ava, visited the mountains in the neighbourhood of that capital, and afterwards proceeded to the recently acquired territories on the coast of Martaban and Tenasserim. On his return from the Burmese country, his health had become so seriously impaired, that a visit to Europe was deemed indispensable to its restoration; and in 1828 he obtained permission to vacate his post for a time, bringing with him to Europe his entire herbarium, amounting to upwards of 8,000 species, many of which had been described by Dr. Wallich himself, in Roxburgh's "Flora Indica," the "Asiatic Researches," "Linnæan Transactions," etc., and many more in the works of De Candolle, Hooker, Greville, Lindley, etc. On his return to England, Dr. Wallich was instructed by the Court of Directors to distribute among the principal public museums of Europe and America the very numerous duplicates of his immense Indian herbarium, together with those collected and contributed to their museum by Roxburgh, Russell, Hamilton, Wight, and other Medical officers in the Company's service. The principal collection was then in the most liberal manner presented to the Linnæan Society, in whose possession it now is. During his short stay in England, and while engaged in the formidable task of cataloguing and distributing among the most eminent European botanists the duplicates of his enormous herbarium, Dr. Wallich found time to superintend the publication of his magnificent "Plantæ Asiaticæ Rariores," in three folio volumes, containing coloured figures and descriptions of nearly 300 of the more ornamental plants of India; the illustrations being selected from a series of 1200 drawings, prepared under his own eyes by native artists,—a standard work, often referred to in books and treatises relating to the botany and materia medica of India. Shortly after the completion, in 1832, of this splendid work (to which the Company, with their accustomed liberality, subscribed for forty copies), Dr. Wallich returned to Calcutta, and resumed the superintendence of the garden there for a further term of thirteen years, during which he does not appear to have added very materially to his botanical collections, being principally occupied with the duties of his office, and investigations connected with the Assam tea plantations. In 1842-3, however, the shattered state of his health obliged him to pay a visit to the Cape of Good Hope, where his former activity seems in some degree to have revived, and an interesting collection was formed, and forwarded to England, whither he himself returned in 1846. He now took up his abode permanently in London, and continued during the remainder of his life to take an active interest in the proceedings of the Royal and Linnæan Societies, of both which, as well as of the French Institute and most of the principal scientific Societies at home and abroad, he had long been a member. He was, moreover, a Knight of the Danish Orders of Dannebrog and of the Silver Cross. Being an excellent linguist, much of his leisure during the last few years of his life was

occupied in the translation from the German, Danish, and Swedish languages of numerous scientific memoirs, some of which were communicated to the Linnean Society; others appeared in "Hooker's Journal of Botany," to which he was latterly a frequent contributor; and where his latest original work on systematic botany, entitled, "Initiatory Attempt to Define the Species of Hedychium," appeared as recently as the close of last year. He died at his residence, in Gower-street, on the 28th ult., in his 69th year, and his remains were accompanied, on Wednesday week, to their final resting-place at the Kensal Green Cemetery, by the President and several Fellows of the Linnæan Society.

University of London.—A meeting for conferring degrees in the University of London was held on Wednesday at University College. The Report stated that during the last academical year 210 candidates had passed the Matriculation examination, of whom 12 had taken honours in mathematics and natural philosophy, 12 in classics, 14 in chemistry, and 3 in botany. The following degrees were then conferred:—

M.D.

James Morris, University College; F. W. Pavy, J. S. Stocker, Guy's Hospital.

M.A.

W. Gurney, A. D. Sprange, University College; J. C. A. Scott, Manchester New and University Colleges.

LL.B.

G. Y. MacMahon, Queen's University (Ireland); J. P. Green, J. B. Winterbotham, University College.

M.B.

T. B. Washbourn, Guy's Hospital.

B.A.

A. W. Bennett, S. H. Blackmore, J. F. Cheetham, W. Butler, A. Eccles, F. E. Fox, A. Greg, A. P. Hensman, H. C. Hull, M. M. Magrath, T. Stevenson, G. Waugh, University College; G. Lingham, King's College; W. H. Potter, E. Smith, Manchester New College; E. L. Jacob, Queen's College, Birmingham; R. S. Ashton, G. Cornish, E. Miller, W. M. Robertson. J. R. Thomson, New College; G. Lidgett, Wesley College; M. Gutteridge, Bedford Grammar School.

The following honours and prizes were also presented:—John Charles Addyes Scott, Manchester New and University, Medal in Classics. Thomas Buchanan Washbourn, Guy's Hospital, Medal in Physiology and Comparative Anatomy. Thomas Buchanan Washbourn, Guy's Hospital, Scholarship and Medal in Medicine. Wells Butler, University, Scholarship in Classics. Edward Long Jacob, Queen's College, Birmingham, Prize in Animal Physiology. Thomas Edwin Burton Brown, Guy's Hospital, Exhibition and Medal in Anatomy and Physiology. William Price Jones, University, Medal in Chemistry. Clement Williams, Guy's Hospital, Medal in Chemistry. Thomas Edwin Burton Brown, Guy's Hospital, Exhibition and Medal in Materia Medica. William Price Jones, University, Medal in Materia Medica. Thomas Edwin Burton Brown, Guy's Hospital, Medal in Botany. James Heath, King's, Exhibition in Classics. George Carey Foster, University, Prize in Chemistry.

King's College, London.—The annual distribution of prizes to the students of medicine attending at this College took place on Saturday afternoon, in the hall of the College, Strand. The Report stated, that 105 new students had joined since the last Report, and that 238 students had attended the various Medical classes. The new Hospital was expected to be ready for opening by the commencement of the next winter session. The nomination presented by the East India Company had been conferred upon Mr. William John Palmer. The following is a list of the scholarships and prizes, and the names of those on whom they were conferred:—

WINTER SESSION, 1853-54.

Warneford Endowment.—Chistopher Heath, James Henry Thornton, Nottidge C. Macnamara, and Henry Townley Bilderdeck.

Leathe's Endowment.—Christopher Heath and William Woodward.

Anatomy.—Thomas P. Teale. Certificates of Honour: Francis Workman, John G. Booth, William H. Collins, John Walters, and Edwin E. Day.

Physiology.—Francis Workman. Certificates of Honour: Thomas P. Teale, Rinso R. Siccama, Frederick Simms, Samuel Spratley, William Liddon, and Edwin E. Day.

Chemistry.—William S. Riding. Certificates of Honour: Thomas P. Teale, Alfred Meadows, and William H. Collins.

Medicine.—John F. Straker. Certificates of Honour: Wm. Woodward and John H. Tutin.

Surgery.—Nottidge C. Macnamara. Certificates of Honour: Christopher Heath and Thomas E. Hale.

Surgical Clinical.—Nottidge C. Macnamara.

Medical Clinical.—William Woodward.

Medical Society's Prize.—John Martin Hyde.

SUMMER SESSION, 1853.

Botany.—John H. Tutin. Certificates of Honour: William H. Crossley and Charles J. Devonshire.

Materia Medica.—George W. Lawrence. Certificate of Honour: Henry J. Sutton.

Practical Chemistry.—George G. Corbould. Certificate of Honour: John H. Tutin.

Midwifery.—William Woodward. Certificates of Honour: John R. Kealy Jarman Patrick, and Edwin T. Edwards.

Forensic Medicine.—Nottidge C. Macnamara. Certificates of Honour; William Woodward and Gilbert B. Hadow.

Comparative Anatomy.—Henry Robert Silvester.

Medical Clinical.—John Martin Hyde.

Surgical Clinical.—Peter Charles Price.

Senior Scholar.—Thomas Buzzard.

Second-year Scholar.—George William Lawrence.

Junior Scholars.—Frederick Howlett, John Way, Anthony Whitford.

Gill Prize.—Francis E. Anstie.

Warneford Scholars.—Edin Edmund Day, Frederick Howlett.

Daniell Scholar.—Edward Ash Hadow.

Associates.—Francis Ayrton, M.D., Alfred Burton, Thomas Crowdace, A. S. Fogo, Robert Fowler, John Martin Hyde, Wm. Langford, George Lawson, Edward Liveing, W. R. F. Marchant, Maxwell T. Masters, George Parkinson, George P. Rugg, Henry Robert Silvester, Thomas Buzzard.

London Hospital Medical College.—The Annual Distribution of Prizes took place on Tuesday, May 9. James Scott Smith, Esq., Chairman of the House Committee in the chair.

Gold Medals presented by the Governors of the Hospital to pupils who have evinced zeal and skill in attendance on the patients: Medical—E. Crossman Friezewood. Surgical—J. Langston.

Dr. Cobb's Prize Case of Surgical Instruments, F. Poulden, Finsbury.

Medicine.—Senior-class gold medal, E. Crossman; honorary certificate, J. Edmunds, Spitalfields; junior-class silver medal, E. Crossman; honorary certificate, J. Poole, Newland.

Surgery.—Senior-class gold medal, J. Edmunds; honorary certificate, J. L. H. Down, Plymouth; junior-class silver medal, J. L. H. Down.

Anatomy.—Senior-class gold medal, S. T. Fox, Falmouth; honorary certificate, A. Kilroy, Plymouth; junior-class silver medal, J. Giles, Frome; honorary certificate, W. W. Harkness, Hampstead.

Midwifery.—Gold medal, J. Edmunds; honorary certificate, S. T. Fox.

Chemistry.—Silver medal, J. L. H. Down; honorary certificate, H. Hadlow, Aldgate.

Forensic Medicine.—Silver medal, A. Kilroy; honorary certificate, J. Langston.

Materia Medica.—Silver medal, G. Poole; honorary certificate, L. Oppenheim, Finsbury.

Botany.—Silver medal, S. T. Fox; honorary certificate, G. Poole.

University of St. Andrews.—List of Gentlemen who had the Degree of Doctor of Medicine conferred upon them May 6, 1854:—Edmund Thomas Allen, M.R.C.S., York; George Beaman, F.R.C.S., L.A.C., London; Joseph Alfred Bean, M.R.C.S., L.A.C., H.E.I.C.S., Madras; Simon Bowen, M.R.C.S., London; Beckett Bradbury, M.R.C.S., Yorkshire; Alexander M. Brown, Lic. Fac. Phys. and Surg. Glasgow, Ayrshire; Ebenezer Robert Butler, M.R.C.S., L.A.C., H.E.I.C.S., Guy's Hospital; Thomas Beath Christie, M.R.C.S., Pembroke House, Hackney; Frederick George Clarkson, L.A.C., Whitby, Yorkshire; John Crabb Creeke, Lic. Fac. Phys. and Surg. Glasgow, Leven, Fife; John Dixon, M.R.C.S., L.A.C., Hemsworth, Yorkshire; Thomas Dixon, M.R.C.S., London; Thomas Duncan, M.R.C.S., L.A.C., London; Andrew Francis Edwards, M.R.C.S., L.A.C., Wivelscombe, Somerset; Charles Bodenham Garrett, L.A.C., Thames Ditton, Surrey; John Godfrey, F. Fac. Phys. and Surg. Glasgow, London; George Grey, M.R.C.S., L.A.C., Newcastle-upon-Tyne; Daniel Wilson G. Gwynne, M.R.C.S., L.A.C., London; George Britton Halford, M.R.C.S., London; John Williams Hayward, M.R.C.S., L.A.C., Liverpool; William Helps, M.R.C.S., L.A.C., London; Nevill Jackson, M.R.C.S., L.A.C., Stamford, Lincoln-

shire; George Jobling, M.R.C.S., Morpeth; John Alex. Kerr, M.R.C.S., Broomhill Lodge, Lasswade; Samuel Lawrence, M.R.C.S., Montrose; Richard C. Lofthouse, M.R.C.S., Bradford, Yorkshire; John Lomax, M.R.C.S., Bury, Lancashire; Roderick Mackenzie, Resolis, Ross-shire; Trevor Morris, M.R.C.S., L.A.C., Chepstow, Monmouth; William Niven, M.R.C.S. Ed, Essex Lunatic Asylum, Brentwood; John Hayball Paul, M.R.C.S., L.A.C., Camberwell House, Surrey; William Taunton Plowman, M.R.C.S., London; John Rowlison Pretty, M.R.C.S., L.A.C., London; Benjamin Ward Richardson, Lic. Fac. Phys. and Surg. Glasgow, Mortlake, Surrey; Felix Weekes Richardson, M.R.C.S., L.A.C., Woolwich; John Morris Rigby, L.A.C., Chorley, Lancashire; George Ryding, L.A.C., Allesley, Warwickshire; William Shortliff, M.R.C.S., London; Robert G. Shute, F.R.C.S., London; John Sutherland, M.R.C.S., E.I.C.S., Munlochy, Ross-shire; Richard Sweeting, M.R.C.S., Nassau, N.P., Bahamas, West Indies; James Vincent, M.R.C.S., East Dereham, Norfolk; Edmund Waller, M.R.C.S., L.A.C., Chesterfield, Derbyshire; John Hodgson Waterhouse, M.R.C.S., L.A.C., Sheffield, Yorkshire.

Medical Staff of the British Army in Turkey.—The following is a correct statement of the Personel of the Medical Department of the Army of 27,000 men, ordered to Turkey, under the command of Lord Raglan:—*Staff.*—1 inspector-General of Hospitals, 4 Deputy Inspectors-General of Hospitals, 12 Staff-Surgeons of the 1st Class, 13 Staff-Surgeons of the 2nd Class, 48 Staff Assistant-Surgeons, 1 Chief Apothecary, 3 Dispensers of Medicines, 3 Purveyors, 6 Purveyors' Clerks, 2 Medical Clerks, and 1 Cutler and his Assistant. *Regimental.*—1 Surgeon and 3 Assistant-Surgeons to each Regiment of Infantry (850 men); 1 Surgeon and 1 Assistant-Surgeon to every 2 Squadrons of Cavalry (250 men); 1 Assistant-Surgeon to every Troop of Horse Artillery; 1 Assistant-Surgeon to every Field Battery; and 1 Surgeon Ordnance Medical Department for General Duties. Total number of Medical Officers, 203.—During the Peninsular War, rather more than one-third, but not quite one-half, of the Medical Officers of the Army were generally ineffective from sickness, etc.; therefore, as there is no reason to expect less disease will occur in Turkey, there must be a reserve of 68 Medical Officers to supply the places of such as become unfit for duty.

Lords R. Grosvenor and Ebrington on the Committee of the Royal Free Hospital.—In consequence of a request from Lord Robert Grosvenor and Viscount Ebrington, that the Secretary of the Royal Free Hospital should cause their names to be removed from the books of that Institution, and in compliance with the desire of the Committee that they should be allowed an opportunity of explaining their recent conduct towards Mr. Gay, before their Lordships finally resolved on such a step, a deputation from the Committee, consisting of Messrs. Browne, Nelson, and Pritchard, with Mr. Fenn, the Secretary, waited on these noblemen at the residence of Lord Robert Grosvenor, on Wednesday last, the 3rd of May. Mr. Garrard was also present, with Mr. Gay. The statements of all present were listened to with the utmost patience and attention. A document, of which the following is a copy, has since been forwarded to the Secretary of the Royal Free Hospital:—

"Park Street, May 6, 1854.

"Sir,—After having paid every attention to the statements which the Deputation from the Committee of the Royal Free Hospital were good enough to make to us the day before yesterday; and after having given a careful consideration to all the facts brought to our notice bearing upon the subject of Mr. Gay's dismissal from the office of Surgeon to that Institution, we have to inform you that we cannot see any grounds for altering the opinion we had previously formed. We cannot think that the Committee of Management acted towards Mr. Gay with that moderation and fairness which he had a right to expect, and we are at a loss to discover any serious grounds of complaint the Committee can have against that gentleman. It appears that up to the end of March, 1853, Mr. Gay had, for a period of seventeen years, held the office of Surgeon to the Hospital, and had enjoyed the confidence of the Committee and of the Governors, as frequently testified by votes at General Meetings. At that time a Memoir of that gentleman was published in the *Medical Circular*. At the request of the Editor of that paper, Mr. Gay, (to use his own words), 'supplied him with the dry facts connected with the course of his professional studies, together with reference to his works and papers on professional subjects which he had from time to time published.' He also consented to sit for a Daguerreotype portrait, a print of which was to accompany the Memoir.

"The Memoir, when it appeared, contained some observations upon the connexion of Mr. Gay with the Hospital; at which the Committee seem to have taken offence. It is no part of our duty to express any opinion here either as to the probable influence upon the honourable Profession to which Mr. Gay belongs, of the modern practice of publishing memoirs of gentlemen while still engaged in professional labours, or as to the soundness of the taste or discretion of Mr. Gay in thus, to a certain extent, countenancing that practice. We have only to consider his conduct in its bearing upon the Royal Free Hospital. Now, although this memoir gave great praise to Mr. Gay, somewhat invidiously and (as Mr. Gay himself told the Editor) unfairly, at the expense of his Medical colleagues, we cannot discover any observations in it which deserve to be termed 'offensive and injurious,' much less 'libellous aspersions' on the Hospital. Nor do we find any which seem to us likely to 'degrade and injure the Hospital in the estimation of the public.' The Committee, however, took a different view of this publication, and in a letter, dated July 15, 1853, asked Mr. Gay certain questions as to the part taken by him in the publication of that memoir. To these questions, Mr. Gay replied in a letter of July 19. In that letter he stated, 'I am not in any way responsible for the personal or general observations which it (the Memoir) contains. I did not either supply or suggest them; I did not see them in manuscript or proof, nor was I aware of their nature prior to their publication.' Mr. Gay also explained, that although the proof sheets were sent to him, he had returned them unread to the editor, with whom at that time he had not any personal acquaintance. With these explanations, we think the Committee ought to have been satisfied. Such, however, was not the case, and another request was made to Mr. Gay, that he should state that he did not concur in the views of his biographers,—views (it must be remembered) for which he was not responsible. We cannot think that such a demand ought to have been made, and we are of opinion that Mr. Gay's conduct was quite justifiable when he declined to comply with it. He was, nevertheless, dismissed from his office, the severest rebuke which the Committee could convey to him. Without in any way imputing discreditable motives to the Committee, our own opinion is, that they erred, in the first place, in taking offence at the expressions contained in the memoir; secondly, in asking Mr. Gay for an explanation on the subject; and lastly, in not being satisfied with the explanation he gave. "We have the honour to be,

"Your most humble obedient servants,

(Signed) "Robert Grosvenor.

"Ebrington.

"P.S.—We have forwarded a copy of this to Mr. Gay, with an intimation that he is at liberty to make any use of it he may think proper."

Sir John Bayley, the eminent barrister, has also written to have his name erased from the books of the Royal Free Hospital.

Cholera.—The ship Tonowanda, from Liverpool, by the last accounts, had arrived at Philadelphia. She had 40 to 50 deaths from cholera among the passengers. The ship Blanche, from Liverpool, arrived at St. John's, New Brunswick, had 35 deaths from the same disease.

Climate of Scotland.—Some thirty years ago, the Lothians were subjected to dense fogs rising from the lands, while medical men had to tax their utmost skill to combat with typhus and slow fever. Such, however, have been the effects of land drainage and attention to sanitary measures, around the cottages of the labourer, that the morning and evening fogs or exhalations from the land have in a large measure disappeared, and with them the typhus and other fevers; not the least important benefit arising from the improving spirit of the landed proprietors.

Mortality Notabilia.—In the last three weeks the mortality of London has been high, and the return for the week that ended last Saturday manifests a decided tendency to increase. The deaths which in the last two weeks of April were respectively 1193 and 1211, rose in the first week of May to 1263. In the ten corresponding weeks of the years 1844-53 the average number was 951, which, if raised in proportion to increase of population, becomes 1046. Hence it appears that 217 persons died last week, above the number derived by calculation from the experience of former seasons. The increase is owing in part to a great depression of the mean temperature, which fell from 52·6° in the third week of April to 43·0° in the fourth. Though it has subsequently risen to 48·9°, the atmospheric changes, which these numbers represent, have affected human life to some extent, as will be seen by the deaths in the last three

weeks from diseases of the respiratory organs, which were successively 202, 186, and 226. The average of last week in previous years was 167. Diseases of epidemic character have also contributed to the increase. The resident Medical Officer of the Small-pox Hospital reports that that disease is "considerably on the increase: 80 patients were admitted into the Hospital in the month of April." Five deaths occurred in the week from typhus in the London Fever Hospital, and the disease is reported to be still on the increase.

Births.—995 boys and 890 girls, in all 1885 children, were registered; average, 1465.

Meteorology.—The mean height of the barometer in the week was 29·329 in. The mean temperature of the week was 48·9°, which is 2·5° below the average of the same week in 38 years. Difference between dew-point and the mean temperature of the air 4·1°; wind, south-west; rain, 0·40 in.; horizontal movement of air, 575 miles.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May 6, 1854.*

Causes of Death.	May 6. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	641	372	224	1263	9513
Specified Causes	640	370	223	1233	9462
1. Zymotic (or Epidemic, Endemic, and Contagions) Diseases ..	225	59	19	303	1897
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	6	30	16	52	432
3. Tubercular Diseases	82	114	10	206	1957
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	70	30	33	133	1158
5. Diseases of the Heart and Blood-vessels	4	28	18	50	370
6. Diseases of the Lungs and of the other Organs of Respiration ..	121	55	50	226	1522
7. Diseases of the Stomach, Liver, and other Organs of Digestion	20	20	12	61	547
8. Diseases of the Kidneys, etc. ..	1	9	2	12	105
9. Childbirth, Diseases of the Uterus	..	5	..	5	90
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	4	3	9	87
11. Diseases of the Skin, Cellular, Tissue, etc.	1	..	..	1	22
12. Malformations	5	..	..	5	28
13. Premature Birth and Debility ..	33	2	..	35	214
14. Atrophy	23	..	9	32	214
15. Age	..	..	45	45	467
16. Sudden	11	4	..	15	80
17. Violence, Privation, Cold, and Intemperance	27	10	6	43	272
Causes not Specified	1	2	1	30	51

TO CORRESPONDENTS.

Dr. Nevins, of Liverpool.—We have noticed the subject of Dr. Hibbert Taylor's resignation at some length in a leading article; but, as we hope that the matter may still be amicably arranged, we are unwilling at present to complicate the discussion by adverting to collateral circumstances which are not essential to the main question.

A Subscriber.—The number of beds is 500. Average number of in-patients, 300; out-patients, 600.

[To the Editor of the Medical Times and Gazette.]

Sir,—Permit me to rectify a mistake of your reporter, when he took down my remarks on the use and abuse of potassa fusa cum calce.

I have seen three instances in my own and others practice of the obliteration of the external orifice of the neck of the womb, in consequence of the application of potassa fusa cum calce. This accident occurred through the patients having neglected to attend, though warned that it was indispensably necessary that the sore should be dressed, and, therefore, the blame was laid on the patients themselves. I may add, however, that the permeability of the uterine canal was restored by a crucial incision, and that the patients had no relapse of uterine disease.

With regard to the three patients who first consulted me, when the posterior portion of the neck of the womb was destroyed and had adhered to the vagina by a solid cicatrix, I did not (as stated in your last impression) attribute the lesions to the patients' negligence, but to the remedy having been applied too energetically, and without due caution. Too energetically, or a considerable portion of the neck of the womb would not have been destroyed; without due caution, or the cicatrix of the upper part of the vagina would not have shown that the caustic had been allowed to run from the neck of the womb to the neighbouring part of the vagina.

All our valuable remedies produce mischief, or benefit, according as they are applied; and as my remarks may throw some light on the use and abuse of potassa fusa cum calce, I trust you will excuse my trespassing on your space. I am, &c. E. J. Tilt.

11, York-street, Portman-square, May 8, 1854.

[To the Editor of the Medical Times and Gazette.]

Sir,—I take the liberty of addressing this letter to your Journal, which I trust you will be kind enough to insert, as it is on a subject which the Medical Profession should be duly informed. It is with respect to the Fluid Pound, as ordered in prescriptions, being dispensed in two different ways, namely, 16 oz., and, more properly, 12 oz. As an instance of this, there are two respectable establishments, situated east and west of London, dispensing, on an average, sixty to seventy prescriptions (per diem) differing in dispensing the Pound; but, unfortunately, this system does not rest in the two establishments, but, in fact, is universal, and the evils of such a want of uniformity in dispensing are two, to increase or diminish the dose of the medicine prescribed.

There ought not to be the slightest doubt on such a material point as "Weight." Whether it be dry or fluid, Apothecaries weight only should be recognised; all Pharmaceutical preparations are prepared by Apothecaries' weight,—why not prescriptions? Speaking from my experience, I will mention, that I have been engaged east and west of London, and I have dispensed prescriptions where the lb.j has been ordered, (say of Mistura Ferri Comp.) in both ways, though opposed to my own knowledge of its correctness. It is needless to say, that you are compelled to conform to customs of establishments—to follow in their steps, whether right or wrong, and I, knowing this to be the case, have, on accepting a fresh engagement, made it my duty to ask the question, whether they send out 12 oz. or 16 oz. for the Fluid Pound. The existence of such want of system as this must be viewed in a most serious light, and to prevent these errors taking place, has been my motive for writing this letter—cautioning the Medical Profession against using the lb.j (as it admits of two different weights). I am perfectly satisfied the fault is not the Dispenser's, but arises from a wrong system in establishments, which requires to be removed, to prevent these errors being, as they are so often committed. Trusting you will make space for this, I am, etc.,

An Experienced Dispenser.

Errata.—In the list of successful candidates who had the degree of M.D. conferred upon them at King's College University, Aberdeen, on the 13th ult., instead of "Charles Allsopp, Southampton," read "Charles Allsopp Dalby, Portswood-park, Southampton."—In the list of Members of the College of Surgeons, on the 28th April, read "John Winsor" instead of "John Winson Collins Merrywcather."

The account of the death of Dr. Shorthouse, copied into this Journal from the *Morning Advertiser*, turns out to be a hoax.

A. P.—Wilton-place, Knightsbridge.

Mr. Saunders.—We do not see that any good could arise from a publication of the letter. Questions of science or art should be discussed without personality.

Inquirer.—The illness of Dr. Hofmann has prevented him from completing his lectures. They will be published as soon as we can procure them.

Mr. Wilkinson is not the only one of our subscribers who is anxious to see Dr. Stokes's valuable lectures more frequently. The numerous engagements of the learned professor do not allow him to furnish them more regularly. Full information as to the Vaccination Act will be found in our last Volume. Dr. Budd's lectures are now concluded.

Mr. Hawkes.—The case shall appear.

A. B. C.—We will attend to the subject.

A Student.—Yes, at most other hospitals.

Dr. Drake, Exeter.—Many thanks. The report shall appear next week.

D. N.—The principal witness (Barrow, the Dispenser) has enlisted in the 7th Hussars. He has been for two years in the habit of drinking to excess, and admitted having said (before any of the present affair came out), that "until Dr. Taylor came he could always get away at one o'clock; since Dr. Taylor came, he never knew when he could get away."

The Correspondent who inquired about the appointment to a Poor-law Union is informed that his degree would not alone entitle him to the acceptance of the Poor-law Board.

J. P. Teale, Esq., Leeds.—The cases of Excision of the Elbow-joint are being kept back in order to form part of a series of similar ones which is in preparation for our Hospital Reports. The valuable paper sent this week shall appear next week.

Dr. Gordon's letter on the Medical Evidence in the St. Fergus case is in type, but is unavoidably postponed until next week.

Mr. Clarke.—The paper shall appear as early as space permits.

COMMUNICATIONS have been received from—

Dr. Frazer; Mr. Wilde, Dublin; Mr. Attye; Mr. Andrews; Dr. A. Taylor; Dr. Shorthouse; Dr. Peacock; Dr. Thurnam; Mr. Hunt; Dr. Thomson, Auckland, New Zealand; Dr. Bird; Dr. Busche; Dr. Guggenbuhl; Mr. Ormerod; Mr. Jones; Mr. Michael; Dr. Chambers; Mr. Anderson; Secretary of Harveian Society; Mr. Jones, Jersey; Mr. Fletcher; Mr. Sadler; Mr. Headland; Dr. Garrett; Dr. Leared; Mr. Holmes; Dr. Day; Mr. Propert; Dr. Sieveking; President and Council of Pharmaceutical Society; Dr. Dalby; Dr. Drake; Professor Owen; Dr. Nevins; A Subscriber; Dr. Tilt; An Experienced Dispenser; A. P.; Inquirer; Mr. Wilkinson; Mr. Hawkes; A. B. C.; A Student; W. Pretty, Esq.; Mr. Toynbee; David Johnson, Esq.; J. P. Teale, Esq.; J. Rollaston, Esq.; John Birkett, Esq.; William Mitchell Clarke, Esq.; A. D. H. Waters, Esq.; Thomas Tyas Lambert, Esq.; J. E. Smith, Esq.; Thomas Wade, Esq.; Mr. Gay.

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture V.

With reference to the case of Hardcastle, with which we were occupied at our last lecture, we may hope that the symptoms have at last yielded. The great interest of this case consists in its having been an example of a fever in which the patient was scarcely maculated, yet in which the stimulating treatment had to be pursued with an activity as great or greater than that which we are called on to employ in the worst cases of spotted typhus.

On looking over the notes of the case, I find that on his admission, which was on or about the seventh day, he had a few scattered maculæ on the abdomen, of a large size, and of a leaden grey colour. He then had diarrhœa, abdominal tenderness, and ileo-cœcal gurgling; and the sounds of the heart, though weak, preserved their natural mutual relations as to force and duration. Doubtless the patient at this period might have been well described as labouring under typhoid and not typhus fever, according to the distinctions now in vogue; but on the 14th, or the 21st, or the 24th day, he would be a bold man who would declare that the case was not typhus of the worst description. He is now at the 28th or 30th day of his illness, and we have every reason to believe that all will now go well. Since the eruption of gangrenous vesicles or pustules, which occurred on the 21st day, there have been no new appearances of this form of disease, there has been no new bedsore, nor have the gangrenous patches spread as might have been expected; two of them are in the form of sinuous cavities, but even these show signs of healing. These sores on the back were treated first, you will remember, by the simple and afterwards by the fermenting poultice; but as the latter gave considerable pain, the nurse returned to the simple poulticing, and now, under the advice of my colleague Mr. Smyly, we have changed our plan, and are using stimulating dressings to the ulcerated surfaces. In the management of these sores, whether they be the ordinary bedsores or examples of the gangrenous pustules, both of which appear to be of the nature of the genuine secondary affections of typhus under the law of periodicity, it sometimes happens that we have to deal with extensive sinuses. I have seen them sometimes of not less than seven inches in length. In most cases, the best treatment for them will be stimulating injections, using as an appa atus the vulcanised india-rubber bottle with a long and slender ivory pipe; and it is generally requisite at first to wash out the sinus with tepid water, and afterwards to inject some of the metallic solutions—diluted solutions of sulphate of copper, nitrate of silver, or sulphate of zinc; and when the discharge is very fetid, you may use the decoction of bark, or the solutions of chloride of lime or soda. An excellent dressing when the sore is open is the Canada balsam combined with oil, or a mixture of equal parts of castor-oil and balsam of copaiba. You will derive advantage, also, from the employment of pressure by means of flat compresses of lint, and a roller when it is possible to apply it, or in other cases you may employ strapping with adhesive plaster. When the sinus is in a depending position, and matter accumulates in its lower portions, it is sometimes necessary to make a counter opening; but this operation should rather be delayed until the system of the patient has improved; the case is then to be treated as an ordinary surgical case.

Now let me draw your attention to the diligence with which the administration of wine has been pursued in this case. We began the exhibition of wine on the 2nd of November, which was the eighth day of his disease; and, for the next four days, the quantity administered was six ounces daily. The wine used all through was port, of an excellent quality. From the 6th to the 11th he had twelve ounces daily, and from the 11th to the 18th his daily allowance was twenty-four ounces. During the next three days it was reduced to eighteen ounces; and, from the 21st to the 26th, to twelve ounces per diem. On the 26th and succeeding days he had ten ounces; on the 28th the quantity was reduced to eight; on the 4th of December he had but four ounces; and the wine was omitted altogether on the 5th. Besides all this, a tumbler of hot brandy punch, containing two ounces of the best brandy, was administered from time to time whenever the patient's state seemed to require it; and in this way he used about twenty-four ounces of brandy, and 438 ounces of wine, and, in addition, bark, musk, and ammonia were freely exhibited.

Some may suppose that this quantity of wine was excessive Such is not my opinion, nor will it be yours when you come to treat the typhus of this country in a large hospital. I am sure we might have given him with safety much more, and I doubt if we could have done with less. And the result of the case confirms what I have said to you before, that in a case of fever, no matter how terrible the group of symptoms may be, you are not to despair so long as the patient can swallow. Bear in mind, too, that all through, Hardcastle has been carefully fed with chicken broth, beef-tea, and jelly; and we have now passed that period when, under the law of periodicity, his terrible disease will subside.

This case brings to my recollection two remarkable instances in which an extremely bold use of stimulants was the means of saving life. Both were cases of most malignant typhus, and in both instances the patients were Medical men. In the first we administered more than two dozen of wine, of which six bottles were champagne; and, besides this, the patient had not less than six bottles of brandy. His fever did not pass the twenty-first day; it was, therefore, at least ten days shorter than that of Hardcastle's, so that the stimulants were not only in greater quantity, but exhibited within shorter intervals of time. The symptoms in this case were the most extreme adynamia, continued coma, persistent coldness of the breath, enormous vibices, and a general purplish black colour of the skin. We could discover no local lesion: the recovery was perfect, and the gentleman has now remained for many years in excellent health. He was a man of very temperate habits. In the second case, on about the twelfth day of the fever, I was called to see the patient; he had got no stimulants. The nervous system was free, the surface was cold, and the pulse almost imperceptible; the integuments of the lower extremities, from the middle of the calf downwards, were black, and hung in loose wrinkles on the limbs. This patient swallowed about sixteen ounces of brandy in the course of a few hours; re-action was established, and the case did well. We expected extensive mortification in the legs, but within four-and-twenty hours from the commencement of the exhibition of stimulants we found that the circulation was fully re-established, the extensive blackness had disappeared, the limbs had recovered their fulness, and the subsequent loss of integument, which occurred only in the feet, was very trifling. In this case there was a petechial eruption, approaching to purpura; but although it is generally true that stimulants are more often called for in the maculated than in the non-maculated cases of fever in this country, yet you must bear

in mind, that as in the case of Hardcastle, you will meet with a typhoid fever, if you choose to call it so, in which the most energetic stimulation is required. I have given an example of this in my paper on the State of the Heart in Typhus Fever, in Vol. XV. of the *Dublin Medical Journal* (First Series). The patient used 292 ounces of wine, 20 ounces of brandy, 7 bottles of porter, and had besides various medicinal stimuli and abundance of food. The principal symptoms were extraordinary prostration, coldness of the surface, and feebleness and irregularity of the heart's action; and it was not until the end of the eighth day of the exhibition of stimulants in great quantities that any favourable influence was produced in the circulation; and the case strongly illustrates the advantage of persisting in the use of stimulants, although for days together no amendment seems to follow their employment.

I have sometimes observed that students were under a misapprehension about the doctrines which we have long held in this hospital with respect to the condition of the heart as a guide for the use of wine. They have come to the erroneous opinion that we are only to give wine where we find the want of the first sound of the heart, and that we are not to give wine where the heart is acting well. This is a mistaken view of the matter. What we have established as to the state of the heart in connexion with the effect of stimulants, is simply this,—we have ascertained that the efficacy of stimulants is often directly as the debility of the heart. It has been also ascertained that the power of bearing stimulants, their effect upon the nervous system, their good effects on the general condition, are directly as the weakness of the heart. We may lay down as a rule, that there are three conditions of the heart to be looked at by the practical man in the treatment of fever. In one, we have an excited heart—a violently excited heart all through the case; and this heart may be excited and violent, although the symptoms be those of extreme adynamia, although the surface be cold, the breath cold, and the pulse so feeble that it cannot be discovered. Nay, the heart may act with great force for several days, and yet there be no pulse at the wrist. This is one case. In the next case, we find exactly an opposite condition, in which the systolic force of the heart is diminished. This is shown by loss of impulse of the heart, by diminution of the first sound, and, in certain cases, by extinction of the first sound of the heart while the second remains. This is a case which calls for wine, and in which you should give it: it is a case in which, in the vast majority of instances, wine will agree with the patient. There is a third set of cases in which the heart does not seem to be implicated at all in the course of the disease, in which, notwithstanding the existence of the most extraordinary group of symptoms affecting various organs, the heart, in the middle of the storm, seems to be in a state of calm and quiet. If we compare these three sets of cases with a view to prognosis, we may arrange them in this way. The case of excited heart all through, with feeble pulse and with adynamia, is unquestionably the worst case. There is no worse symptom in fever than an excited heart. It is especially a bad symptom when, with that excitement, we find a feeble pulse. The next will be the case of sinking of the heart; and the most favourable case is that in which, as I said before, the heart seems to escape disease. But you are not to suppose, that because you have an excited heart you are not to give wine if the symptoms of the patient require it: and you are not to suppose that, because the heart is not affected at all, you are to withhold wine if the general symptoms of the patient require it. You are not to found your exhibition of wine or stimulants upon any one thing; you are to take the general state of the patient into consideration. What we have done is to discover an intelligible practical rule which will guide you in the use of wine in certain, I think in many cases; but you are not to suppose that because this man has a clear first sound at his heart, therefore you are not to give wine. You are not to suppose that because the heart is safe you can do without wine. Now, in the case of Hardcastle, recollect that although his heart seemed to escape, or was at most only feeble through the course of the disease, what frightful adynamia existed; how for day after day the patient's face was Hippocratic, or almost so; how the general character of the disease was that of the most terrible putrescent fever; yet his heart escaped. And here is the result. We have given that man upwards of twenty bottles of wine and twenty-four ounces of brandy, and now, on the twenty-eighth or thirtieth day of the disease, we have the satisfaction of feeling that his case may be set down as among the triumphs of medicine. I wish also strongly to impress on you the great importance of the use of other forms of nourishment in this disease; for we must not only keep up the nervous energy of the system by wine, but we must support nature by food. There is no mistake more fatal in fever than the withholding of food. I was early taught the importance of the use of careful nourishment in fever by my friend and colleague, Dr. Graves. I remember once, Dr. Graves, when speaking of the necessity of the use of nourishment in fever, made use of these words,—"If you are at a loss for an epitaph to be placed on my tomb, here is one for you,—'*He fed fevers.*'" In addition to the prejudices with which the inflammatory doctrine imbued so many minds, with respect to the use of food in fever, there was a new set of arguments raised against it, in consequence of the experiments of an American physician. I allude to the case observed by Dr. Beaumont, and so often quoted since. In this remarkable case, various medicinal substances and articles of food were introduced through an external fistula into the stomach, their effects being noted, as also the conditions of temperature, vascularity, etc. A set of results were subsequently published in connexion with the action of the stomach upon food. One of the results stated to have been thus obtained was, that the existence of the state of fever altogether suspended the process of digestion. Here was a statement which had the appearance of being the result of strict observation. It influenced a number of young men; but did it influence those who had once been in charge of a fever Hospital? Not at all; because those men knew very well that, no matter what Beaumont might say about the stomach not digesting when the patient had fever, in thousands of cases patients in fever digested remarkably well, required food, and derived benefit from it. In a large number of cases of typhus fever, the stomach has an excellent power of digestion; and, I believe, if we were bold enough, we would find that many articles of food usually forbidden to fever patients might be given to them with safety. A curious incident was related to me which shows that the stomach in fever is capable of digesting even a rather coarse article of food. A lady who had been recently married was attacked with extremely severe petechial fever; she was covered with dark-coloured maculæ, and the disease had run to about the twelfth or thirteenth day. She was attended by several eminent physicians. Her case was an extremely bad one, and her life was all but despaired of. She was violently delirious. Her husband had occasion to leave the house on some business. At the period of the dinner-hour of the family, the servants were cooking a rump of beef and cabbage, and the odour of it filled the house. In her delirium she called for some of the beef and cabbage; she was then, you must understand, in severe fever, and covered with maculæ. Her sister, who was attending her, believing she was dying, thought it only right to indulge her, from the feeling that it was right to indulge the request of a dying person. She proceeded to the kitchen, and, as soon as the beef was boiled, cut a very large mess of beef and cabbage; and this was brought up smoking hot to the lady's bedside, when she devoured it with great avidity. Shortly afterwards her husband came in, and was told what had happened. He became terrified, and sent for physicians in every direction. Four or five assembled; time was pressing, and every one agreed that something should be done. At length the late Dr. Harvey, a practical Physician of the very first class, arrived. He was laid hold of by the agonised husband, forced up stairs, and his opinion earnestly requested. At that time the stomach-pump was not in fashion, but every one agreed that something decisive should be done, that an emetic should be given, or some extraordinary effort made to get this mess of beef and cabbage out of the lady's stomach. When Dr. Harvey went to the bedside, he found the patient in a tranquil sleep. He turned round, and when anxiously appealed to what should be done, he said—"You had better wait till she wakens; let her sleep it out." She slept for four or five hours; awoke wonderfully better, and on the following day was out of danger. I do not give you this case to induce you to feed your patients with salt beef and cabbage in fever; but it is very important, as showing that in typhus fever, with maculæ, the stomach is capable not only of digesting such a coarse article of food as salt beef, but that even such food may have a good effect.

LECTURE

ON THE

COMPARISON OF THE APES OR ANTHROPOID QUADRUMANA WITH MAN.

DELIVERED AT

The Royal College of Surgeons.

By RICHARD OWEN, Esq., F.R.S.
Hunterian Professor to the College.

Historical sketch of the knowledge acquired of the genera *Pithecus* and *Troglodytes*, and of their species—Skeletons of the adults compared—Skulls of the young contrasted with those of the adult—Deciduous and permanent dentitions—Sexual distinctions of the teeth—Cranial and dental characters of the great Chimpanzee *(Troglodytes Gorilla)*—Its reported habits and ferocity—Its skull and that of the great Orang *(Pithecus Wurmbii)* compared with the skull of the Negro—Characteristics of the human vertebral column, pelvis, upper and lower extremities and dentition, illustrated by comparison with those of the Orang and Chimpanzee—Osteological characters of the Æthiopian, Mongolian, and Caucasian races of Man—Question of the modifiability of characters considered in respect of the differences manifested in the skeletons of the Anthropoid Apes and Man—Recent introduction, and inadequacy of the transmutation-hypothesis to account for the origin, of the human species—Conclusion.

Mr. President and Gentlemen,—Before entering upon the proper subject of the lecture of to-day, I have a few words to say respecting the quadrumanous modifications of the generative system which remained to be noticed after the last lecture on the general organization of the lemurs, the monkeys, and baboons. We saw, I think, sufficient in the structure of the cat-like lemurs to indicate that the most natural transition to the quadrumanous order was from the carnivorous one. Some slight, but significant modifications of the skeleton, such, *e.g.*, as the perforation of the internal condyle of the humerus, indicate those affinities. We find it again shown by the fact that the intromittent organ, in most of the lower quadrumana, possesses the bone so singularly and largely developed in many of the carnivora. It is associated also with the presence of that superadded pair of muscles, the *levatores penis*, displayed in the dissection before me; they are evidently related to the compression of the *vence dorsalis penis*, and are sometimes called the *compressores vence dorsalis penis*; this is an instance of marked distinction from the human structure, which prevails throughout a great part of the quadrumanous series. The bone and muscles in question disappear in the tailless apes: the only trace of this structure we find in these anthropoid apes is that modification of the compressores sometimes noticed in the human subject, as Wilson's muscle, or Cowper's muscle, the last remnant of the *compressores vence dorsalis penis*. The testes descend into the scrotum in all the quadrumana; and in all, except the highest species, there is a continuous passage from the peritoneal to the vaginal sac. It is only in the chimpanzee that we find an approximation, in the obliteration of that passage, to man. The vesiculæ seminalis are simply reservoirs in the lemuridæ; but in the monkeys they lose that character, and become more complicated, assuming the character of secreting organs of some additional fluid. The prostate gland is large and compact, chiefly remarkable for the great development of the middle lobe.

Then with regard to the female organs of generation: in the lowest of the monkey tribe we still find the uterus partially divided, as in the slow lemur. There is, moreover, no os uteri in the *Stenops* developed to mark the limits between the uterus and the vagina; the slow lemur somewhat resembling, in that respect, the female organs in the sloth and some of the Edentata: in these lemuridæ the urethra perforates a somewhat largely-developed clitoris. These are marked distinctions from the human subject; but there is a progressive approach to the anatomical conditions of the human female organs as we ascend in the quadrumanous series. In most monkeys and baboons, we find a single uterus, although more narrow and elongated than in the human subject. With regard to the condition of the placenta, (a phenomenon I have generally pointed out in reference to each of the orders of mammalia,) it is in all the quadrumana discoid and cellular, and offers that structure which most nearly accords with the peculiar structure of the placenta in the human subject. In the few species of the South American forms of monkey that have been examined with reference to that organ, it has been found single, as exhibited in the diagram of the *Mycetes*, or howler. With regard to the cord connecting the fœtus with the placenta, we find, not only that the umbilical arteries are a pair, but that the vessels returning the blood after it has been submitted to the influence of the placenta, are likewise two,—two umbilical veins. In the monkeys of the old world,—and the fact has been determined now in the "Cercopithecus" and the "Macacus,"—the placenta is divided into two distinct lobes. In the chimpanzee, the placenta is again single, and not only has it, in that respect, the character of the human subject, but it has the same disposition of the vessels of the umbilical cord.

Having premised these observations, I now come to the proper subject of this lecture, and I have to commence with an historical sketch of the knowledge acquired of the great anthropoid apes,—of those most interesting, we might almost say mysterious, forms of the brute creation that make the nearest approach to the human species.

For about two centuries, naturalists have been cognizant of a small ape, tailless, without cheek-pouches, and without the callosities on the buttocks, clothed with black hair, of a physiognomy milder and more human-like than in the ordinary race of monkeys, less capricious, less impulsive in its habits, more staid and docile. This species, brought from the West Coast of Africa, is that which our great anatomist, Tyson, dissected: he described the main features of its organisation in his work published in 1699. He called it the *Homo Sylvestris*, or pigmy. It is noted by Linnæus, in some editions of his *Systema Naturæ*, as the *Homo Troglodytes*. Blumenbach, giving a truer value to the condition of the innermost digit of the hind foot, which was like a thumb, called it the *Simia Troglodytes*. At a later period, naturalists became acquainted with a very similar kind of ape, of quiet habits, docile qualities, and of a more human physiognomy than the ordinary race of monkeys and baboons, which was brought from Borneo and Sumatra, covered with hair of a reddish-brown colour, and known by the name of *Orang*, which, in the language of the natives of Borneo, signifies "man," with the distinctive addition of *Outang*, meaning "Wild Man of the Woods." This creature differed from the pigmy, or *Simia Troglodytes* of Africa, by having the anterior, or upper limbs, much longer in proportion, and the thumb upon the hind feet somewhat less. It was entered in the zoological catalogues as the *Simia Satyrus*. A Governor of Batavia, Baron Wurmb, had transmitted to Holland, in 1780, the skeleton of a large kind of ape, tailless, like this small species from Borneo, but with a much-developed face, and large canine teeth, and bearing thick callosities upon the cheeks, giving it, upon the whole, a very baboon-like physiognomy; and he called it the *Pongo*.

At the time when Cuvier revised his summary of our knowledge of the animal kingdom, in his second edition of the *Règne Animal*, 1829, the knowledge of the anthropoid apes was limited to these three forms. It had been suspected that the pongo might be the adult form of the orang, but Cuvier, pointing to its distinctive character, suggested that it could hardly be the same species. The facial angle of the small orang of Borneo, and of the small black chimpanzee (as the natives call it,) of Africa, brought them, from the predominant cranium and small size of the jaws and small teeth, nearer than any other known mammalian animal to the human species, particularly to the lower, or negro forms. It was evident, from the examination of these small chimpanzees and orangs, that they were the immature of some large species of ape. The small size and number of their teeth, (there being, in some of the smaller specimens, only twenty, like the number of deciduous teeth in the human species,) and the intervals between those teeth, all showed them to be of the first or deciduous series. I availed myself of the rich materials in regard to these animals, collected about that time by our Zoological Society, to investigate the state of dentition, and the state of the teeth that might be hidden,—the permanent teeth,—in the substance of the jaws, of both the immature orang-outang and the chimpanzee, and I found, that the germs of the teeth there hidden in the orang-outang, agreed in size with the permanent teeth that were developed in the jaws of a species of pongo of Wurmb, which Sir Stamford Raffles had presented to the museum of the College some years before. Specimens of orangs since acquired, of an intermediate age, have shown the progressive change of the dentition. I here exhibit the skull of one

of these, showing the huge anterior incisors co-existing with the small milk-canines.

In the substance of the jaw we find the germs of the great canines, germs of large bicuspid teeth, showing the changes that must take place when the jaw is sufficiently enlarged to receive permanent teeth of this kind; and when the rest of the cranium is modified, as it must be, concomitantly for the attachment of muscles to work the jaw so armed; that all these changes must result in the acquisition of characters such as are presented by the skulls of the large pongo, or Bornean baboon-like ape. The specific identity of the pongo, and of certain of these young orang-outangs, was thus satisfactorily made out and is now admitted by all naturalists. With regard to the chimpanzee, I also discovered the germs of similarly proportioned large teeth in the jaws, likewise indicating that it must be the young of a much larger species of ape.

About this time, 1832, I was so fortunate as to hear that in the private collection of a surgeon of this town, Mr. Walker, of Curzon Street, there was a skeleton of a large, unknown, peculiar ape, which he had obtained from the West Coast of Africa. On comparing the germs of the teeth, as discovered in the cranium of the small black chimpanzees, from Africa, with the fully-developed teeth in that large ape, it became evident that the concordance was such, coupled with the similiarity in the proportion of the superior and inferior extremities, and also with the repetition of the character of the number of ribs, which are thirteen pairs in the chimpanzee, as to leave no doubt that this large ape from Africa represented the true adult characters of the chimpanzee of Africa, just as the pongo of Borneo did the mature characters of the orang-outang.

Having acquired that knowledge, it became incumbent to give an accurate and complete description of the osteological characters of these the highest of the brute creation, which, when they have acquired their full characters, and these singularly-developed canine teeth developed for their defence against leopards, panthers, and other beasts of prey—are removed to a much greater distance from any anotomical features of man than previously was suspected: the details will be found in Memoirs which I communicated to the 1st volume of the "Transactions of the Zoological Society."

The principal osteological character of the chimpanzee and orang, if we commence from the vertebral column, is as follows:—The vertebral column describes only one curve, inclining forwards, where it supports the head with its large jaws and teeth. The vertebræ in the neck, usually seven in number, are chiefly remarkable for the great length of the simple spinous processes developed more than in most of the inferior apes, in relation to the necessities of the muscular masses that are to sustain and balance the head that preponderates so much forward on the neck. The vertebræ maintain a much closer correspondence in size, from the cervical to the dorsal and lumbar region, than in the human skeleton. With regard to the dorsal vertebræ, or those to which moveable ribs are articulated, there are twelve pairs in the orang; seven of them send cartilages to join the sternum, which is more like the sternum in man than any of the inferior qudrumana: it is shorter and broader. In the smaller long-armed apes (*Hylobates*), which make the first in the transition from the ordinary quadrumana to the man-like apes, the sternum is remarkably broad and short. The lumbar vertebræ are five in number in this adult orang. The sacrum is broader than in the lower quadrumana, but it is still narrow in comparison with its proportions in man. The pelvis is longer. The iliac bones are more expanded than in the lower quadrumana, but are more expanded on the same plane, and are flattened and long. The tuberosities of the ischia are remarkably developed, and project outwards. All these conditions of the vertebral column indicate an animal capable only of a semi-erect position, and present a modification of the trunk much better adapted for a creature destined for a life in trees, than one that is to walk habitually erect upon the surface of the ground. But that adaptation of the skeleton is still more strikingly shown in the unusual development of the upper prehensile extremities. We have a broad scapula, with a well-developed spine and acromion; a complete clavicle; the bone of the arm, humerus, of remarkable length in proportion to the trunk; the radius and the ulna also very long, and unusually diverging, to give increased surface of attachment to muscles; the hand is remarkable for the length of the metacarpus, and of the phalanges, which are slightly bent towards the palm; the thumb is less developed than the corresponding digit in the foot; the whole hand is admirably adapted for retaining a firm grasp of the boughs of trees. In the structure of the carpus, we find a well-marked difference from the human subject, and a retention of the character which has been pointed out in the lower quadrumana; the scaphoid bone is divided in the orang-outang. In the chimpanzee the bones of the carpus are eight, differing somewhat in form from those in the human subject. If the upper extremities are so extraordinary for their disproportionate length, the lower ones are equally remarkable for their disproportionate smallness in comparison with the trunk, in the orang. The femur is short and straight, and the neck of the thigh-bone comparatively short. The head of the thigh-bone in this animal that requires the use of these lower prehensible organs to grasp the branches of trees, and to move freely in many directions, is free from that ligament which strengthens the hip-joint in man; the head of the femur in the orang is quite smooth, without any indication of that attachment. Here, again, we find the chimpanzee manifesting a nearer approach to man, for the *ligamentum teres* is developed in it in accordance with the stronger and better development of the whole hind-limb. This approximation, also, is more especially marked in the larger development of the innermost of the five digits of the foot in the chimpanzee, which is associated with a tendency to move more frequently upon the ground, to maintain a more erect position than the orang-outang, and to walk further without the assistance of a stick. The foot, in both these species of anthropoid orangs, is characterised by the backward position of the ankle-joint, presented by the astragalus to the tibia, which serves for the transference of the superincumbent weight upon the foot; by the comparatively feeble development of the backward projecting process of the calcaneum; by the obliquity of the articular surface of the astragalus, which tends to incline the foot a little inwards, taking away from the plantigrade character of the creatures and from their capacity to support themselves in an erect position, and giving them an equivalent power of applying their prehensible feet to the branches of the trees in which they live. With reference to the chimpanzee, I may further state, that, although the number of the true vertebræ is the same as in the orang, yet there is an additional pair of ribs developed; but, as there are thirteen dorsal vertebræ, we find only four lumbar ones. The modifications of the pelvis are a close repetition of those of the orang-outang. The chief differences in the skeleton of the chimpanzee are, a shortening and strengthening of the upper extremities, an approach towards the characteristic proportions of those parts in man; the presence of the ligamentum teres of the hip-joint; and the greater development of the innermost toe in the foot. In both the orang and chimpanzee you find the head articulated by condyles which are placed far back on the under surface of the cranium. The cranium is small, characterised by well-developed occipital and sagittal ridges; the occipital ridges in reference to the muscles sustaining the head; and the sagittal ones in reference to an increased extent of the temporal muscles. The zygomatic arches are strong, and well arched outwards. The lower jaw is of great depth, and has powerful ascending rami, but the chin is wanting. The facial angle is about 50° to 55° in the full-grown *simia satyrus*, and 55° to 60° in the *troglodytes niger*. The difference in the facial angle (which, in the young chimpanzee, approaches 60° to 65°) depends upon those changes consequent upon the shedding of the deciduous teeth and the concomitant development of the jaws and intermuscular processes of the cranium.

But the knowledge of the species of these anthropoid apes has been further increased since the acquisition of a distinct and precise acquaintance with the characters of the adults of the orang and chimpanzee. First, in reference to the orangs of Borneo, specimens have reached this country which show that there is a smaller species in that island, the *Simia Morio*, in which the canines are less developed, in which the bony *cristæ* are never raised above the level of the ordinary convexity of the cranium, and in which the callosities upon the cheeks are absent, associated with other characteristics plainly indicating a specific distinction. The Rajah Brooke has confirmed the fact of the existence in the island of Borneo of two distinct species of red orangs; one of a smaller size and somewhat more anthropoid; and the larger species presenting the baboon-like cranium. In reference to the black chimpanzee of Africa also, another very important addition has been made to our knowledge of those forms of highly developed quadrumana. In 1847 I received a letter from Dr. Savage, a church missionary at Gaboon, enclosing sketches of the crania of an ape, which he described as much larger than the chimpanzee, ferocious in its habits, and dreaded by the negro natives more than they dread the lion or any other wild beast of the forest. These sketches showed plainly one cranial characteristic by which the chimpanzee differs in a marked degree from the orangs; that, viz., produced by the prominence of the supra-orbital ridge, which is wanting in the adult and imma-

ture of the orangs. That ridge was strongly marked in the sketches transmitted to me. At a later period in the same year, my friend Mr. Stuchbury transmitted from Bristol two skulls of the same large species of chimpanzee, received from the same locality in Africa, bringing clearly to light evidence of the existence in Africa of a second larger and more powerful ape, —the *troglodytes gorilla*. This species presents the characters of the cranium which are seen in the immense development of the occipital and parietal cristæ in relation to the muscles of the neck and jaws,—repeating, and even exaggerating, the prominence of the supra-orbital ridges of the chimpanzee, and showing the same characteristic inequality in the development of the teeth, particularly in the exaggerated size of the canine teeth, as in the great pongo of Wurmb. But the gorilla differs from the orang and resembles man, first in the minor development of the intermaxillary bone—that part being more produced in the orang-outang, giving it a less facial angle; it differs also in the form of the orbits, which in the orang-outang are a full oval, but in the gorilla square-shaped, more nearly approaching those in the human species; it differs likewise in significant modifications of the base of the skull, as, for example, in the greater depth of the glenoid cavity, which joint, instead of being defended by merely the post-glenoid process in the inferior quadrumana, is now defended by a ridge developed from the tympanic bone, which ridge corresponds with the vaginal process in the human subject. In the conformation of the grinding surface of the teeth there is also a marked difference, which brings this great ape of Africa more nearly to the human subject, in reference to that character, than any other known species of the quadrumanous order. The characteristic of the grinding surface of the molar teeth in man, as may be seen in almost all varieties of the human species, is, that the four tubercles on the grinding surface are united by a ridge describing a strong sigmoid curvature. This is repeated in the gorilla, which also presents another important approach to the human subject in the commencement of a projection of the nasal bone. Like the chimpanzee, the superior extremities are proportionally longer than the lower ones; and the innermost digit of the foot is converted into a powerful thumb. With regard to the dentition of these anthropoid apes, the number and kinds of the teeth, like those of all the quadrumana of the old world, correspond with those in the human subject; but all these apes differ in the larger proportionate size of the canine teeth, which necessitates a certain break in the series, in order that the prolonged points of the canine teeth may pass into their place when the mouth is completely closed. In addition to the larger proportionate size of the incisors and canines, the bicuspids in both jaws are implanted by three distinct fangs—two external and one internal. Contrast that implantation of the molar teeth with the state of the teeth in any of the lowest forms of the human species, and you will see a marked difference; in the latter, the bicuspids are implanted by one external and one internal fang. In the highest forms of the human subject these two fangs are often connate; very rarely is the external fang divided, as it constantly is in all the species of the orang and the chimpanzee. With regard to the catarrhine quadrumana, the number of milk teeth is twenty, as in the human subject. But both chimpanzees and orangs differ from man in the order of development of the permanent series of teeth: the second true molar comes into place before either of the bicuspids have cut the gum, and the last molar is acquired before the permanent canine. We may well suppose that the larger grinders are earlier required by the frugivorous apes than by the omnivorous human race; and one condition of the earlier development of the canines and bicuspids in man, may be their smaller relative size as compared with the apes. The great difference is the predominance of the development of the permanent canine teeth, at least in the males of the orangs and chimpanzees; for this is a sexual distinction, the canines in the females never presenting the same large proportion. In man, the dental system, although the formula is the same as in the apes, is peculiar for the equal length of the teeth, arranged in an uninterrupted series, and shows no sexual distinctions. The characteristics of man are exhibited in still more important degree in the parts of the skeleton. His whole framework proclaims his destiny to carry himself erect; the anterior extremities are liberated from any service in the mere act of locomotion, and are made free to be the instruments of the rational mind and free will with which he is endowed. Let me trace these modifications from the foundation upwards.

With regard to the foot, we have seen already, in tracing its manifold and progressive changes in the mammalian series, that, in those forms where it is normally composed of five digits, the middle is usually the largest; and this is the most constant one. The modifications in the hind foot, which we have traced in reference to the number of digits, have been, first, the reduction, and then the removal, of the innermost one; then the corresponding reduction and removal of the outer one; next, of the second and fourth digits, until it is reduced to the middle digit, as in the horse. For the illustration of the characteristics of the skeleton of the human subject, I have purposely brought before you one of the lowest and most degraded of mankind, that variety indigenous in the South of Africa, known by the name of Bosjesman, or Bushman. There are three forms of the Ethiopian race in South Africa. There is first the warlike Caffre, in whose physiognomy may be traced an affinity with the northern Moorish tribes of Africa. He has his cattle, and he cultivates his ground, and, besides that, he wages wars of conquest and acquisition against the other varieties; he is the highest form of the Ethiopian inhabitants of South Africa. Next, you have the Hottentots: they have their villages, live in societies, and cultivate their rice and maize grounds. But the little Bosjesmen are to the agricultural Hottentots what our gypsies are to our farmers—pests and plagues, the plunderers of their poultry and cattle. In South Africa, every man's hand is against the Bosjesman, and his hand and wits are against all men's. They appear to be a distinct and peculiar race. You may trace in the Hottentot a resemblance to the typical negro, or Ethiopian form, in warmer parts of Africa; and in the Caffre to the northern Moorish tribes; but the Bosjesmen stand alone, the autochthones, as it would seem, of that district; probably the oldest primitive inhabitants, and peculiar for the combination of flattened nose, thick lips, and contracted forehead, with a very diminutive stature, and a lighter colour of the skin than in the negro. Nevertheless, in all the important characteristics of the structure of the human skeleton, they exhibit those characters distinctive of man as well as the skeleton of the highest Caucasian race. The innermost toe, the first to dwindle and disappear in the brute series, is here developed to a maximum of size, becoming emphatically the "great toe," one of the most essential characteristics of the modifications of the human frame. It is made the powerful fulcrum for that lever of the second kind, which has its resistance in the tibio-astragalar joint, and the power applied to the projecting heel-bone, and the superincumbent weight carried further forwards upon the foot, by the more advanced position of the astragalus, than in the ape tribe; and the heel-bone is much stronger, and projects more backwards.

The arrangement of these powerfully-developed tarsal and metatarsal bones is such as to form a bony arch, of which the two piers rest upon the proximal joint of the great toe and the end of the heel. Well-developed cuneiform bones combine with the cuboid to form a second arch, transverse to the first. There are no such modifications in the orangs, in which the arch, if it be an arch at all, extends to the extreme end of the long and curved digits, indicating a capacity for grasping. Upon these two arches the superincumbent weight of man is solidly and sufficiently maintained, as upon a low dome, with this further advantage, that the different joints, cartilages, coverings, and synovial membranes, give a certain elasticity to the dome, so that in leaping, running, or dropping from a height, the jar is diffused and broken before it can be transmitted to affect the enormous brain-expanded cranium. The whole hind limbs in man are longer in proportion to the trunk than any other known mammalian animal. You might imagine the kangaroo to be an exception, but, if you measure the hind limbs of the kangaroo in relation to the trunk, you will find them shorter than in the human subject. In no animal is the femur so long in proportion to the leg as in man. In none does the tibia expand so much at its upper end. Here it presents two broad, shallow cavities for the reception of the condyles of the femur. Of these condyles, in man only is the innermost longer than the outermost; so that the shaft of the bone inclines a little outwards to its upper end, and joins a 'neck' longer than in other animals, and set on at a very open angle. The weight of the body, received by the round heads of the thigh bones, is thus transferred to a broader base, and its support in the upright posture facilitated. There is also the collateral advantage of giving more space to those powerful adductor muscles that assist in fixing the pelvis and trunk upon the hind limbs. With regard to the form of the pelvis, you could not fully appreciate its peculiar modifications unless you saw it, as here displayed, in contradistinction to the form of the pelvis in the highest organised quadrumana. We see here the short and broad ilium bending forwards, the better to receive and sustain the abdominal viscera, and expanded behind to give adequate attachment to the powerful glutei muscles, which are developed to a maximum in the human species,

in order to give a firm hold of the trunk upon the limbs, and a corresponding power of moving the limbs upon the trunk. The tuberosities of the ischium are rounded, not angular, and not inclined outwards, as in the ape tribe. The symphysis pubis is shorter than in the apes. The tail is reduced to three or four stunted vertebræ, anchylosed to form the bone called "os coccygis." The true vertebræ, as they are called in human anatomy, correspond in number with those of the chimpanzee and the orang, and in their divisions with the latter species, there being twelve thoracic, five lumbar, and seven cervical. This movable part of the column is distinguished by a beautiful series of sigmoid curves, convex forwards in the loins, concave in the back, and again slightly convex forwards in the neck. The cervical vertebræ, instead of having long spinous processes, have short processes, usually more or less bifurcated. The bodies of the true vertebræ increase in size from the upper dorsal to the last lumbar, which rests upon the base of the broad wedge-shaped sacrum, fixed obliquely between the sacro-iliac articulations. All these curves of the vertebral column, and the interposed elastic cushions, have relation to the libration of the head and upper limbs, and the diffusion and the prevention of the ill effects from shocks in many modes of locomotion which man, thus organised for an erect position, is capable of performing. The arms of man are brought into more symmetrical proportions with the lower limbs; and their bony framework shows all the perfections that have been superinduced upon it in the mammalian series, viz., a complete clavicle, the antibrachial bones so adjusted as to permit the rotatory movements of pronation and supination, as well as of flexion and extension; manifesting those characters which adapt them for the manifold applications of that most perfect and beautiful of prehensile instruments, the hand. The scapula is broad, with the glenoid articulation turned outwards; the clavicles are bent in a slight sigmoid flexure; the humerus exceeds in length the bones of the forearm. The carpal bones are eight in number. The thumb is developed far beyond any degree exhibited by the highest quadrumana, and is the most perfect opposing digit in the animal creation. The skull is distinguished by the enormous development of the brain case; by the restricted development of the bones of the face, especially of the jaws, in relation to the small, equally-developed teeth; and by the early obliteration of the maxillo-intermaxillary suture. To balance the head upon the neck-bone, we find the condyles of the occiput brought almost in the middle line of the base of the skull, resting upon the two cups of the atlas, so that there is but a slight tendency to incline forwards when the balancing action of the muscle ceases, as when the head nods during sleep. Instead of the strongly developed occipital crest, we find a great development of true mastoid processes advanced nearer to the middle of the sides of the basis cranii, and of which there is only the rudiment in the gorilla. The upper convexity of the cranium is not interrupted by any sagittal or parietal cristæ. The departure from the archetype, in the human skull, is most conspicuous, in the vast expanse of the neural spines of the three chief cranial vertebræ, viz., occipital, parietal, and frontal.

With regard to the amount of variety we meet with in mankind, we do find, propagable and characteristic of race, a difference of stature, a difference in regard to colour, difference in both colour and texture of the hair, and certain differences in the osseous framework. With regard to stature, the Bushmen and the natives of Lapland exhibit the extreme of diminution, ranging from four to five feet. Some of the Germanic races and the Patagonian Indians exhibit the opposite extreme, ranging from six to seven feet, or six feet five inches. The medium size prevails generally throughout the races of mankind. With reference to the characteristics of colour, which are extreme, we have now opportunities of knowing how much that character is the result of the influence of climate. We know it more particularly by that most valuable mode of testing such influences which we have from the peculiarity of the Jewish race. For 1800 years that race has been dispersed into different latitudes and climates, and they have preserved themselves most distinct from any intermixture with the other races of mankind. There are some Jews still lingering in the valleys of the Jordan, having been oppressed by the successive conquerors of Syria for ages,—a low race of people, and described by trustworthy travellers as being as black as any of the Ethiopian races. Others of the Jewish people, participating in European civilization, and dwelling in the northern nations, show instances of the light complexion, the blue eyes, and light hair of the Scandinavian families. We see, then, how to account for the differences in colour, without having to refer them to original or specific distinctions. As to the difference in size in mankind, it is slight in comparison with what we observe in the races of the domestic dog, where the extremes of size are much greater than can be found in any races of the human species. With reference to the modifications of the bony structure, as characteristic of the races of mankind, they are almost confined to the pelvis and the cranium. In the pelvis the difference is a slight, yet apparently a constant one. You may generally distinguish the pelvis of the adult negro from that of the European by the greater proportional length and less proportional breadth of the iliac bones; but how trifling is this difference compared with that marked distinction in the pelvis which the orang-outang presents! With regard to the cranial differences, I have here selected three extreme specimens of skulls characteristic of race: one of an aboriginal of Van Diemen's Land, (the lowest of the Melanian, or dark-coloured family,) a well-marked Mongolian, and a well-formed European skull. The differences are chiefly these. In the low, uneducated, uncivilised races, the brain is smaller than in the higher, more civilised, and more educated races; consequently, the cranium rises and expands in a less degree. Concomitant with this contraction of the brain-case is a greater projection of the fore-part of the face; whether it may be from a longer exercise of the practice of suckling, or a more habitual application of the teeth in the intermaxillary part of the jaw, and in the corresponding part of the lower jaw, in biting and gnawing tough, raw, uncooked substances,—the anterior alveolar part of the jaws does project more in those lower races; but still to an insignificant degree compared with the prominence of that part of the skull in the large apes. And while alluding to them, I may again advert to the distinction between them and the lowest of the human races, which is afforded by the inter-maxillary bone, already referred to. In the young orang-outang, even when the change of dentition has begun, you find the suture between that bone and the maxillary continuing, and it is not until the large canine teeth are developed, that the stimulus of the vascular system, in the concomitant expansion and growth of the alveoli, tends to obliterate the suture. In the young chimpanzee, as was pointed out by Mr. Lawrence in his well-known lectures on the "Varieties of Mankind," the maxillary suture disappears earlier, at least on the facial surface of the upper jaw. In the human subject those traces disappear still earlier, and in regard to the exterior alveolar plates, the intermaxillary and maxillary bones are connate. But you may always trace in the human fœtus the indications of the palatal and nasal portions of the maxillo-intermaxillary suture, of which the poet Goëthe was the first to appreciate the full significance.

In the Mongolian we find a peculiar development of the cheek-bones, giving great breadth and flatness to the face, a broad cranium, with a low forehead, and often with the sides sloping away from the median sagittal tract, something like a roof; whereas, in the European, we find, with greater capacity of the cranium, a more regular and beautiful oval form, a loftier and more expanded brow, a minor prominence of the malars, and a less projection of the upper and lower jaws. All these characteristics necessarily occasion slight differences in the facial angle. On a comparison of the basis cranii, the strictly bimanous characteristics in the position of the foramen magnum and occipital condyles, and of the zygomatic arches, are as well displayed in the lowest as in the highest varieties of the human species.

With regard to the value to be assigned to the above defined distinctions of race:—in consequence of not any of these differences being equivalent to those characteristics of the skeleton, or other parts of the frame, upon which specific differences are founded by naturalists in reference to the rest of the animal creation, we come to the conclusion that man forms one species, and that these differences are but indicative of varieties. As to the number of these varieties:—from the very well marked and natural character of the species, just as in the case of the similarly natural and circumscribed class of birds, you scarcely find any two ethnologists agreeing as to the characters upon which those varieties are to be defined and circumscribed. In the subdivision of the class of birds, we saw the ornithological systems varying from two orders to thirty orders; so with man, you have systems varying from *thirty* or *forty* to the *three* predominant varieties which Blumenbach first clearly pointed out,—the Ethiopian, the Mongolian, and the Caucasian, or Indo-European. These varieties are linked together by imperceptible gradations. The Malay and the Polynesian link the Mongolian and the Indian varieties; and the Indian, by imperceptible gradations, is linked by the Esquimaux again to the Mongolian. The inhabitants of the Andaman Islands, New Caledonia, New Guinea, and Australia, in a minor degree seem to fill up the hiatus between the Malay and the Ethiopian

varieties; and in no case can a well marked definite line be drawn between the physical characteristics of allied varieties, these merging more or less gradationally the one into the other.

In considering the import and value of the osteological differences between the gorilla—the most anthropoid of all known brutes—and man, in reference to the hypothesis of the origination of species of animals by gradual transmutation of specific characters, and that in the ascending direction, it must be admitted that the skeleton may be modified to a certain extent by the action of the muscles to which it is subservient, and that in domesticated races the size of the animal may be brought to deviate in both directions from the specific standard. By the development of the processes, ridges, and crests, and also by the general proportions of the bones themselves, especially those of the limbs, the human anatomist judges of the muscular power of the individual to whom a skeleton under comparison has appertained.

The influence of muscular actions in the growth of bone is more strikingly displayed in the change of form which the cranium of the young carnivore or the sternum of the young bird undergoes in the progress to maturity; not more so, however, than is manifested in the progress of the development of the cranium of the gorilla itself, which results in a change of character so great, as almost to be called a metamorphosis.

In some of the races of the domestic dog, the tendency to the development of parietal and occipital cristæ is lost, and the cranial dome continues smooth and round from one generation of the smaller spaniel, or dwarf pug, *e. g.*, to another; while, in the large deer-hound, those bony cristæ are as strongly developed as in the wolf. Such modifications, however, are unaccompanied by any change in the connexions, that is, in the disposition of the sutures of the cranial bones; they are due chiefly to arrests of development, to retention of more or less of the characters of immaturity: even the large proportional size of the brain in the smaller varieties of house-dog is in a great degree due to the rapid acquisition by the cerebral organ of its specific size, agreeably with the general law of its development, but which is attended in the varieties cited by an arrest of the general growth of the body, as well as of the particular developments of the skull in relation to the muscles of the jaws.

No species of animal has been subject to such decisive experiments, continued through so many generations, as to the influence of different degrees of exercise of the muscular system, difference in regard to food, association with man, and the concomitant stimulus to the development of intelligence, as the dog. And no domestic animal manifests so great a range of variety in regard to general size, to the colour and character of the hair, and to the form of the head, as it is affected by different proportions of the cranium and face, and by the intermuscular crests superadded to the cranial parietes. Yet, under the extremest mask of variety so superinduced, the naturalist detects in the dental formula and in the construction of the cranium the unmistakeable generic and specific characters of the *canis familiaris*. This and every other analogy applicable to the present question justifies the conclusion that the range of variety allotted to the chimpanzee under the operation of external circumstances favourable to its higher development would be restricted to differences of size, of colour, and other characters of the hair, and of the shape of the head, in so far as this is influenced by the arrest of general growth after the acquisition by the brain of its mature proportions, and by the development, or otherwise, of processes, crests, and ridges for the attachment of muscles. The most striking deviations from the form of the human cranium which that part presents in the great orangs and chimpanzees result from the latter acknowledged modifiable characters, and might be similarly produced; but not every deviation from the cranial structure of man, nor any of the important ones upon which the naturalist relies for the determination of the genera *troglodytes* and *pithecus*, have such an origin or dependent relation. The great chimpanzee, indeed, differs specifically from both the orang and man in one cranial character, which no difference of diet, habit, or muscular exertion can be conceived to affect.

The great prominent superorbital ridge, for example, is not the consequence or concomitant of muscular development; there are no muscles attached to it that could have excited its growth. It is a characteristic of the cranium of the genus *troglodytes* from the time of birth to extreme old age; by the prominent superorbital ridge, for example, the skull of the young chimpanzee with deciduous teeth may be distinguished at a glance from the skull of an orang at the same immature age; the genus *pithecus*, Geoffr., being as well recognised by the absence, as the genus *troglodytes* is by the presence, of this character. We have no grounds, from observation or experiment, to believe the absence or the presence of a prominent superorbital ridge to be a modifiable character, or one to be gained or lost through the operations of external causes, inducing particular habits through successive generations of a species. It may be concluded, therefore, that such feeble indication of the superorbital ridge, aided by the expansion of the frontal sinuses, as exists in man, is as much a specific peculiarity of the human skull, in the present comparison, as the exaggeration or suppression of this ridge is respectively characteristic of the chimpanzees and orangs.

The equable length of the human teeth, the concomitant absence of any diastema or break in the series, and of any sexual difference in the development of particular teeth, are to be viewed by the light of actual knowledge, as being primitive and unalterable specific peculiarities of man.

Teeth, at least such as consist of the ordinary dentine of mammals, are not organised so as to be influenced in their growth by the action of neighbouring muscles; pressure upon their bony sockets may affect the direction of their growth after they are protruded, but not the specific proportions and forms of the crowns of teeth of limited and determinate growth. The crown of the great canine tooth of the male *troglodytes gorilla* began to be calcified when its diet was precisely the same as in the female, when both sexes derived their sustenance from the mother's milk. Its growth proceeded and was almost completed before the sexual development had advanced so as to establish those differences of habits, of force, of muscular exercise, which afterwards characterise the two sexes. The whole crown of the great canine is, in fact, calcified before it cuts the gum or displaces its small deciduous predecessor; the weapon is prepared prior to the development of the forces by which it is to be wielded; it is therefore a structure fore-ordained, a predetermined character of the chimpanzee, by which it is made physically superior to man; and one can as little conceive its development to be a result of external stimulus, or as being influenced by the muscular actions, as the development of the stomach, the testes, or the ovaria.

The two external divergent fangs of the premolar teeth, and the slighter modifications of the crowns of the molars and premolars, appear likewise from the actual results of observation to be equally predetermined and non-modifiable characters.

No known cause of change productive of varieties of mammalian species could operate in altering the size, the shape, or the connexions of the premaxillary bones, which so remarkably distinguish the great *troglodytes gorilla*, not from man only, but from all other anthropoid apes. We know as little the conditions which protract the period of the obliteration of the sutures of the premaxillary bones in the *tr. gorilla* beyond the period at which they disappear in the *tr. niger*, as we do those that cause them to disappear in man earlier than they do even in the smaller species of chimpanzee.

There is not, in fact, any other character than those founded upon the developments of bone for the attachment of muscles, which is known to be subject to change through the operation of external causes; nine-tenths, therefore, of the differences, especially those very striking ones manifested by the pelvis and pelvic extremities, which I have cited in my memoirs on the subject, published in the "Zoological Transactions," as distinguishing the great chimpanzee from the human species, must stand in contravention of the hypothesis of transmutation and progressive development, until the supporters of that hypothesis are enabled to adduce the facts and cases which demonstrate the conditions of the modifications of such characters.

If the consideration of the cranial and dental characters of the *troglodytes gorilla* has led legitimately to the conclusion that it is specifically distinct from the *troglodytes niger*, the hiatus is still greater that divides it from the human species, between the extremest varieties of which there is no osteological and dental distinction which can be compared to that manifested by the shorter premaxillaries and larger incisors of the *troglodytes niger* as compared with the *tr. gorilla*.

The analogy which the establishment of the second and more formidable species of chimpanzee in Africa has brought to light between the representation of the genus *troglodytes* in that continent and that of the genus *pithecus* in the great islands of the Indian Archipelago is very close and interesting. As the *troglodytes gorilla* parallels the *pithecus Wurmbii*, so the *troglodytes niger* parallels the *pithecus morio*, and an unexpected illustration has thus been gained of the soundness of the interpretation of the specific distinction of that smaller and more anthropoid orang.

It is not without interest to observe, that as the generic forms of the *quadrumana* approach the *bimanous* order, they are repre-

sented by fewer species. The gibbons (*hylobates*) scarcely number more than half-a-dozen species; the orangs (*pithecus*) have but two species, or at most three; the chimpanzees (*troglodytes*) are represented by two species.

The unity of the human species is demonstrated by the constancy of those osteological and dental characters to which the attention is more particularly directed in the investigation of the corresponding characters in the higher *quadrumana*.

Man is the sole species of his genus, the sole representative of his order; he has no nearer physical relations with the brute-kind than those which flow from the characters that link together the primary (unguiculate) division of the placental sub-class of mammalia.

In conclusion, it only remains to offer a few words respecting the antiquity of the *quadrumana* and of man upon the surface of the earth. At the time of the demise of Baron Cuvier, in 1832, no evidence had been obtained of fossil *quadrumana*, and the Baron supposed that both these and the *bimana* were of very recent introduction. Soon after the loss of that great reconstructor of extinct species, evidence with regard to the fossil *quadrumana* was obtained from different quarters. In the oldest (*eocene*) tertiary deposits in Suffolk, specimens of jaws and teeth were found, that unerringly indicated the former existence of a species of monkey of the genus *Macacus* (*Macacus eocenus*). About the same time, the tertiary deposits from the Himalayan mountains gave further evidence of the *quadrumana*, jaws, astragali, and some other parts of the skeleton, having been found completely petrified, and referable to the genus called *Semnopithecus*, which is now restricted to the Asiatic Continent. Dr. Lund discovered in Brazil remains of an extinct platyrhine monkey, surpassing any known *cebus* or *mycetes* in size. Lastly, in the middle tertiary series in the south of France, was discovered a fragment of the lower jaw, proving that at that period some species of the long-armed ape (*Hylobates*) must have existed. But no human remains have been found in the regularly deposited layers of any of the divisions (not even the pliocene) of the tertiary series. Human bones have been found in doubtful positions, geologically considered, such as deserted mines and caves, but never in tranquil undisturbed deposits, participating in the mineral characters of the undoubted fossils of those deposits. The petrified negro skeletons in the calcareous concretes of Guadaloupe are of comparatively recent origin.

Thus, therefore, in reference both to the unity of man's species, and the fact of his being the latest, as he is the highest, of all animal forms upon our planet, the interpretations of God's works coincide with what has been revealed to us as to our own nature and origin in his Word. Of the nature of the creative acts by which the successive races of animals were called into being we are ignorant. But this we know, that, as the evidence of unity of plan testifies to the oneness of the Creator, so the modifications of the plan for different modes of existence illustrate the beneficence of the Designer. Those structures, moreover, which are at present incomprehensible, as adaptations to a special end, are made comprehensible on a higher principle, and a final purpose is gained in relation to human intelligence; for, in the instances where the analogy of humanly invented machines fails to explain the structure of a divinely created organ, such organ does not exist in vain, if its truer comprehension in relation to the Divine idea lead rational beings to a better conception of their own origin and Creator.

ORIGINAL COMMUNICATIONS.

CASE OF APOPLEXY, OCCURRING IN THE NINTH MONTH OF PREGNANCY,

WITH EFFUSION OF BLOOD INTO THE FOURTH VENTRICLE AND PONS VAROLII.

By PH. B. AYRES, M.D. Lond.

The case I am about to relate, although by no means unique, is interesting, from the circumstances under which it occurred, the severity of the symptoms, the extreme contraction of the pupils, and the locality in which the vessel gave way and produced the effusion of blood.

On Dec. 24, 1853, I was called to see H. S., a young previously healthy married woman, short, fat, aged 22, and far advanced in the ninth month of pregnancy. About a fortnight before, she consulted me for a slight attack of diarrhœa, which yielded to a few doses of dilute sulphuric acid. She had dined the day before on the remains of a goose, and, on the morning of the attack, had eaten a hearty breakfast, and was in excellent spirits. Soon after breakfast she passed a healthy motion, and shortly after complained of pain in the chest and upper part of the abdomen, which she mistook for the commencement of labour, to relieve which some brandy and water was taken. About eleven in the morning, she suddenly complained of giddiness, indistinct vision, made efforts to vomit, and fell into a profound stupor.

When I first saw her, at 1 p.m., she was lying on the bed, supine, with her dress on, in profound coma, the face pallid, the lips somewhat livid, the respiration stertorous and gasping, the interval between the inspirations much prolonged; the hands and feet cold; the pulse slow, and rather full, but, at the same time, weak and compressible. The pupils were contracted to the smallest possible dimensions, and the iris wholly insensible to light. The *tout ensemble* of the symptoms precisely resembled that produced by a poisonous dose of opium, but I became convinced, on inquiry, that none had been taken. There was complete paralysis and relaxation of all the limbs, but no convulsive movements had occurred.

Under these circumstances I concluded that the case was one of apoplexy, with the unusual symptom of contraction of the pupils. She was bled from the arm, but only two or three ounces of very dark blood could be obtained; after which the pulse became more frequent and stronger, but the coma and stertorous respiration continued as before. I attempted to give a spoonful of a mixture of carbonate of ammonia, with tincture of lavender; but the power of deglutition was so far lost, that symptoms of strangulation ensued to such an extent as to preclude any further attempt to administer medicines by the mouth. A blister was applied to the nape of the neck, and mustard poultices, and bottles of hot water to the feet and calves of the legs.

She continued in the same state; the respiration becoming gradually more feeble, with gaspings at distant intervals, until respiration ceased about 5 p.m., the interval from the seizure to her death being somewhat less than six hours. I saw her immediately after her death; but, as I could not perceive any movement of the child, or detect the pulsations of the fœtal heart, I did not consider myself justified in proceeding to perform the Cæsarian section.

Autopsy Thirty-six Hours After Death.—The body was well proportioned, well covered with fat; the neck rather short, but no mark of external injury, and little lividity of the depending parts. On dividing the skin of the thorax and abdomen, a layer of fat, half an inch thick, was observed. The heart was healthy, with some deposit of fat at its base, but no tendency to fatty degeneration could be seen in the walls of the ventricles. The valves were healthy, with the exception of one or two minute cartilaginous masses in the mitral and the tricuspid, which were too small to have influenced the action of these valves. The lungs were healthy throughout, without any trace of adhesions, but dotted to a greater degree than usual with black pigment.

In the abdomen, all the organs were perfectly natural, except the liver, which presented a large number of spots of sanguineous effusion beneath the superjacent peritonæum. They were altogether superficial, of scarcely visible depth, not penetrating the substance of the organ, and resembling ecchymoses. These spots were small and discrete on the upper and under surface near the anterior thin margin, confluent over the posterior thick margin.

Head.—On cutting through the scalp, and detaching it, no traces of congestion were apparent. When the calvarium was removed, the vessels of the dura and pia mater were somewhat gorged with blood, and a small amount of transparent colourless effusion occupied the sub-arachnoid tissue in the anfractuosities. A considerable number of red points were seen, on slicing the brain, in the white matter of the centrum ovale. The lateral ventricles contained a small quantity of bloody fluid, which chiefly occupied the posterior and descending cornua, and a small cyst was found in the left choroid plexus. The base of the brain, externally, showed nothing peculiar; but when the medulla oblongata was raised, and the arachnoid closing the fourth ventricle behind torn, a clot was discovered occupying that cavity.

A longitudinal section being made in the middle line through the pons Varolii, the medulla oblongata, and the cerebellum, the clot was found to occupy the whole of the fourth ventricle, extending through the iter a tertio ad quartum ventriculum into the third ventricle as far forward as the soft commissure. In addition to this, the crura cerebri were torn, and a number of fissures occupied by ramifications of the clot extended through

the substance of the pons Varolii, one or two of them reaching its anterior surface.

Remarks.—A case of apoplexy with such entire resolution of the members, gasping, stertorous respiration, and complete contraction of the pupils, is comparatively rare. In most of methodical treatises on medicine, the occurrence of contracted pupils in certain cases of apoplexy is not even mentioned; but Dr. Copeland, in his elaborate "Cyclopædia of Medicine," article "Apoplexy," remarks that cases of apoplexy in which the blood is effused into the cerebellum, the substance of the auricular protuberance, or around the medulla oblongata, the fatal result is rapidly produced, and that "contraction of the pupils has been remarked as a not unfrequent attendant on the worst forms of apoplexy, and particularly on those characterised by a tendency to spastic action, by Aretæus, and recently by Cheyne, Cooke, and various other pathologists." Dr. Copeland further states, that the pupils are generally dilated in simple and primary apoplexy, and in apoplexy complicated with or terminating in paralysis; whereas they are often contracted, or one pupil contracted, while the other is dilated, in gradually increasing or ingradescent apoplexy, complicated with, or terminating in, paralysis, and in that commencing with paralysis, which, after an indefinite period, terminates in a complete apoplectic seizure. It is evident, that these varieties into which Dr. Copeland has divided apoplectic seizures are merely symptomatic, not pathological; nor do his descriptions indicate the parts of the brain in which this clot may be expected to be found in cases of apoplexy accompanied by contraction of the pupils. Nor do the descriptions of apoplectic cases in Andral's "Clinique Medicale," (Spillan's Translation,) throw any light on the subject.

The contracted state of the pupil has been rarely dwelt upon by pathologists, according to Dr. Mason Good, ("Study of Medicine," Vol. III., p. 464,) either in ancient or in modern times. Dr. Cooke states, that he has seen the pupil contracted almost to a point, but that only Aretæus among the ancients, and Cheyne among the moderns, had noticed the contracted pupil. Dr. Cooke connected this state of the pupil with spasmodic or convulsive actions either in the limbs or muscles of the face, when the teeth are clenched and deglutition impeded. He looked upon the contracted pupil as a very dangerous symptom,—as one among the worst symptoms of the disease; and he states, that neither himself, Sir Gilbert Blane, nor Dr. Temple, had ever seen a person recover from apoplexy when the pupil was greatly contracted. In my case, however, the contraction of the pupils was not accompanied, so far as I could observe, with convulsive action in any of the muscles.

JERSEY HOSPITAL REPORTS.

By G. M. JONES, Esq.
Surgeon to the Jersey Hospital.

Case 1.—*Partial Excision of the Wrist-Joint, and Removal of some of the Bones of the Hand.*—Eliza Coward, aged 20, of a rather plethoric habit, and apparently free from scrofulous diathesis, was admitted into the Hospital on August 10, 1852, in consequence of an affection of the left wrist and hand.

History of the Case prior to Admission.—In November, 1851, she fell while running, and bruised the under part of her hand and arm, while the latter was slightly cut. At the expiration of three weeks an abscess formed near the radial side of the joint, which continued to discharge for upwards of a fortnight. On this healing, the whole hand became swollen, and continued so for some time, so that she was almost entirely incapacitated from following her employment, that of a servant. She now placed herself under surgical treatment (at Fareham), and a variety of remedies, both local and constitutional, were employed without any beneficial result, the pain increasing and the power of using the hand becoming at the same time less. She then became an inmate of the County Hospital at Winchester, whence, after remaining some weeks, she returned to Fareham, improved in health, but suffering more than ever in the hand and wrist. Again a variety of remedies were resorted to; and, none of them proving of the least benefit, she was brought by some friends to this island, and immediately admitted into the Hospital.

The appearance of the hand at this time did not certainly warrant the supposition that any amount of actual disease existed. On pressure being applied to the wrist and carpal bone, the pain—always more or less great—in some degree increased, as was also the case where the fingers or wrist (both of which had lost some of their mobility) were moved; still there was no swelling, puffiness, nor heat.

Many of the symptoms bore so strong a resemblance to neuralgia and hysteria, that remedies adapted for both complaints were for some time persevered in. Nor were her sufferings in any way mitigated by a fair trial of other means, both constitutional and local. Leeches, blisters, mercurial frictions, setons, etc., etc., all failed, as also medicines which acted on the system, of different and opposite tendency or effects; so that, after she had been in the Hospital eleven months, I had the mortification to find that my patient's health was more undermined than on her admission, the pain in the wrist and hand greatly aggravated, and the inability to move them, more particularly the fingers, was now complete. Under these circumstances, I thought it advisable to follow out the practice so much recommended by Mr. Gay, that of free incisions; but where these incisions were to be made with any prospect of success was a point which the still almost natural appearance of the hand made it difficult to determine. It is true that on two occasions (while the patient was under the influence of chloroform, any manipulation causing such extreme pain,) a slight crepitus had been distinctly felt, though it was quite impossible to state from which part of the affected member it had proceeded. In this state of uncertainty the radial side of the wrist was chosen, as that apparently most tender to the touch, and an incision upwards of two inches in length made, and kept open by means of lint for more than six weeks, but without producing the slightest benefit; indeed, quite the reverse, for during this period the pain increased tenfold, the shutting a door, or even the slightest noise, appearing to aggravate it. Very decided measures were now evidently called for, particularly as the patient's strength was nearly exhausted from the agony she suffered and the sleepless nights, on which sedatives had no longer any influence.

On the 13th of September, 1853, thirteen months after her admission, I performed the following operation, while she was under the influence of chloroform. The incision made six weeks before was extended a little upwards, and down to within half an inch of the fore-finger. Another similar incision was then made on the outer side, these two being connected by means of a transverse one immediately over the joint. The flaps thus defined were reflected back, by which means the whole upper surface of the hand and wrist-joint were brought into view. The tendons were now carefully dissected, each from its respective sheath, and by means of two bent-up spatulas, drawn on each side of the joint. The joint was then disarticulated, and the palm of the hand bent completely back, in order to expose the styloid process of the radius and ulna. A thin slice of the cartilaginous surface of the former was removed, it being in two or three places denuded. The carpal and metacarpal bones were next thoroughly examined; the whole of the trapezium was found much softer than natural, and was consequently removed; also the articular surface of the scaphoid; spots resembling caries occupied nearly the whole of the semilunar, so that it was deemed expedient to remove almost the entire bone by means of suitable nippers, rather than trust to gouging alone. Only one tendon seemed to be divided during the operation, and that was the extensor ossis metacarpi pollicis.

After a careful examination of the remaining bones, which presented no indication of disease, the parts were brought together by means of sutures, the hand secured on a suitable flat splint, and cold-water dressing applied. There was considerable hæmorrhage during the operation, but no vessel required a ligature.

The same plan of after-treatment was, with very slight deviations, followed in this case throughout,—water dressings and occasionally linseed poultices being the only external applications. The hand was for a considerable time secured on a scooped-out splint. The healing process at first progressed very rapidly; but, after a few weeks, it remained for a time nearly stationary. The general health very soon improved; the distressing pain which had so materially undermined it, and for months deprived the patient of anything like a tolerable night's rest, having disappeared immediately after the operation, so that during the cure the only thing she suffered from was small abscesses, which formed in three or four parts of the hand.

In the beginning of January, from exposure to cold, she experienced an attack of inflammation of the lungs, which evidently materially retarded improvement in the hand, and was, indeed, so severe as for some days to place her life in considerable danger.

Present Appearance of the Hand.—There is now no apparent deformity; some of the cicatrices are yet visible, others are almost entirely obliterated. There is still a stiff look about the fingers, which is easily accounted for by the flat position the hand has been secured in for so many months. The dead-like

appearance they and the wrist presented has all but passed away; there is mobility in every joint, and all of them can now be moved at will, but some to a much greater extent than others.

During the last six weeks the patient has wonderfully improved, both as regards her general health and the increased power in the hand; sufficiently so, indeed, as to lead to the hope that she may almost immediately commence the occupation of ironer.

Remarks.—This case affords a striking exemplification of the fact, that a comparatively small amount of local disease will undermine the constitution, and produce a dangerous train of symptoms, far more readily in some individuals than in others, who, not possessing that peculiar sensitive idiosyncracy which characterised this patient, would have required disease to progress to a much greater extent before life would be endangered, or a Surgeon warranted in going through that regular piece of dissection in search of disease which was found necessary on this occasion, from there being no external appearance to indicate the existence even of carious bone, much less its precise locality. The pain was equally severe over the entire hand and wrist, while the general morbid symptoms which presented themselves were evidently sympathetic, arising altogether from affinity with an entirely local affection. To the powerful influence which chloroform exerts on the human frame the great advance of conservative surgery may in some degree be attributed, it being formerly often necessary to remove the afflicted limb before making those examinations which, by the help of this valuable agent, we are now able to do, prior to proceeding to extreme measures, thus saving many a useful limb to its fortunate possessor.

[To be continued.]

CASE OF INCARCERATED HERNIA.

By J. HAWKES, Esq.
Resident Surgeon to the Bolton-le-Moors Infirmary.

Mary T——, a married woman, having been suffering for three days from sickness and constipation, and being otherwise ill, requested me to see her on the morning of the 4th of May. I found the patient, a woman of rather spare habit, lying on her back in bed, both legs being extended. Her countenance of tolerably healthy hue and placid, though at times giving way to an expression of pain. Skin soft and warm; pulse of moderate volume, but rather frequent, and intermitting about every ninth beat; tongue clean and moist; suffers from thirst. Her bowels have not been open for the space of four days. Vomiting of ingesta, in a clear, scanty, watery menstruum, is very constant. She complains of pain, having a severe twisting character, and situated in the umbilical region. The abdominal walls are somewhat tense and hard, especially in this part, probably due to straining of the recti muscles. She can bear pressure to a certain degree; yet this does not relieve, but decidedly increases the suffering. A globular and very hard tumour, the size of a tennis ball, occupies the bend of the left thigh, near the pubes. Of this, however, she makes little or no complaint, except in answer to my inquiries. This tumour feels very solid, and is, moreover, totally void of impulse on the patient coughing. It is, however, fixed, and not to be shifted in any direction.

History.—She says her health is generally good, though for a period of twelve months she has had the tumour in her thigh. Thinks it came gradually, and was treated for it by a Medical man, with leeches and counter-irritation. These remedies seemed to give relief.

At a subsequent period, viz., three months since, another surgeon was consulted, who felt the tumour, and advised her to apply a truss. It has, she says, never been reduced, nor has its reduction been attempted, though at times it appears "to get smaller, but then gradually rises again." Four days ago, the tumour being then in its accustomed place, and she in her usual health, while stooping and lighting a fire, was taken very sick, and shortly after the pain in the umbilical region came on, from which time her bowels have not been opened. Thinks the tumour has become somewhat larger since this occurrence, but suffers no inconvenience from it, and scarcely any pain. I employed the taxis, and after some little time this hard mass, to her no small astonishment, returned with a jerk into the cavity of the abdomen. The sickness and pain were almost at once mitigated, and presently altogether abated. The bowels were relieved even before taking the medicines I had prescribed, and now (May 9th) she appears in a fair state of health, her pulse being equable, though feeble. There are a few points of interest to which I would beg to invite the reader's attention. First, the state of the patient in regard to the duration of the injury, her composed countenance, natural state of skin, clean and moist tongue. The fact of this hernia having been so long established without any attempt at reduction; the intermitting pulse, showing the sympathy of the heart; the total absence of impulse on coughing. This patient might have been treated for enteritis, or by a careless man for colic, or the medical attendant might have fancied it to be a case of enteritis occurring in a patient afflicted with an irreducible hernia. Small facts are not to be despised as adjuvants in forming a diagnosis. Upon entering the room I espied a truss carelessly thrown on the floor; true, it was of no great importance, but still a link in the chain.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

ST. GEORGE'S HOSPITAL.

DEATH FROM CHLOROFORM.

[Case under the care of Mr. HAWKINS.]

We regret to have to record this week another case in which sudden death has resulted from the administration of chloroform. As in the last instance which we had to mention, the fatal event has again happened under conditions the most likely to have prevented its occurrence. It would really appear that these deaths are to be matters of mere accident, and to occur occasionally in spite of every precaution, and under circumstances the most favourable. At St. George's Hospital, until the present, no death from chloroform had ever occurred; and as, almost from the very first, the administration of the drug has been confided to a gentleman regularly appointed to the office, and of large experience; and as the most approved form of inhaler has been constantly used, hopes were beginning to be felt by some that this immunity was more than mere chance, and due in some degree to the precautions mentioned. As a fact of some interest in the hitherto very loose statistics of chloroform inhalation, we may mention that Mr. Potter, in whose hands the following case occurred, had previously, in St. George's Hospital, exhibited the vapour to 1400 patients without untoward results. This number includes all the cases during the last four years and a-half; and, previously to that, a not inconsiderable number of successful inhalations had occurred, the office of administrator being then held by Dr. Snow. It will be seen, that there were in the following case no circumstances whatever in the condition of the patient to excite apprehension, nor did the autopsy reveal any lesion which accounted for the fatal event.

On Thursday, May 11, Mrs. H., a pale and delicate-looking woman, aged 37, was brought into the operating theatre, in order to have a tumour (mammary-glandular) removed from the left breast. Under Mr. Hawkins's care, she had been in the Hospital for a fortnight previously, undergoing treatment preparatory to the intended measure. Before admission she had been living in very impoverished circumstances; and it therefore seemed necessary to try to improve her strength by generous diet, before subjecting her to the operation. On entering the operating theatre, she appeared very nervous. Having been placed on the table on her back, in a half-reclining position, the administration of chloroform was commenced. Dr. Snow's inhaler was used. The quantity of chloroform placed in the receiver was a little more than a drachm; and the valve for the admission of air was left wide open. Apparently from excitement, she did not inhale well, but drew her breath by deep catches, and irregularly. Mr. Potter, noticing this, spoke to her, begging her to compose herself, and try to breathe more quietly. The valve was then slightly turned on, in order that she might inhale but a very small quantity of chloroform. The same spasmodic efforts at inspiration still continued; very shortly afterwards, at most not more than a minute and a-half from the commencement of the inhalation, Mr. Potter noticed her breathing to suddenly cease, and that she had become deathly pale. The inhaler was at once removed. On placing the finger on the wrist, no pulse could be found. Endeavours to arouse her by dashing the face and chest with water were immediately adopted; but, proving ineffectual, artificial respiration was commenced within a minute of the first symptoms. During the interval, two sighing attempts at inspiration had been observed; but there had been no pulse whatever; the mouth lay a little open, and the countenance was still extremely pale. Mr. Potter procured the galvanic apparatus, which was near at hand; and,

within a very short period of the first alarming indications, this agent was also in use. An attempt to administer brandy had failed, as she could not swallow. Efforts at the restoration of life by means of galvanism and artificial respiration were persisted in for more than a quarter of an hour, when, as it was apparent that the patient was quite dead, they were remitted. The only indications of vitality which had been observed were the two distant and gasping attempts to inspire previously mentioned. During the treatment the countenance of the corpse, from being very pale, had become dusky and suffused.

At the *post-mortem* on the following day, no very noticeable lesions of the viscera were discovered. There was congestion of the whole venous system, and the blood in every organ was of a deep purple colour, and quite fluid. The brain-substance itself was perhaps a little more vascular than usual, and the veins of its meninges were loaded with blood. The heart was small and fat, the right ventricle being especially loaded with adipose material, and its muscular layer much thinned. Under the microscope there was found to be slight yet decided fatty degeneration of the muscular structure. Both chambers, but more particularly the right, were distended with blood, in which no trace of coagula could be found. The posterior lobes of the lungs were somewhat congested, but not more than the position in which the corpse had lain might account for. There was no disease of the abdominal viscera.

It will be seen that the symptoms which occurred during life, and the appearances observed after death, concurred to indicate a form of death in which the failure commenced at the heart (cardiac syncope). Thus there were respiratory efforts subsequent to the complete cessation of the heart's action, and at the autopsy the cavities of that organ were found distended with the blood, which they had been incompetent to propel. Probably the heart had been organically feeble, and had yielded in part to the nervous depression in which the patient was at the time, and in part to the influence of the poisoned blood. The case is very remarkable on account of the small quantity of the anæsthetic which had been inhaled. Only a drachm had been originally employed, and of that, considering that not more than a minute and a-half had elapsed, throughout the whole of which the valve had been so turned as to admit freely atmospheric air, it is not probable that more than a very small proportion had actually been received into the patient's system. The universally fluid condition of the blood must, however, be taken as proof that that little had exerted a powerful influence.

[Note.—We are informed, that on May 3 a case of death from chloroform occurred at the Lock Hospital. The patient was a young man about to undergo an operation for phymosis. We have not as yet obtained the details of the occurrence.]

GUY'S HOSPITAL.

CASE OF HYDROPHOBIA.

During the last week a very interesting case of hydrophobia has occurred under the care of Dr. Hughes, in Guy's Hospital. The patient was a lad, aged 20, who died after a four days' illness, having been in the Hospital but nine hours. It would appear tolerably certain that five or six years had elapsed since he was bitten, and that then the dog, although enraged, was not known to be rabid. The symptoms of his disease were, however, well marked, and very severe; among others, he complained of great pain in the leg which had been bitten. We shall give the case in detail next week.

THE PROVINCIAL
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING THE QUARTER ENDING APRIL, 1854.

The subjoined report includes all the principal operations performed during the months of January, February, and March, at the following:—The Bedford General Infirmary, the Birmingham General, the Bristol General, the Cheltenham, the Derbyshire General, the Durham County, the Gloucester, the Halifax, the Huddersfield, the Hull, the Kent and Canterbury, the Leeds, the Liverpool Royal, the Liverpool Southern and Toxteth, the Nottingham General, the Sheffield General, the South Staffordshire, the Winchester, and the York County Hospitals. The explanation swhich preceded our last report are applicable also to this. See *Medical Times and Gazette* for Feb. 4, p. 110.

Lithotomy.—Number of cases, 9; recovered, 7; died, 2.

Case 1.—A boy, aged 7, in good health, operated on by Mr. Crampton, in the Birmingham Hospital; recovered well. *Case* 2.—A strumous boy, aged 7, operated on by Mr. Amphlett, in the Birmingham Hospital; had severe hæmorrhage on third day, but ultimately recovered well. *Case* 3. — A strumous boy, aged 4, under the care of Mr. Baker, in the Birmingham Hospital; recovered well. *Case* 4.—A boy in good health, under the care of Mr. Craven, in the Hull Infirmary; recovered well. *Case* 5.—A boy, aged 5, had symptoms of peritonitis soon after the operation, and died in two days. *Case* 6.—A boy, aged 6, in good health; operation by Mr. Pope, in the South Staffordshire Hospital; recovered well. *Case* 7.—A man, aged 25; death took place fifteen days afterwards, from old standing disease of the kidneys, the left being found at the autopsy hollowed into a mere bag, and filled with fetid pus. *Case* 8.—A boy, aged 4, in good health, operated on in the Birmingham Infirmary, by Mr. Amphlett; recovered well. *Case* 9.—A boy in good health, aged 6, under the treatment of Mr. Baker, in the Birmingham Hospital. The stone was found to adhere to the mucous membrane, from which, however, it was separated, without any ill result. The child did well.

Herniotomy.—The following case was under treatment at the time of our last report:—A woman, aged 45, in the Kent and Canterbury Hospital, hernia femoral; strangulation 4 days; sac opened; recovered. The symptoms of strangulation had been but ill-marked during the greater part of the time, and probably the constriction was not tight.

Number of cases, 13; recovered, 6; under treatment, 1; died, 6. *Case* 1.—A man, aged 60, in the Liverpool Royal Infirmary; hernia femoral; strangulation four days; sac opened; recovered. *Case* 2.—An adult man; hernia inguinal; strangulated five days; sac opened. The gut was of light liver colour, and was returned; the man continued in extreme collapse, and died five hours afterwards. At the *post mortem*, the portion of bowel appeared to be gangrenous, and had in no degree recovered. *Case* 3.—A man, aged 39; large inguinal hernia; strangulated seventy-two hours; sac opened; and bowel returned. On the evening of the third day after the operation, fæces escaped by the wound; death took place on the following day, probably from ulceration of the bowel into the abdomen. *Case* 4.—In the Birmingham Hospital, under the care of Mr. Baker, a woman, aged 42; hernia femoral, as large as a man's fist; strangulated six hours; sac opened; recovered. *Case* 5.—A male infant, aged 2, under care of Mr. Amphlett, in the Birmingham Hospital; inguinal hernia, strangulated 48 hours; sac opened; recovered. The after-treatment consisted in opium; no unfavourable symptoms followed; the bowels acting spontaneously. *Case* 6.—A man, aged 34, hernia inguinal; strangulation 10 hours; death on the 16th day. On the 5th day symptoms of double pleuro-pneumonia came on, which continued to the time of death. The autopsy showed effusion of bloody serum, and much plastic lymph, into both pleural cavities, and the lower lobes of both lungs were hepatised. There were no traces of peritonitis. *Case* 7.—A man, aged 30, under the care of Mr. Amphlett, in the Birmingham Hospital, hernia inguinal; strangulation 6 hours; some peritonitis was present on the second day, but, ultimately, the man did well. He was in a bad condition from secondary syphilis. *Case* 8.—A man, aged 60, operated on by Mr. Baker, in the Birmingham Hospital; hernia inguinal; strangulation 12 hours; recovered. *Case* 9.—A woman, aged 66, under the care of Mr. Baker, in the Birmingham Hospital, hernia femoral; strangulation 56 hours; sac opened; recovered well. *Case* 10.—A man, aged 83, hernia scrotal; duration of strangulation not known; sac not opened; death 6 hours after the operation. The *post-mortem* showed an intra-abdominal strangulation of the ileum by the vermiform process. *Case* 11.—A man, aged 55, hernia scrotal; strangulation 8 days; sac opened; death from peritonitis 5 days afterwards. *Case* 12.—A woman, aged 64; femoral hernia; 4 days strangulated; sac opened; death 12 hours afterwards. The operation was done *in extremis*, the patient having suffered from stercoraceous vomiting for three days, and being almost moribund. *Case* 13.—A man, aged 38, under the care of Mr. Crampton, in the Birmingham Hospital; hernia femoral, larger than an orange; sac opened; a portion of adherent omentum left in the sac; has since had suppuration of the sac, and three attacks of erysipelas but is now doing well.

Ovariotomy.—This operation has been performed on but one case. The patient was a widow, aged 44, who had never borne children. The tumour was believed to be a thick-walled cyst. Under the influence of chloroform, a long incision was made through the abdominal walls: the tumour was then found to have rather extensive adhesions in its lateral and posterior aspects; they were, however, easily broken down; it had two pedicles of attachment, one to the fundus of the uterus, and the other to the right ovary. These having been divided, and the vessels tied, the whole mass was removed. It weighed six pounds and three-quarters, and proved to be a fibrous tumour, having in its centre a single cyst, the size of an orange. The patient never rallied well, and survived the operation only for 28 hours. Death appeared to have been caused by shock to the system, as the autopsy did not show any large quantity of blood in the peritoneal cavity. There was found in connexion with the right ovary, but lying behind the uterus, a cyst, containing clear serum, and nearly as large as a fœtal head. In the walls of the uterus itself were two small fibrous tumours, and a third projected from its posterior aspect.

Trephining the Skull.—Case 1.—A man, aged 20: compound fracture over right frontal eminence; dura mater lacerated, and brain escaping. The depressed bone was removed, and the man afterwards lived three days. The *post-mortem* showed arachnitis and acute softening of the injured brain substance. *Case* 2.—A lad, aged 16. There was great comminution of the left half of the frontal bone, and profuse arterial bleeding had resulted from extension of the fracture through the middle meningeal artery. The patient lived three days after the operation, during which time protrusion of the brain substance took place. The *post-mortem* showed a large laceration of the opposite hemisphere. *Case* 3.—A boy, aged 9, admitted comatose. There was much extravasation of blood on the left side of the head, and, after division of the integuments, a fracture was found, extending backwards from the external angular process of the frontal to behind the level of the ear. The dura mater was torn. The depressed portion having been raised, the boy became more conscious. On the second day he was quite sensible, and had regained his muscular powers, with the exception that he could not speak, and had to make signs for what he wanted. On the third day he became excited, and continued afterwards to get worse until the seventh, when he sank into coma, and died. *Autopsy.*—The fracture was found to have extended through the petrous portion of the temporal; the arachnoid, at the base of the brain, was much thickened, and made yellow, by a dense deposition of fibrin. In the left hemisphere was a large abscess, which appeared to have opened freely into the wound, and to have been capable of so discharging itself. The lungs were a good deal congested.

Ligature of Arteries.—Case 1.—Ligature of the femoral artery for a large popliteal aneurism, in a man, aged 42. Gangrene of the limb supervened on the fourth day after the operation, and, on the sixth day, there was secondary hæmorrhage from the femoral. By means of a Skey's tourniquet, applied in Scarpa's triangle, the bleeding was commanded, and, although it recurred several times, yet no other means was found necessary for its arrest. In the meantime the gangrene ceased to spread, and, on the 27th day, removal of the limb by amputation through the thigh was adopted. Death occurred sixteen days after the amputation. At the *post-mortem*, an aneurism the size of an orange was found in the ascending aorta, and there was much atheromatous disease of other parts of the vessel. The femoral artery, for about two inches above and below the seat of ligature, was found to be quite obliterated; its coats were, on microscopic examination, ascertained to be in a state of fatty degeneration. In this case the good effects of compression, in at last effecting a complete arrest of the secondary hæmorrhage, were worthy of note. The patient evinced remarkable vital power in resisting the severe complications which arose. *Case* 2.—Ligature of the ulnar artery, for wound about an inch above the wrist, is doing well. *Case* 3, under the care of Mr. Booth Eddison, in the Nottingham Hospital, ligature of both ends of the brachial, which had been divided in its middle by a lacerated wound of the arm. By a second laceration in the forearm the radial was exposed for three inches of its length, but not divided. The wounds healed well. Two months afterwards there was no perceptible pulsation in the ulnar artery, but a very feeble one in the radial. *Case* 4.—Ligature of the proximal end of a divided radial artery about an inch above the wrist. The distal end could not be found; no bleeding occurred afterwards, and the case did well.

Amputations.—Of the 8 cases left under care by last quarter's report, 2 are dead, and the remaining 6 recovered. The fatal cases are 1 of double amputation, in which death from exhaustion occurred on the sixth day, and 1 of amputation of the thigh, in which the patient had lost much blood before the operation.

Number of cases, 61; recovered, 40; under treatment, 7; died, 14.

Thigh, 19; recovered, 11; under treatment, 2; died, 6. Of these 6 were primary, with 2 recoveries, and 4 deaths; 1 was secondary, and ended fatally; 9 were for diseased knee-joint, with 8 recoveries, and 1 under treatment doing well; 1 was for gangrene of the leg, subsequent to ligature of the femoral, for aneurism, fatal (mentioned above); 1 was for a large cancerous ulcer in front of the leg, under treatment, and doing well; 1 was for acute inflammation of the medullary cavity of the tibia, recovered. Five of these cases were in patients under adult age, 4 of which recovered.

Leg, 18; recovered, 10; under treatment, 3; died, 5. Of these 7 were primary, with 5 recoveries, and 2 deaths; 3 were secondary, with 2 recoveries, and 1 death; 6 were for diseased ancle or tarsus, 2 recovered, 3 under treatment, and 1 dead; 1 was for necrosed bone, six months after a compound fracture of the leg, which had been followed by gangrene of the foot, recovered; 1 for sloughing ulcers of the leg, died. Six of these were under adult age, 5 of which recovered.

Foot, 4; recovered, 2; under treatment, 1; died, 1. Three of these were for diseased tarsus, and 1 for compound fracture; 2 were Chopart's amputation, and 2 were at the ankle-joint.

Upper Extremity, 22; recovered, 18; under treatment, 1; died, 3. Of these, 13 were primary, of which 11 recovered and 2 died; 5 were secondary, of which 4 recovered and 1 died; 4 were for diseased joints, either elbow or wrist, of which 3 are recovered and 1 is under treatment. Two of these were primary amputations at the shoulder-joint, both of which did well.

Among the more interesting of the *recovered* cases are the following:—A man, aged 60, under the care of Mr. Halton, in the Liverpool Royal Infirmary, was admitted with a simple but comminuted fracture of the right radius and ulna; gangrene quickly followed, and amputation through the upper arm had to be done on the 6th day. The examination of the limb showed that the radial and ulnar arteries had been torn through. A very intemperate man, aged 49, was admitted, under the care of Mr. Stubbs, into the Liverpool Royal Infirmary, with dislocation of the tibia forwards, and fractures of the fibula and internal malleolus. The parts were restored to their normal position under the influence of chloroform; but severe traumatic delirium followed, and the fracture became compound. Amputation in the lower third of the leg had to be performed a month after the accident, and the man afterwards did well. In a case under the care of Mr. Amphlett, in the Birmingham General Hospital, amputation on account of diseased knee-joint was performed on a young man liable to rheumatism, and affected with disease of the mitral valve. Since the operation the patient has suffered another attack of acute rheumatism, aggravating the cardiac mischief; but he now seems likely to do well. A man, aged 62, a patient under the care of Mr. Thomas Wright, in the Nottingham General Hospital, had amputation of the thigh performed, on account of a large cancerous ulcer on the leg. He had been under treatment eight months previously, and had had the operation recommended, but refused to submit to it. In the interval, a large fungous mass—the size of a closed fist—had sprung up, and his general health had much suffered. After a few weeks' preparatory treatment, the operation was performed; and he is now recovering.

The following is a list of the *fatal* cases:—*Case* 1.—The case alluded to above, in which amputation of the thigh had been performed for gangrene of the leg, subsequent to ligature of the femoral. *Case* 2.—A man, aged 32, had primary amputations of both lower extremities, the right below, the left above the knee. Death from phlebitis and pyæmia occurred on the 17th day, the stumps being then nearly healed. *Case* 3.—A man, aged 20, had primary amputation of the thigh performed high up. Rigors occurred on the 10th day, followed by sweatings, and death took place on the 23rd. The autopsy showed both common iliac veins obliterated by firm plugs of lymph. Suppuration had extended up the cancellous tissue of the bone of the stump. The right hip-joint contained pus, and the cartilage of the articular head of the femur had been entirely removed by ulceration. *Case* 4.—A boy, aged 10, of strumous constitution, and subject to epilepsy, had gangrene supervene on a comminuted fracture of the left tibia and fibula. He had suffered also a compound dislocation of the right ankle. Secondary amputation of the left thigh was performed on the 4th day. Death from exhaustion occurred eight hours afterwards. *Case* 5.—A man, aged 60, had primary amputation of the thigh performed, on account of compound fracture extending into the knee-joint, and died of

exhaustion three days afterwards. *Case* 6.—A man, aged 45, had primary amputation for compound fracture performed, and died from the shock an hour and a-half afterwards. He had lost much blood before the operation. *Case* 7.—An Irish boy, aged 12, in bad health, had primary amputation of the leg performed. Sloughing of the stump followed, exposing the bone; and later, abscesses up the thigh, and a large sloughing sore over the sacrum, under which he sank, and died on the 19th day. *Case* 8.—A man, aged 31, a great drunkard, had both feet injured. A primary Chopart's amputation was performed on the left, and secondary amputation through the leg, on the right side. The latter was done 20 days after the accident. Death took place 42 days after the second operation. At the *post-mortem*, the coats of the left inner saphena vein were found thickened by inflammation; there was a large abscess in the liver, pus in the left pleura, and small abscesses in both lungs.—*Case* 9.—A boy, aged 9, had primary amputation of the leg performed, and died in convulsions on the 2nd day. He had lost an enormous quantity of blood before reaching the Hospital. No autopsy. *Case* 10.—A man, aged 42, much exhausted by long-continued suppuration from disease of the tarsus, had amputation in the lower third of the leg performed. Death from hectic and colliquative diarrhœa took place on the 12th day. No autopsy. *Case* 11.—A man, aged 50, had his leg amputated on account of a large sloughing ulcer, with inflammation of cellular tissue. Death from exhaustion occurred six weeks afterwards. *Case* 12.—A man, aged 63, had amputation of the upper arm performed two months after an injury. He was, at the time, hectic, and extremely weak. He did well for six days afterwards, when repeated profuse perspirations came on, and also an obstinate diarrhœa. Death occurred on the 10th day. There had been no rigors. No autopsy. *Case* 13.—A man, aged 30, had primary amputation of the forearm performed, and died shortly after in extreme collapse. The *post-mortem* showed laceration of the liver and of both kidneys. *Case* 14.—A man, aged 31, had primary amputation of the forearm performed, and died with the symptoms of pyæmia. Jaundice had followed the operation.

Excision of Bones and Joints.—In a case of disease of the knee-joint, under the care of Mr. Pemberton, in the Birmingham General Hospital, excision of condyles of the femur and of the head of the tibia has been performed. The patient is a strumous boy, aged 11; he has had no bad symptoms since the operation, but still remains in the Hospital. In a case in the same Hospital, under the care of Mr. Amphlett, excision of the ends of the bone, in an imperfectly united fracture of the femur, has been practised. The patient is a girl aged 10. The fracture was situate about two inches below the lesser trochanter, and had been allowed to set at such an angle that ulceration of the integuments over it had been caused by the pressure. Since the operation the case has done well, and the wound is now almost closed.

Operations for Urethral Stricture.—The man under the care of Mr. Eddison, in the Nottingham General Hospital, on whom perinæal section had been performed, has been discharged quite well. The perinæal fistula, as well as the wound made by the operation, are quite closed, and the urine is passed in a good stream. The cure occupied a period of five months.

Thoracentesis.—*Case* 1.—A man, aged 33, admitted into the Sheffield Infirmary, on account of acute pleurisy with effusion, having failed to derive benefit from the full exhibition of mercury, was subjected to puncture of the chest. The fluid had accumulated so as to displace the heart to the right of sternum, to bulge the intercostal spaces, and cause great dyspnœa. The operation, which was performed by Mr. Gregory, was done about three weeks after the commencement of the disease, and twenty-four ounces of clear serum were removed, with much relief. There were indications of re-accumulation afterwards, but subsequently absorption went on rapidly, and the man left the hospital quite well about a month after the operation. *Case* 2.—This is a case of a small and probably encysted collection in the pleura. A boy, of strumous aspect, in the Bristol General Hospital, under the care of Mr. Lansdowne, presented a fluctuating tumour, just below the inferior angle of the right scapula. It was crossed by a rib, and had evidently come from within the chest, as a distinct thrill was felt on pressure during respiratory movements. It was opened with a lancet, and about an ounce of pus evacuated. The patient remains under care, and is doing well.

Paracentesis Abdominis.—For *ascites*, in 6 cases, all with favourable result. For *ovarian dropsy*, in 2 cases, both successful. One of the patients was only 22 years of age; the operation evacuated about three and a-half gallons of treacle-like fluid. The other was a woman, aged 40, under the care of Mr. Mayo, in the Winchester Hospital, on whom the operation was done for the seventeenth time. She is an instance of the benefit derivable from the operation, not usually requiring it more frequently than from every six to twelve months; the quantity generally removed has been about two gallons.

Excision of Malignant Tumours.—One of the cases of scirrhus of the breast, reported last quarter, has since died, with return of the disease in the cicatrix, and also within the chest. *Case* 1.—A chimney-sweep, under the care of Mr. Thurnall, in the Bedford General Infirmary, had the whole left side of his scrotum excised, on account of a large ulcerated epithelial cancer. He was 30 years old, and had first observed a pimple seven years ago; it had not, however, increased much, until within a year of his admission. There was a slight enlargement of the inguinal glands at the time of the operation, but three weeks afterwards the wound being nearly healed, this enlargement had quite disappeared. *Case* 2.—Amputation of the penis, for epithelial cancer, by Mr. S. Hey, in the Leeds Hospital; patient, a man aged 53, in whom the disease had existed six months. The inguinal glands were enlarged, and the operation was done only at the man's request. *Case* 3.—A man, aged 33, had an epithelial cancer excised from the lower lip in April, 1853, and the wound healed well. In the August following, he perceived a swelling of the left side of the lower jaw; this slowly increased, and became painful; and in February, of the present year, excision of the affected part of the bone was performed. The wound healed favourably. *Case* 4.—A man, aged 54, in the Sheffield Infirmary, under the care of Mr. Jackson, had, four months ago, a fungoid tumour removed from over the dorsal spine. The disease re-appeared, and during the last month Mr. Jackson performed a second excision. The microscopic examination of the latter growth proved it to be medullary cancer. *Case* 5.—A collier, aged 50, under the care of Mr. Gisborne, in the Derby Infirmary, on account of malignant growths from both lids of the right eye. Between seven and eight years ago, he had first observed a small swelling in the inner canthus of the eye; for six years it made little progress, and then commenced to spread along the inner surface of the lower lid. This was excised by a Surgeon whom he consulted, and he remained well for eleven months. On its second appearance, the upper lid was involved also. A second operation was now performed, and six months later, a third also. Probably the two latter were not complete, as the disease re-appeared almost immediately after each. When he applied at the Infirmary ten weeks after the last, the upper lid was distended by a tumour, the size of an orange, which felt soft, elastic, had a livid colour, and was prone to bleed. The skin, though tense, might be pinched up from over the mass. In the lower lid, was a smaller growth of similar character. The eye could not be seen. The operation consisted in cutting into the upper lid, when the disease, a soft, fungous mass, having been discovered to dip deeply behind the eye-ball, it was found necessary to remove not only both lids, but the whole contents of the orbit. The man recovered quickly, and in a month left the hospital. He at present remains free from any return of the disease. *Case* 6.—The excision of a scirrhous tumour from over the insertion of the deltoid muscle. The patient was a man, aged 35, under the care of Mr. Greenwood, in the Huddersfield Infirmary. Microscopic examination confirmed the diagnosis. *Case* 7.—Excision of an epithelial cancer from the scrotum of a chimney-sweep, aged 52, and in good general health. The man was under the care of Mr. Halton, in the Liverpool Royal Infirmary; he recovered well. *Case* 8.—A woman, aged 45, under the care of Mr. Crampton, in the Birmingham General Hospital, had a scirrhous breast excised; the wound healed quickly. It is worthy of note, that her father had died of cancer of the penis, and a sister of his of cancer of the breast.

Besides the above, excision of the female breast for scirrhus has been performed in four cases, and of the lip, for epithelial cancer, in seven cases, all of which are recovered.

Excision of Non-Malignant Growths.—*Case* 1.—Removal of a steatomatous cyst, as large as a wallnut, from the left side of the frænum linguæ, by Mr. Amphlett, in the Birmingham Hospital. Some swelling followed, but it was restrained by keeping ice in the mouth, and the patient was discharged well in a fortnight. *Case* 2.—Excision of the symphysis and large portion of the right side of the lower jaw, on account of a fibro-plastic (myeloid) tumour. The patient was a woman, aged 25, under the care of Mr. Gregory, in the Sheffield Infirmary; the existence of the tumour had been known for a year. A very good recovery was made, and although so large a part of the jaw had been removed, yet mastication could be performed with tolerable ease, and the deformity left was not great. *Case* 3.—The excision of a sub-

ontaneous hydatid cyst, about the size of a walnut, from over the deltoid. The patient was in the Winchester Hospital, under the care of Mr. Mayo. The cyst contained three smaller ones. *Case* 4.—A girl, aged 18, under the care of Mr. Lansdown, iu the Bristol General Hospital, on account of a rounded tumour over the front of the left shoulder-joint. It was tense and painful, had existed for two months, and bore some resemblance to a thickened bursa. A grooved needle having been introduced, synovia-like fluid escaped, but no advantage followed. Subsequently Mr. Lansdown made a free incision into the tumour, and removed, by squeezing, a number of little melon-seed like bodies. These were examined carefully by Mr. Clarke, the House-Surgeon, who found that under the microscope they consisted of a network of delicate fibres, enclosing granular cells, and granules, with here and there a small capillary blood-vessel. They were much softer than the ordinary bursal concretions, and readily broke down under pressure. During the operation there had been very profuse bleeding, which appeared to be accounted for best by supposing that it had resulted from the detachment of these bodies, which had evidently existed as outgrowths from the liniug of the cyst. Since the operation there has been much inflammation about the part, and it is doubtful whether even the joint be not involved. The case remains under treatment. In eight cases, fatty tumours of ordiuary character havc been removed; and in seven others, encysted tumours, preseuting no unusual features. All these have recovered.

Rcmoval of Necrosed Bonc.—In 6 cases large portions of necrosed boue, mostly from the tibia, have been extracted by operations. All remain under treatment, and are doiug well.

Radical Cure of Hydrocele.—In 6 cases by injection with iodine, five of them successful, one doubtful.

Plastic Opcrations.—Hare-lip: 5 cases, all successful. *Cicatrix of Burn:* 3 cases, all with relief. The following is a very interesting case; it occurred duriug the previous quarter:—A girl, aged 16, was admitted, under the care of Mr. Gisborne, into the Derby Hospital. She had been severely burned ten years ago, and the sore had occupied two years in healing. Her chin was tied down upon the chest, and the lower lip frightfully everted. The operator made a semilunar incision completely across the chest, extending from shoulder to shoulder, and curving downwards between the mammæ. This cut was in healthy skin, being about an inch below the margin of the cicatrix. The cicatrix was then set free by dissection beueath it as high as the chin. The head and lip were now liberated, and the shrivelled flap scarcely reached to the clavicles. The flap was rctained in positiou by a baudage, and the large gap below was allowed to heal by granulation. Some contraction took place as it closed, but the result of the case was a vast improvement on the former state. Great benefit was obtained from the employment of an elastic strap carried round the lower lip, so as to obviate its tendency to eversion.

Tenotomy.—Of the teudo-Achillis in 3 cases, and of the peronei and tibials in 2 others; in all with advautage.

Trcatment of Nœvus.—Several cases have been cured by the application of ligatures in the usual methods, and one, under the care of Mr. M'Munn, in the South Staffordshire Hospital, by the use of the tartar emetic ointment, as recently recommeuded.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening, May 20.—Royal Institution. *Subject:*—"On the Importance of the Study of Chemistry as a Branch of Education for all Classes." By Dr. C. G. Daubeny. Three o'Clock.

——— ——— Medical Society of London. *Subject:*—"On Epilepsy." By Dr. Camps. Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Tuesday, May 23.—Royal Institution. *Subject:* — "On Some Phenomena of Heat, Mine Gas, etc." By Professor J. Tyndall. Three o'Clock.

——— ——— Royal Medical and Chirurgical Society. Half-past Eight o'Clock.

——— ——— Zoological Society. Nine o'Clock.

Wednesday, May 24.—Linnæan Society. *Anniversary.* One o'Clock.

——— ——— Geological Society. Eight o'Clock.

——— ——— Hunterian Society. *Subject.*—"An Analysis of Sixty-nine Cases of Hernia operated on at the London Hospital; with Remarks." By Mr. Ward. Eight o'Clock.

——— ——— Medico-Botanical Society. Eight o'Clock.

Thursday, May 25.—Royal Institution. *Subject:*—"On Botany." By M. T. Masters, Esq. Three o'Clock.

Friday, May 26.—Royal Institution. *Subject:* — "On Melting Points." By B. C. Brodie, Esq. Half-past Eight o'Clock.

Saturday, May 27.—Royal Institution. *Subject:* — "On the Importance of the Study of Physics as a Branch of Education for all Classes." By Professor Tyndall. Three o'Clock.

——— ——— Medical Society of London. *Subject:*—"Some Remarks on Pleuritis in reference to the Operation of Paracentesis Thoracis." By Dr. Risdon Bennett. Eight o'Clock.

——— ——— Royal Botanic Society. Four o'Clock.

Medical Times & Gazette.

SATURDAY, MAY 20.

THE COMMITTEE ON MEDICAL RELIEF TO THE POOR.

We stated last week (page 501) that Mr. Pigott, in moving for the appointment of a Select Committee of the House of Commons, to inquire into the mode in which Medical relief was now administered in the different Uuions in England and Wales, stated, that the imperfections of the present system "tended greatly to increase the number of paupers; and, with regard to the salaries of the Medical officers, it was wholly impossible for them to properly discharge their duties at the present rate of remuneration." As the Motion was agreed to by Government, there can be little doubt that the Poor-law Board will be at length compelled to do justice to a class of men whose merits and deserts, though very great, have been rewarded by neglect and insult.

We have so often advocated the claims of the Poor-law Medical Officers, that it is scarcely necessary to set them forth again, especially after the eloquent testimony of Lord Shaftesbury, at the dinner of the Medical Benevolent College. Speaking of the "disinterested zeal" of Medical men, and affirming, that the merits of the Union Medical Officers "are not so fully known in higher quarters as they ought to be," he most truly said, "I believe their services are overlooked, and the miserable pittance they receive is a *disgrace to the authorities of our land, and a very great injury to the public generally.*"

No one who has observed the working of the present system of Medical relief of the poor can doubt that the plan adopted by the Poor-law Commissioners, and sanctioned by the Legislature, has a tendency to degrade a learned Profession and to injure the sick poor.

The Poor-law Board very properly require from their Medical officers certain professional qualifications—qualifications which prove that the holder has received the education of a gentleman, and possesses a certain amount of scientific and professional knowledge. Very important and delicate duties are entrusted to him. Confidence is placed in him, which should only be placed in a man of high moral character. Services are obtained which can only be rendered by the exercise of great skill, and almost unremitting exertion; yet the reward offered is something far below what the village attorney pays his clerk; far below what would be paid to the most ignorant class of impudent quacks who sell universal remedies for thirteenpence half-penny under Government licence.

The reply to all this by the Board is characteristic. They admit that the Surgeon is a loser by his contract, but they say he not only takes what the Guardians offer, but there is often warm competition for the office. This argument has a certain weight with some persons; but, we would ask, is it becoming to the Government of this country to take advantage of the peculiarly capricious nature of medical practice, and because old Practitioners are induced to take Unions at a pecuniary loss, in order to protect themselves from young competitors, and young ones

do the same thing to make a field for themselves,—is this any reason, as the Rev. Sidney Godolphin Osborne has asked in one of the best of his numerous admirable letters to the *Times*, "why the Poor-law Commissioners should so play off these contending parties against each other, that they may get out of the fears of the one, or the hopes of the other, time, skill, and medicine, at a price they know to be virtually so unjust that no upright man can claim them of the Medical Officer without blushing at the covenant on which he founds his claim?" Do they carry out this system with the sister Profession? Do they say to the Clerk of the Board of Guardians, "If you won't take 50*l.* a-year, Mr. Parchment will, and it will get him known. The pay ought to be 300*l.*, but take 50*l.* It is practice for you, and may bring you into notice?" No; this huckstering system is only brought to bear on the Medical Profession. We know a Union in this Metropolis where the Clerk has 600*l.* a-year for simply attending each meeting of the Board, while the two Union Surgeons have 70*l.* a-year each for attending, on an average, 80 cases of sickness daily throughout the year, in the most miserable of the fever-stricken districts which disgrace our age and country.

But it is not by the Profession alone that the injustice is felt. The interests of the sick poor are betrayed. They can only be supplied with proper medicine at a certain loss to the Union Surgeon. It is true that many diseases may be treated scientifically with very simple medicines and cheap appliances; but the cheapest drugs required for the tonics, cathartics, salines, sedatives, etc., do cost money, and much valuable time in mixing and dispensing, while a few cases of fever, treated with quinine at a guinea an ounce, would absorb the whole salary. We know the Union officers do give the poor the best medicine they can possibly afford; but their private means do not permit them to exercise their charitable feelings at the princely rate a full supply of proper medicines to the poor in the Unions would imply.

We need not say more than that we trust full support may be given to Mr. Pigott in his benevolent exertions, and that, as the appointment of the Committee he moved for has been agreed to by Government, members of our Profession will not fail to point out before the Committee the disgraceful injustice of the present system to the poor and the Profession, and indicate to some extent the reforms needed; namely, 1, *purely Medical inspection*, as a security that proper skill is employed; 2, a supply of drugs by the Guardians, that there may be no temptation to cheap dispensing; and, 3, such a fair remuneration to Medical officers, that the Guardians can require without shame prompt and regular attendance upon the sick poor.

ADVERTISING QUACKS.

The Newspaper Press of this country, to its shame be it spoken, has been the chief agent in furthering the ends of a class of Quacks far more injurious to the community than the Medical Botanists; the latter injure and destroy the body, but the Manly-Vigour class of impostors sully and debase the mind. It strikes us as a very remarkable fact, that while we carry our decency almost to the edge of prudery in this country; while we insist that all the nude statues in the Crystal Palace shall be clothed with fig-leaves, we allow, without a murmur, the family paper to lie open upon our tables, with advertisements in it of a nature too disgusting to be described. The Archbishop of Canterbury "blushes" in his letter to the Directors of the Peoples' Palace for the bad taste of Owen Jones, in congregating so many naked figures together where modest females will presently resort. Yet the head of the Church, if he take in the *Morning Post*, or the *Herald*, or the *Chronicle*, or if he indulge in the *Standard*, or *Globe*, of an evening, admits moral poison into his house of a thousand times more contaminating character than ever emanated from the most lascivious work of ancient or modern Art. That Editors submit with shame and loathing to become the agents of the Jew harpies, who prey upon poor terrified human nature, we do not doubt; that they place their advertisements in the darkest and most unfrequented portion of the broad sheet, just as they would consign any other obscene thing to obscurity, we admit; but still the extraordinary fact remains, that the Press of England submits to become the paid agent of a gang of swindlers, whose black occupation it is to scatter dismay and ruin broadcast among the people. We know there are many honourable exceptions to this charge, but only sufficient to prove the abominable rule of the Press in this matter. Among the Daily Journals, the *Times* and *Daily News alone* remain undefiled by this diurnal pollution; and, of the Weekly Journals of the Metropolis, upwards of twenty open their willing columns to receive it; while 220 Country Papers,—circulating in families, and read, as we know papers in the country are, from the first line to the last,—print, not single advertisements, but columns of filth, of which the following is only an expurgated specimen:—

"ON THE PHILOSOPHY OF MARRIAGE AND THE SECRET INFIRMITIES OF YOUTH AND MATURITY, WITH FIFTY COLOURED ENGRAVINGS ON STEEL.

"In French, English, German, Dutch, Spanish, and Italian, in a *sealed envelope*, 2s. 6d., or post-free for 42 stamps,

SELF-PRESERVATION; An Analytical Investigation of the Physiology and Functions of Marriage, in all the bearings in which that important subject affects the health and happiness of man, with its Disqualifications and Impediments, tracing their origin to the effects of solitary habits, youthful excess, tropical climates, or close study; followed by practical remarks, founded on 20 years' experience in the treatment of impuissance, nervous debility, local weakness, spermatorrhœa, syphilis, and all diseases of the urinary and generative system. Illustrated by 50 coloured engravings, on the anatomy of the reproductive organs, and their relative conditions in health and disease.

"By Dr. SAMUEL LA'MERT, 37, Bedford-square, London, Matriculated Member of the University of Edinburgh(!), Honorary Member of the London Hospital Medical Society(!), Licentiate of Apothecaries' Hall, London, etc.

"Its perusal is particularly recommended to persons *entertaining secret doubts of their physical condition*, and who are conscious of having hazarded the health, happiness, and privileges to which every human being is entitled.

"Sold by J. Gilbert, 49, Paternoster-row; Hannay, 63, Oxford-street; Mann, 39, Cornhill.—At home for consultation (or by letter) daily from 10 till 2, and from 6 till 8."

A little handbill, lately circulated among news readers, calculates that the revenue derived from these loathsome announcements might be estimated as follows, and we are sure the estimate is rather under than over the mark :—

Three advertisements in nine London daily papers cost at least	...	£3,780
" "	twenty weekly ...	1,400
" "	220 country weekly	15,400
		£20,580

Thus the expense incurred by these quacks for the liberty of debauching the public mind is upwards of twenty thousand a-year. The reader may therefore imagine the amount of black mail levied upon the people by the Perrys, Curtises, and La'Merts of the Metropolis. The mere money loss to the community is, however, a minor consideration to the pollution thus scattered in "sealed packets" among our youth. Imagine, good reader, 249 publications daily and weekly informing the million readers of Great Britain, maids and wives as well as men and boys, that for forty-two stamps they can learn all about "solitary habits," and have an "analytic investigation of the physiology and functions of marriage," with "fifty coloured

engravings on steel," to bring these hideous revelations down to the lowest capacity, and to suit them to the most prurient natures. One would think, that the mere insertion of the advertisements of such books would be sufficiently degrading and infamous; but the Press goes even further, and recommends them to their readers for perusal. For instance, appended to the advertisement of "Manhood," by J. L. Curtis, published in the *Morning Post* of Nov. 19, 1853,—just such another work as La'Mert's "Self Preservation," we find the following reviews quoted:—

"'Manhood, by J. L. Curtis.—We agree with the author, that, so far from works of this class being objectionable in the hands of youth, or difficulties being opposed, every facility should be given to their circulation; and to strengthen our opinion we need but refer to the recent distressing events at our military and scholastic academies at Carshalton and Woolwich.'—*Naval and Military Gazette*, Feb. 1, 1851. 'We feel no hesitation in saying that there is no member of society by whom the book will not be found useful, whether such person hold the relation of a parent, preceptor, or clergyman.'—*Sun*, Evening Paper."

These advertisements, with the reviews appended, appear day by day throughout the country; they make the announcement that the Editor of the *Sun* thinks everybody should be in possession of one of these sealed packets, with their fifty coloured engravings (females, of course, included); they assert, that the Editor of the *Naval and Military Gazette* is of opinion, that "every facility should be given to their circulation." Now, these notices were either written by the Editors of the *Sun* and *Naval and Military Gazette*, or they were not; if (as we believe) they were not, we call upon them, in the name of outraged decency, to say as much, and to denounce those persons who attempt to give the warrant of their names to such infamous productions. If, however, these notices are genuine,—why, their writers must have singular ideas as to the kind of literature calculated for youth,—ideas, moreover, which had much better be confined to their own breasts.

The Post and the Press, then, are the two wings by which these quacks fly. The Press distributes the fright and alarm, and, as we shall in succeeding papers show, produces the disease; and the Post brings in the postage-stamps, and carries out this devil's library. The aim of these volumes is twofold. Those who have, or imagine they have, contracted disease while in the exercise of their "manly vigour," are presented with frightful pictures of the progress of syphilis; while, on the other hand, nervous young men are led by these statements to believe themselves on the verge of impotency, from which nothing but the "Balm of Syriacum," or some such fraudulent nostrum, can save them. The very nature of the subject induces secresy and shame on the part of the patient; and, consequently, in nine cases out of ten, the "management" of the case is carried on through letters, the quack not seeing his patient, but contenting himself with receiving his "fees" and sending the "life-invigorating fluid." Woe be to any man who is unwary enough to sign his name, when in communication with these harpies; if he do, threats of exposure to his friends speedily follow, which yield to the threateners a yet more abundant harvest. In those places of public resort where ammonia smells its worst, the little handbills of the same horrible fraternity stare you in the face; the newspaper and the urinal are alike made subservient to their ends. Led, perhaps, by these suggestive little documents, a patient, eschewing the pen, goes boldly to one of those kind gentlemen so ready to tender their "Medical advice" to the wayfarer, and, of course, gets fleeced in some such manner as the following possibly, which we give as a model case, the accuracy of which we can vouch for:—

A tradesman having committed an indiscretion, and fearing, from the slight scalding he experienced, that he had contracted disease, applied to one of this fraternity. Immediately upon his stating his case, the following little scene ensued:—

Quack: "Be good enough to make water, Sir." *(Makes water.)*

Quack: (Inspecting the porringer, and starting back with a look of surprise,) "Why, what is this?" (Examines the water more narrowly, and places something in it which makes it turbid.) "Look, here is the bad disease in your water. I will not undertake to cure you under five guineas."

Patient: (Frightened) "But I have not so much money with me."

Quack: "How much have you?"

Patient: "One sovereign."

Quack: "Give me that, and bring back the other four, and you shall have the medicine."

The patient does as he is desired, under the impression that no time should be lost, and no money spared, in the frightful position in which he finds himself. The five guinea bottle taken, another was prescribed as absolutely necessary. A third was ordered, and the patient had another interview, at which the following significant conversation took place:—

Patient: "I really cannot afford to proceed with this very expensive medicine."

Quack: "You won't think of the expense by-and-bye, *when your nose begins to go.*"

Patient: "I can't help that; I must now cease to take any more."

Quack: (Very solemnly and gravely) "Good God, Sir, I wish I had known your determination before. *You have made me your involuntary assassin.* The medicine I have given you has driven the bad disease into your bones; *there it will rot them,* unless you drive it out through the kidneys by means of another bottle."

It is needless to say, the patient left in a still greater fright than before, with yet another bottle of medicine; and there is no knowing to what an extent he might not have been victimized if he had not sensibly gone to a regular Practitioner, who relieved him of his anxiety and the pecuniary drain at the same time by informing him, that he was without disease at all. We feel that some apology is due to our readers for putting the case in a dramatic form; but we have given it word by word as it was told by the patient himself to the Medical man who at last came to the rescue; and, perhaps, in any other form, the terrorising influence of such diabolical communications would not sufficiently strike the reader.

MEDICAL EVIDENCE IN THE ST. FERGUS CASE. REMARKS.

We give Dr. Gordon the benefit of the insertion of his letter in reference to the Medical evidence in the St. Fergus case. As he and Mr. Comrie did not see the body of the deceased *in situ*, and it had been removed two days before they examined it, or the place where it had lain, of course this materially alters the view which we felt disposed to take of their evidence. Those who removed the dead body before it had been seen by a Medical man are in the highest degree blameable, since they thereby rendered it exceedingly difficult to form a correct opinion on the vital question, whether this was or was not an act of homicide. Our opinion on the case, however, is unchanged. As Dr. Gordon did not see the body on the spot, and did not, in fact, take any part in the examination for a period of two days, he can, of course, have no direct knowledge of the position of the body, or of the weapon. His statements on these points, therefore, have not the value of those of an eye-witness. It is very true, as he remarks, that Medical men may speak clearly as to the cause of death, although it does not follow that they can say whose act it was; but he has a wrong

notion of their duties on these occasions, if he supposes that they are not to apply their science to answer, as far as possible, the last question as well as the first. In the St. Fergus case, it required no particular amount of science to determine that the deceased had died from a pistol-shot wound in the head. The essence of the question at issue was,—*By whom was the act perpetrated?* The Court and Jury, in this case, as well as in most cases of the kind, looked for something more than a Medical statement that the man had died from violence. Their common sense must have satisfied them on that point; and the fact, that the questions put to the Medical witnesses by counsel on both sides, as well as by the Judge, chiefly turned on Medical evidence of homicide and suicide, and not on the cause of death, must surely satisfy Dr. Gordon that his view of Medical duties and responsibilities on these occasions is, practically speaking, far too limited. In the St. Fergus case, the Medical evidence unfortunately failed to elucidate the only point which really required elucidation. From Dr. Gordon's letter we learn, that this arose from the stupid and meddlesome interference of the persons who first saw the body, and who did not seek for a Medical inspection and examination until it was too late.

We observe, from the *Aberdeen Herald*, that Mr. Comrie, of Peterhead, has addressed the *Aberdeen Journal* upon the remarks we made on the Medical evidence he and Dr. Gordon gave. We need not notice his letter further than to observe, that his defence is much less calm than that of Dr. Gordon. As the *Herald* very justly remarks upon our article, we "could not know what Dr. Gordon and Mr. Comrie did not state at the time, that two days had elapsed before they were called on to examine the body."

REVIEWS.

The Journal of Psychological Medicine and Mental Pathology. April, 1854. Edited by Forbes Winslow, M.D., D.C.L.

This Number contains an analysis of Guislain's work on Insanity, which should be carefully studied by those who take an interest in mental dynamics. The article on "Some of the Latent Causes of Insanity" is full of interest, as also is the "Plea of Insanity in Criminal Cases." The second Lettsomian Lecture on the "Medical Treatment of Insanity," delivered before the Medical Society of London by the author, follows. Dr. Winslow shows that many forms of mental derangement are amenable to Medical treatment, and rebuts the pernicious but still prevalent belief, that Medical ought always to be subsidiary to moral means. "It is important," he observes, "in every case of insanity, and particularly in the acute stages, to act powerfully on the bowels by means of a succession of brisk purgatives. The bowels are often found gorged with fecal matter, and immediate relief often follows the administration of two or three doses of calomel and colocynth, or croton-oil." Every practitioner who has had experience in these maladies will fully bear out the value of these suggestions, and concur in the truth of the author's propositions.

In page 237, Dr. Winslow remarks:—"Cases present themselves where the patient obstinately refuses either food or medicine. The refusal of food may be connected with the intention to destroy life, or it may be associated with, and caused by, delusive impressions. I am inclined to believe that, in the majority of cases, the symptom is the result of irritation existing in the great ganglionic centres, remote from the sensorium, affecting by direct action the organ of thought."

Dr. Copland, many years ago, had given it as his opinion, founded on extensive observation, that a cause of insanity was disease of the ganglionic system, affecting the blood-vessels, altering and impeding the nutrition of the brain. Thus the brain was found diminished in size in chronic cases of insanity; and he had no doubt that its chemical constituents were likewise changed. Dr. Allnatt, also, many years ago, published a work on neuralgia, in which he argued, that irritation of the great ganglionic system gave rise to various neuralgic affections in the periphery of nerves, by direct action from the seat of disordered function, altogether repudiating the mysterious doctrine of "sympathy," to which the morbid actions had been almost invariably ascribed by preceding authors. In carrying out these views, difficult though it may be in the present state of our knowledge regarding the functions of the organic nerves, a wide field of research is still open to the enterprising physiologist.

The Statistical Companion for 1854. By T. C. Banfield, Esq. London. 1854. Pp. 144.

This work is so well known, that we need only say that the volume for the present year sustains the reputation already acquired. One or two extracts may prove acceptable to our readers.

"The following Table contrasts the expectation of life among the aristocracy and gentry respectively, with that of professional persons (chiefly clergymen), of agricultural labourers of England and Wales, and of the working classes in Liverpool. It is derived from the 'Contributions to Vital Statistics,' by F. G. Neison, Esq.:—

Age.	Peerage and Baronetage.	Gentry.	Professions.	Agricultural Labourers' Friendly Societies. (Mr. Neison)	England. (Males). (Mr. Neison)	Liverpool Friendly Societies. (Mr. Neison)
20	38·5	37·3	..	47·9	40·7	37·9
30	30·9	31·2	33·9	40·6	34·1	30·1
40	24·4	24·9	26·0	32·8	27·5	23·1
50	17·9	18·4	18·9	25·1	20·8	17·1
60	12·6	12·8	12·8	17·8	14·6	12·0

Page 19.

Proportion of Deaths to the Population in various Countries. Average of the Last Four Years.

Austria	1 in 40	Portugal	1 in 40
Belgium	1 „ 43	Prussia	1 „ 39
Denmark	1 „ 45	Russia in Europe	1 „ 44
England	1 „ 46	Spain	1 „ 40
France	1 „ 42	Switzerland	1 „ 40
Norway and Sweden ..	1 „ 41	Turkey	1 „ 30

Page 20.

The Odontalgist; or, How to Preserve the Teeth, Cure Tothache, and Regulate Dentition from Infancy to Age. By J. Paterson Clark, M.A. London. 1854. Pp. 184.

There are many parts of this book which deserve the notice of our readers. The subjects of toothache, decayed teeth, stopping and filling, and the process of dentition, are treated at some length, and a few observations follow on the application of artificial teeth. The habitual lodgment of portions of food between the teeth is strongly insisted on as the general cause of decay, and the author takes credit for the invention of an anodyne cement, which he says renders tender teeth insensible to touch previous to the operation of stopping them permanently with metal, or filing away the carious parts. It is a paste, composed of Canada balsam and slaked lime, and is inserted in a hollow tooth like a pill. Mr. Clark says it affords immediate relief in all but chronic cases of inflammation. "If fresh pills be inserted as often as the old ones wear out, or are removed on the return of pain, in order, like an abscess, to allow the escape of matter or blood, and this practice be continued, the teeth will become as insensible to touch as the soundest, and may then be permanently stopped, and otherwise treated in the usual way, without the infliction of pain."

The Druggist's General Receipt-Book; Comprising a Copious Veterinary Formulary; Numerous Recipes in Patent and Proprietary Medicines; Druggists' Nostrums, etc.; Perfumery and Cosmetics; Beverages, Dietetic Articles, and Condiments; Trade Chemicals, etc. With an Appendix of Useful Tables. By Henry Beasley. Third Edition. London. 1854.

The third edition of this well-known popular work has been carefully revised. Upwards of 200 new forms, receipts, and processes have been added, and a further claim has thus been established "to that public approbation which it has already confessedly gained." It contains a great deal of very useful information.

Middlesex Hospital.—We are happy to learn that no less a sum than 1500*l.* have been realised as resulting from the performance of Mendelssohn's "Elijah," given by the Harmonic Union at Exeter Hall, in aid of the above institution, on the 27th of March last.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

DESCRIPTION OF THE AUTOPLASTIC PROCEEDING EMPLOYED BY M. PROFESSOR NELATON, FOR THE CURE OF EPISPADIAS. APPLICATION OF THE PROCEEDING TO A CASE OF EXTROVERSION OF THE BLADDER.

By M. ADOLPHE RICHARD, Surgeon of the Central Bureau of Hospitals, Agrégé of the Faculty, etc.

The first patient upon whom M. Nélaton operated for this most distressing malady, was a Swede, aged 20, who came to the *Hôpital des Cliniques* the early part of 1852. He suffered more than usual in consequence of polyuria, which had reached such an extent that he voided twelve to fifteen pints of urine daily. An attempt had been made to relieve him of his deformity by an ordinary autoplastic operation, at Stockholm. In consequence of its failure, he came to Paris, where he put himself under the care of M. Nélaton.

The separation of the two corpora-cavernosa, left upon the upper surface of the penis a shallow urethral gutter, covered with a highly sensitive mucous membrane, and terminating posteriorly in a rounded funnel, on a level with the lower border of the subpubic ligament. The pubic bones were one inch apart At the bottom of the funnel, but very deep, was the urethro-vesical orifice. The patient wore a special apparatus, during the day, to catch the urine as it flowed; and at night-time he was obliged to lie in what might be termed a urinal. A funnel left the middle of this reservoir to pass through the mattress, and open into a vessel placed on the ground. The miseries usually endured by the unfortunate subjects of this deformity were greatly aggravated in this case.

M. Nélaton performed the following operation:—A quadrilateral flap, the width of the penis, and rather longer than the organ, was formed at the expense of the skin of the abdomen immediately above the urethral infundibulum; it was dissected off so as to leave attached only its inferior border, a broad pedicle which corresponded with the inter-pubic ligament. It was a large cutaneous flap, which the surgeon was about to bring down upon the urethral gutter to close it. The next step consisted in fixing its borders to the sides of the gutter.

Upon the superior surface of the penis, at the union of the integument with the shallow open urethra, M. Nélaton made, on either side, a longitudinal incision, extending to the base of the glans. Two short, transverse incisions at the extremities of the preceding enabled him to dissect back flaps, a third of an inch broad, destined to overlap and hold in place the large piece of integument brought down from the abdomen by raw surfaces, which would, of course, correspond with the raw surface of the abdominal flap.

When the abdominal flap was brought down upon the penis in such a manner that its cutaneous surface corresponded on either side to the surfaces whence the skin of the penis had been dissected, its raw surface, become anterior, was covered in its turn by the two lateral flaps, which, however, were not sufficiently wide to be quite brought together. To avoid all dragging on the sutures, two longitudinal incisions were made along the inferior surface of the penis, by which locomotion of the integument was permitted, and the two lateral flaps were completely and easily drawn together. This was effected by three pins passed, as in hare-lip, through the integument. The results were satisfactory. The sutures were removed at the end of three days; the flaps separated a little, but granulations sprang up, and cicatrisation went on uninterruptedly. At the end of a month, the urethra was found completely closed, but it was large enough to admit the finger. To produce contraction of the canal, M. Nélaton employed repeated cauterisations; the heated instrument was applied to the flap of the new skin, care being taken to avoid touching the mucous membrane. When the eschars were about to separate, at the end of the eighth and tenth day, M. Nélaton made an incision along the integuments of the penis to favour contraction of the canal, and thus a state of parts was produced of which the following is the description: The young man still suffers from polyuria, but he can hold his urine, 1. When he is in bed; 2. When he is seated; 3. When he is upright, but making no effort. When he walks he usually wears a caoutchouc apparatus, which fits on to the penis and receives all the urine. A tube descends, within the pantaloon, to the inner malleolus, where a stop-cock enables him, from time to time, to get rid of the excretion without annoyance. M. Nélaton thinks that yet greater advantage might be gained by further cauterisations. The patient, indeed, was desirous of the trial, but his chest was weak, and he was recommended to take a journey through Italy. In 1852, a young country lad was brought to M. Nélaton with an arrest of development similar to that described in the person of the Swede. The epispadias produced a yet more deplorable result, for, without apparatus either day or night, he emitted a most insupportable odour, while a sort of savage timidity showed the want of attention to which he had been accustomed from birth.

As in the preceding case, an abdominal flap was brought down; similar incisions were made upon the penis; but in order effectually to cover the upper raw surface of the abdominal flap, it was necessary to bring up integument from the scrotum. A band of skin was therefore circumscribed by two incisions, one superior and concave above, passing along the peno-scrotal groove to a level with the dorsal surface of the penis; a second inferior, concentric to the first, and of course longer. The bistoury readily detached the skin from the subcutaneous parts, leaving it attached by its two extremities; the penis was then slipped under it, or, in other words, it was brought to the upper surface of the organ, and applied to the raw surface of the abdominal flap.

The result was satisfactory. The patient was five months at the Clinique. Not only did he hold his water both lying and sitting, but even in walking about the wards he did not wet his dress, and he left without any apparatus.

Pierre Lecot, aged 24, a natural son, was admitted into the Hôpital St. Louis, September 1, 1853, under M. Professor Denonvilliers. For a year he had quitted his village without resources, friends, or family, to earn a precarious subsistence. The bladder surmounting an epispadiac penis, presented an opening rather less than two inches wide and one long. The vesical mucous membrane was most sensitive, and when the patient was ill, poured forth a catarrho-purulent secretion.

October 25.—The patient having been rendered unconscious, an abdominal flap of square form was circumscribed and dissected off. It was of sufficient size, when brought down, that its superior border, then become inferior, should reach the line of union of the bladder and urethra. Then the anterior part of the scrotum was dissected off as in the preceding case. A superior incision, commencing at the point of union of the right side of the scrotum with the lateral part of the vesical surface, was continued downwards under the penis to the left side; a second incision involved the inferior border of the front of the scrotum. Thus the opening of the bladder was first covered by the abdominal flap; and then the raw surface of the latter, become anterior, was covered by the raw surface of a flap of scrotum, attached by its two extremities, and slipped from below over the penis.

For the first three days the patient suffered from nervous fever, which passed away without unpleasant results; but on November 1 he passed a bad night, the tongue became dry; frequent vomiting supervened. During the day symptoms of peritonitis came on, and November 3 he died. At the autopsy, the usual signs of previous peritonitis were found. The scrotal and abdominal flaps were so firmly united that there was some difficulty in effecting a separation.

PROVINCIAL CORRESPONDENCE.

SCOTLAND.

Edinburgh, May 15, 1854.

PROFESSOR EDWARD FORBES.

This gentleman gave the introductory lecture of his course yesterday in the Chemistry Class-room, which, though capable of accommodating eight or nine hundred students, was filled to overflowing. I found it impossible to effect an entrance, and therefore my report is from hearsay. His reception was most enthusiastic. His audience, while comprehending a large body of students, embraced also a number of the Profession, and many of the leading citizens.

His lecture was a vindication of the propriety of such studies as exercises of the mind, and especially of their usefulness to students of Medicine, and concluded with a well-conceived eulogy on his predecessor.

GENERAL CORRESPONDENCE.

MR. DE MORGAN AND THE *LANCET*.

[To the Editor of the Medical Times and Gazette.]

SIR,—A leading article in the *Lancet* of last week, headed "Mr. De Morgan's Defence," contains the following passage:—"It is now thought convenient by Mr. De Morgan, through his mouth-piece, Mr. Rowdon, to shift the ground of complaint against Mr. Tuson." This, it is true, is a trifling instance of the Editor's talent for invention; but it is only due to Mr. Rowdon that I should contradict it. I beg, then, to state, that I was entirely ignorant of Mr. Rowdon's intention of writing an answer to the misrepresentations of the *Lancet* until after he had resolved on doing so; and that I knew nothing whatever of the nature and contents of that answer until after its publication. Mr. Rowdon told me, that he did not intend to allow the misstatements of the *Lancet* to pass uncontradicted, and he asked me to let him look at the Minute-books of the school during the time that he was a Lecturer. This was all I knew of the matter.

Having read the observations of Mr. Rowdon since their publication, I most entirely approve of their tone, spirit, and correctness. I am, &c. CAMPBELL DE MORGAN.

51, Upper Seymour-street, May 14.

[To the Editor of the Medical Times and Gazette.]

SIR,—As the Editor of the *Lancet*, in the last number of his Journal, has stated, that "it is now thought convenient by Mr. De Morgan, through his mouth-piece, Mr. Rowdon, to shift the grounds of complaint against Mr. Tuson," I beg to say, that the letter which I wrote to the *Lancet* was not seen by a single person until several days after it had been placed in the Editor's hands for publication; and that Mr. De Morgan knew nothing more of the matter than that I had applied to him for the Minute-book of the Medical School. I beg also to state, that no one but the Council, to whom it was addressed, was in any way aware of the nature or contents of my letter to them until after it appeared in your Journal.

I am, &c. HENRY MORTIMER ROWDON.

May 18, 1854.

THE ST. FERGUS CASE.

[To the Editor of the Medical Times and Gazette.]

SIR,—In a late Number of the *Medical Times and Gazette* you have been led into some errors respecting the evidence of Mr. Comrie and myself, on the remarkable trial of Smith for the murder of William M'Donald. These obviously arose from the scanty and imperfect way in which the medical testimony has been reported. But, as they tend to reflect upon the Profession, perhaps you will accept the following explanations of the matter.

We did not see the body of the deceased *in situ*. It had been removed two days before we examined it, or the place where it had lain, and I need not say how much this added to the difficulty of drawing correct inferences. The spots of blood over the place where the left arm had rested, do not appear to have been observed by the persons who found the body. I think they were first noticed by us; and I distinctly stated on my examination, that I could not tell whether they had been there before the corpse was removed, or whether, in the act of lifting it, that blood had not fallen from the wound; consequently, that I did not feel warranted to draw any inference from them. In fact, several drops did flow from the wound after the body had been conveyed to Burnside. I was then asked, how I could account for these stains, if they had been seen there, before the deceased was taken from the ditch. To this I replied, that unless blood had been washed from the right hand by the rain which fell, I could not reconcile their appearance with the hypothesis that the act had been suicidal. The only explanation I could give in that case was, that the deceased had fallen forward on his face there, when, by turning him over on his back and wheeling round the lower extremities, the body might have slipped into the ditch, in the position in which it was found. You will thus perceive, Sir, that one of the main points on which your remarks were based was untenable; there was no evidence whatever of these blood-marks having been seen before the body was lifted. You are likewise misinformed as to the situation of the left arm. The head and shoulders had inclined to that side from the narrowness of the ditch; and hence the expression of one of the witnesses, that his left arm was under him. But the fore-arm had been over the trunk, as we could clearly ascertain from the deep impression made by the elbow. The pistol was not found, as you are led to suppose, about four feet beyond the head of the corpse, but about that distance from the right side, in a line with the chest. I was enabled to determine with tolerable precision how far its muzzle had been from the face when discharged, by comparing the radiation of the fire, as shown by the marks of powder-burning, with that of other weapons of the same length. I pointed out to the Court, that the distance (twelve inches) was somewhat at variance with the idea of suicide; but I attach little weight to the circumstance, as the mind must be greatly agitated before committing such God-forsaken deeds. The probability of the right hand being stained with gunpowder, or with blood, did not escape our recollection. That part of the question is easily settled, as far as we are concerned; the body had been washed, dressed in grave-clothes, and put into a coffin, before we saw it.

Among other difficulties which beset the case, in a Medical point of view, may be enumerated the following:—The wound was in such a position and direction as might have been given from a pistol fired by the deceased's own right hand; a weapon of that description lay beside the corpse; it had been discharged within arm's length of the face; and the bullet, which was found in the brain, fitted its calibre. There were no bruises on the body,—no indications of a struggle at the place,—and not a drop of blood to be seen near it, except where already mentioned. It was evident to Mr. Comrie and myself that, if William M'Donald had been standing when he received the shot, he could not have fallen in the position, nor, do I think, in the place, where his body was found. This hemmed us in to the alternative of supposing, that he had either lain down in the ditch, and there perpetrated the deed, or, if by another hand, that he had been tossed into it after he fell. But, though we thus narrowed the question, which was the true answer? The drops of blood seemed to be the only point, not purely conjectural, upon which it could be made to turn; and there we were completely at fault. Had we seen the corpse before it was removed, there would have been little difficulty; but at that time we could neither tell nor learn whether, in the act of lifting it, they had fallen from the wound or not. What reply, then, could we make to the Sheriff and Procurator Fiscal, other than that, as far as our science was concerned, it appeared to be quite an open question, whether William M'Donald died by his own hand or by that of another person. That conclusion we arrived at before either of us had the slightest idea of Smith being implicated in the affair. For my part, I frankly own, that a knowledge of William M'Donald's character, rather than anything I had seen or heard at the time, first awoke my suspicions that the deed had not been suicidal.

Our opinions, and the bases upon which they were founded, were well known to the lawyers on both sides before the trial commenced; and, notwithstanding Mr. Inglis's clever flourish about the *corpus delicti* not being proved, I believe had little influence on the result. Medical men may speak clearly as to the cause of death, but it does not follow, that they can say whose act it was: in many instances, this forms no part of their duty. In cases of poisoning, for example, who would expect proof from them that the deceased took it himself? A jury possessed of common sense must see these things, and, on most occasions, look for little more from them than a distinct statement, whether the death had been from violent means or not. The plain truth seems to me to be, that the case broke down from quite a different cause, namely, the want of an important link in the chain of circumstantial evidence which could not be supplied. No one had seen Smith in company with the deceased on the evening in question, nor even in the direction of the spot where the body was found,—for I put aside John Aden's evidence. On the other hand, he was known to have been at or near his own house, which is rather more than a quarter of a mile distant from the place, about ten minutes before, and as many after, the shot was heard. That, indeed, did not negative the probability of his being the guilty person; but it must have been a stumbling-block to the jury. It virtually threw the weight of the charge upon the motive for committing the crime; and his able advocate took care to point out, that motive alone was not sufficient for a conviction. From a knowledge of this defect, a verdict of "Not proven" was generally anticipated in our neighbourhood. In conclusion, I may be permitted to add, that the authorities spared no pains to get hold of every scrap of evidence; and, as far as I know, not a single tittle of it has escaped them. I am, &c. ALEX. GORDON,

Surgeon Royal Navy.

St. Fergus, near Peterhead, Aberdeenshire,
May 1, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 9, 1854.

Dr. COPLAND, F.R.S., President, in the Chair.

A paper by Mr. Spencer Wells was read

ON THE RADICAL CURE OF REDUCIBLE INGUINAL HERNIA BY A NEW OPERATION. — WITH CASES AND REMARKS.

The author commenced by alluding to 2 cases in which he had operated himself, to 3 others which had fallen under his own observation, to 19 operated on by Professor Sigmond, of Vienna, to 32 by Professor Rothmund, of Munich, and to an indefinite number by Professor Wütze, of Bonn, the inventor of the proceeding, in none of which had any fatal result followed, success having been secured in a very large proportion. He remarked upon the prevailing opinion against any operation for the radical cure of reducible hernia, and traced it to the fatal results of dangerous methods now deservedly exploded, arguing that, if any plan could be shown to be both safe and effectual, the judgment of the Profession should be modified. After some observations on different means of effecting a radical cure, he described that of Wütze, and exhibited the instrument used by this Surgeon. It consists of a wooden cylinder, a needle passing through it, an outer wooden cover, and a screw to bind the cover and cylinder together. The mode of employing it was then described. After pushing a part of the skin of the scrotum before the fore-finger, the cylinder takes the place of the finger, the needle is passed through it, through the sac and integuments, and serves, with the screw, to fix and bind the cover and cylinder together, so that the invaginated skin, the walls of the sac, and the abdominal integuments are pressed together, with any degree of force that may appear safe or desirable. The instrument is left *in situ* for six or eight days, with the effect of producing adhesion of the whole of the sac, a firm organic plug filling the inguinal canal. Very little pain is said to be produced. The patient is confined to a sofa until the needle puncture is healed, and wears a truss for three months afterwards to avoid the danger of breaking up of the new adhesions. Mr. Wells then went on to show that there were grounds for admitting this operation within the province of legitimate surgery, and that the classes of cases in which it should be performed were—first, in strong persons up to 40 or 45 years of age, where the hernia is of a moderate size. In such persons a perfect cure may be expected. Secondly, in cases where the hernial protrusion is so large that it cannot be kept up by any mechanical contrivance. Here a radical cure is not to be hoped for, but the evil is so much diminished that a truss can be made to keep up the hernia efficiently. He concluded by expressing his belief that, as by this method the whole of the inguinal canal can be permanently closed, it is far superior to all others, and that the evidence he had adduced of its safety and success should lead to its further adoption in this country.

Mr. Holmes Coote asked whether M. Jobert de Lamballe had not injected into the hernial sac some pure tincture of iodine, which had produced exudation of a mass of lymph occupying the whole of the sac, and extending up the inguinal canal. He believed it had been stated, in some of the foreign journals, that such a plan had been adopted, and had resulted in a permanent cure.

The President said, it would be interesting to know the comparative safety of this proceeding and that just recommended by Mr. Spencer Wells.

Mr. Arnott asked if he perfectly understood the principle on which the new instrument acted? It appeared that a small piece of wood was introduced into the inguinal canal, pushing a portion of the scrotum before it, and that, by means of a needle carried through the piece of wood, the whole was stitched together for a time. Observations could hardly at present be made upon the mode of proceeding recommended by Mr. Wells, as it was one of which, as yet, they had had no experience. There was certainly some evidence in its favour, and the number of cases which had been adduced that had not been attended with any risk, showed that the operation might be performed in the way suggested without much chance of mischief. Some of the persons who had been mentioned as having performed the operation were well known to himself; one especially, in whose testimony he should have great faith, if a sufficient time had elapsed since his operations, was Dr. Sigmund, one of the Surgeons at the large hospital at Vienna. It was stated that he had had nineteen cases of the kind, fifteen of which were successful. It was not, however, stated, how long the cases were observed after the operation. He should like to hear from Mr. Wells, what was the condition of the parts after a year or two; whether the portion of skin which was invaginated remained in the inguinal canal, or came down; and also what length of time had elapsed between the operation and the supposed permanent cure of the patient. The principle of introducing a portion of skin into the canal, and stitching the parts together was not new, but the particular method described no doubt was so.

Mr. Wells said, that Mr. Arnott's description of the action of the instrument was perfectly correct. A cylinder was introduced in the place of the finger; a cover was placed over it, and it was kept in the proper position by the needle which was passed through the skin and sac; the two were then screwed together, and left in that position seven or eight days. Professor Sigmund had told him (Mr. Wells) that he had examined a case six years after the operation. The first cases of Professor Wütze were in 1837; and last year some of these were under his observation, and had remained perfectly cured. He (Mr. Wells) had seen his own cases lately—one of them he operated on in 1848, and the other in 1850. Both patients remained perfectly sound, although they took very active exercise. With regard to the state of the parts, the plug, in the course of time, nearly disappeared; indeed, after five or six years one could scarcely tell that an operation had been performed. Five or six months after the operation, a round hard plug might be felt in the canal, but it gradually became absorbed. He (Mr. Wells) concluded that the adhesion was perfect, as no relapse took place. He believed that M. Jobert de Lamballe had injected iodine into the hernial sac with success, but only in a single case. Many cases, however, were on record in which the injection of various stimulating fluids had led to fatal peritonitis, and that, he believed, was one reason why all operations for the radical cure of hernia had fallen into discredit.

Mr. Brodhurst then read a paper

ON LATERAL CURVATURE OF THE SPINE, TO ILLUSTRATE A NEW SPINAL INSTRUMENT.

The author considered that lateral curvature depends—1stly, upon hypertrophy of muscles; 2ndly, upon atrophy of muscles; 3rdly, upon spasm of muscles; 4thly, upon relaxation and extension of the intervertebral ligaments; 5thly, upon rachitis; 6thly, upon difference of length in the lower extremities; 7thly, upon difference of capacity in the two sides of the chest; 8thly, upon congenital defects. He showed that in most cases a consecutive inclination of the vertebral column succeeded to the primary curve, and he argued, that for the cure of the deformity mechanical means must be especially applied to the latter. After describing the changes in form which may ultimately affect the parts involved in the distortion, he proceeded to argue that pressure should not be applied to the convexity of the curve, but that that extending force should act on the concavity, by which the arch would be, as it were, unfolded. The instrument which he recommends consists of a band fixed to the pelvis, of crutches passing from the pelvic band to the axilla, of a connecting-piece which unites the crutches, and which is placed at the superior extremity of the primary curve, the whole forming a framework to support the trunk. On this last-mentioned backpiece a lever moves on its axis, connected below to the pelvic band by a screw. The lever rises to the top of the shoulder, which is opposed to the primary curve; it is there joined to a shoulder-sling, which is moulded in gutta percha. A pad having the shape of the convexity of the primary curve is attached by a short arm, with an antero-posterior movement, to the lever. The use of the instrument was illustrated by drawings.

Mr. Brooke asked whether the proposed instruments were to be considered as the invention of the author of the paper.

Mr. Brodhurst said they were not his invention; he had suggested the idea to an instrument maker, who had carried the plan out. The principle was simply that of applying the force to the extremity of the curve instead of on the convexity, where there was the greatest resisting power.

Mr. Brooke would like to know how a bow was to be strained by a pressure on its concave side?

Mr. Brodhurst had hoped that the reading of his paper would have been postponed till the next meeting, (an application for that purpose had been declined,) so that he might have had an opportunity of submitting some casts and specimens, which would make his plan more intelligible. By the plan he advocated, the curve would be gradually unbent, instead of being (as formerly) broken down. By a pressure on the convexity, the

wedges of the curve were more firmly jammed together. The instrument was, he believed, formed on true mechanical principles, and it certainly acted far better than any other which he had seen in operation.

Dr. Schulof said he had paid great attention to the subject, and, though he had been unable to suggest anything better than the old methods, he was greatly dissatisfied with them. When the spine curved laterally, the muscles did not act with equal force on both sides, and the spine would, of course, be drawn by the stronger muscles. However, therefore, the spine might be strengthened, unless some means were adopted by which to equalise the force of the muscles on both sides, it could never be brought into a proper condition. He (Dr. Schulof) had tried various means by which the pressure or weight of the body itself might bring the spine into a straight line, and had, to some extent, succeeded. He thought the method proposed by the author of the paper promised better than any of the plans previously adopted.

Mr. Brodhurst, in replying, said, he had never seen an instance in which pressure, however applied, on the convexity of the curve had tended to straighten the spine after rotation had taken place. Perhaps there were but few cases in which the bones became so greatly affected that the instrument he had presented to the Society would be needed; for, when the ligaments alone were affected, a band, or any other kind of support, would suffice. He believed, however, that, in some cases, by acting on the extremity of the curve instead of the convexity,—having fixed points on the pelvis to act on, his instrument might prove very beneficial.

A paper was then read from Mr. Edwards, of Wolverhampton,

ON A CASE OF FATAL ASPHYXIA, CAUSED BY THE DETACHMENT OF A DISEASED BRONCHIAL GLAND, WHICH WAS IMPACTED IN THE LARYNX.

This case occurred in a child, of 8 years of age, who, while at play, was suddenly seized with symptoms as of a fit. He was quickly carried home, became violently convulsed, although retaining consciousness and the power of utterance; the countenance became extremely anxious, and he uttered the expression that he should die. In the hurry of the moment there was no opportunity of getting any distinct knowledge of the previous history, beyond the surmise that the boy had swallowed something. The trachea was immediately opened; a little air issued from the opening; artificial respiration was attempted, but without effect, as the child gave but two gasps after the operation, and died. The *post-mortem* examination revealed the presence of a foreign body touching the under surface of the epiglottis, and extending through the *rima glottidis* into the larynx; the substance was whitish, and covered with mucus. On a very slight examination, it was evident that the body was a bronchial gland. Upon slitting open the trachea, the spot from whence the gland had issued was soon observed; it was on the posterior part of the right side, just above the bronchial bifurcation. The opening was ragged and irregular, and communicated with a cavity behind, sufficiently large to contain a nutmeg. No other evidence of disease was observed. It was an interesting point to consider whether the suppuration commenced with the gland, or had ulceration taken place around it? Again, did the gland at once pass into the trachea, or was it a gradual process? The author offered some observations on the relation the case bore to certain medico-legal points. The detached mass had been examined by Mr. Quekett. It was of irregular shape, contracted in the centre, and of a light bluish colour, streaked with black and white. Its outer surface presented traces of epithelium and mucus; one part was coated with what appeared to be inspissated mucus. These sections were found to be made up of rounded cells, connected together by fibrous tissue. Two sections of bronchial glands were examined for the sake of comparison. A similar structure in all respects was observed, and Mr. Quekett was of opinion that the impacted substance was a portion of an enlarged bronchial gland.

The President said, he believed the case was unique; he, at least, had never heard of a similar one.

MEDICAL SOCIETY OF LONDON.

May 13, 1854.

E. Headland, Esq., President, in the Chair.

Professor James Johnstone, of Birmingham, was elected an Honorary Fellow of the Society; and Dr. Horace Green, of New York, was proposed as a Corresponding Fellow.

DISEASED BLOOD IN THE FŒTUS.

Dr. Druitt presented the heart of a still-born child, which, with the lungs, was covered with ecchymoses. The kidneys were greatly softened, and sanguineous fluid found in the cord, and the cavities of the abdomen, pleura, and pericardium. The mother was delicate, but not unhealthy, and the child, at the full period of pregnancy, had not been dead more than 48 hours. As these changes were, in the opinion of Dr. Druitt, not due to decomposition, he suggested that the blood might have been diseased.

In reply to a remark of the President, that a predisposition to degeneration seems to exist in certain individuals during the last few days of pregnancy, the author said, that certain placental changes, including those accompanied by confusion of structure and formation of oil, occur after the death of the fœtus.

Dr. E. Smith (Honorary Secretary) referred to the three following cases, which had recently occurred in his midwifery practice:—

TEN MONTHS' PREGNANCY.

He was attending a lady in her sixth accouchement, who had always gone ten months from the last appearance of the menses, and had always engaged her nurse and Physician a month too early. The last occurrence of the menses had always been full, distinct, and ordinary, and at the next monthly period there was neither show of any kind, nor any pain or uneasiness whatever. It appeared to be one of the cases in which conception does not occur at the commencement or the termination of the menstrual flux, nor intermediately between the periods, but on the day before the period for the subsequent occurrence.

CRIES OF UNBORN CHILD HEARD IN THE NEXT ROOM.

In this case the child was of the ordinary size and strength, but the mother was feeble. The pains were but moderate, and the tissues much relaxed. The head was born two or three minutes before any attempt to expel the body occurred, and then the cry was so loud, that a lady in an adjoining room heard it, and also the remark made to the nurse, that the child was not then born. The wall was the ordinary partition wall in London. The interest of the case was not the crying, but the loudness of the cry; and its importance, as showing, that when the child is tolerably strong, the pelvis large, and the parts relaxed, the lungs may be very considerably distended with air before birth.

FULLY DEVELOPED MILK TEETH IN UTERO.

The teeth were the two central incisors in the lower jaw, and were loose, but had not yet fallen out. Dr. Smith inquired from any Fellow who might have known the subsequent history of such cases, if the permanent teeth also appear earlier in such cases, and if an intermediate set has ever been discovered.

In a conversation which followed, Mr. Rogers Harrison (Honorary Secretary) stated, that he had seen a case similar to the last one on the preceding day, and also wished for information respecting it; and Mr. W. A. Harrison affirmed, that no intermediate set would be developed, nor would the permanent set appear at an earlier period. Mr. I. B. Brown and Mr. Dendy had met with several instances of loud cries before birth, and believed them not to be uncommon; and the latter gentleman considered that when the head was born the child was born.

Mr. C. Clarke related the particulars of several cases of lengthened pregnancy, one of which clearly endured 300 or 301 days, and another 11 months from the last menstrual flux. He, however, referred to these and others to show that pregnancy may occur with irregularity of the menses.

Mr. Henry Smith read a paper upon

THE PATHOLOGY AND TREATMENT OF STRICTURE IN THE ANTERIOR PART AND ORIFICE OF THE URETHRA IN THE MALE.

He first stated, that, although stricture at the orifice of the urethra had not claimed much attention from writers on Surgery, and that it was generally supposed to be comparatively rare, he had met with a considerable number of interesting cases in his own practice. An obstruction at the meatus proceeded from three causes: in the first place, it may be congenital, and is then a mere contraction or narrowing of the lips of the urethra; secondly, it may result from simple or gonorrheal inflammation, as in instances of stricture seated lower down in the canal; and thirdly, it is not unfrequently produced by the cicatrization of a chancre which had previously attacked the extremity of the glans penis. In the latter case, perhaps, the

disease was most troublesome and obstinate, the surrounding parts being involved in the contraction, and the tissues being rendered very dense. The effects and complications of a stricture at the orifice were various, and more or less worthy of attention. In the first place, an obstruction at the orifice rendered the passage of instruments into the bladder, for the relief of retention of urine, or for dilating a second stricture, which so frequently exists at the same time lower down the urethra, much more difficult, in consequence of the instrument being firmly grasped. In the next place, all the worst symptoms of stricture, in its ordinary situation, may be produced by a narrow contraction at the orifice. He mentioned an instance in which a patient of his who had an obstruction at the orifice only, the result of the cicatrization of a chancre, suffered very much with the secretion of an enormous quantity of purulent matter from the bladder. In some cases, where a small stone exists, and escapes from the bladder, it may become impacted behind the stricture at the orifice, and cause great distress for a long time. He related a case where a calculus had been impacted behind a stricture at the meatus for more than nine years, until it was removed from the dilated fossa navicularis by an operation, the stone weighing upwards of five drachms. The main feature of these obstructions consisted in their extreme density and contractility, which was accounted for in a great measure by the natural narrowness of the orifice of the urethra, and by the fact that the organic muscular fibres of the urethra entered much into, and met together at, the lips of the urethra. The treatment best adapted for such cases was different from what is employed in instances of stricture seated more deeply down. There, in the majority of cases, dilatation is found to be generally most beneficial; but, in contractions at the orifice, dilatation alone is of no use, and caustics are not applicable; but the only effectual mode of remedying them was a combination of incision and dilatation. The contraction should be first freely divided, and then daily dilatation should be practised. The French surgeons had recommended the employment of some ingenious and complicated instruments for the division of the contracted meatus; but the author considered that the proper amount of section may be effected with facility by a simple narrow-bladed bistoury. It was important to make a very free division, as the part so readily contracted; and it was imperatively necessary to pay particular attention to the subsequent use of dilatation. The author then drew attention to stricture situated in the straight portion of the urethra. He considered that it was in reality much more often met with in the anterior part of the canal than it was generally supposed. He chiefly argued this from the results of his own practice, having seen a considerable proportion of cases in which organic stricture was met with at some point of the spongy portion of the urethra, between the bulb and orifice. Moreover, he had generally found that stricture in this part was much more obstinate to remedy than when seated in the bend of the urethra. This was doubtless in consequence of the large amount of erectile tissue which surrounded the spongy part of the urethra, and which in some bad cases must be involved. It was, however, at a distance of about an inch or an inch and a-half from the orifice where the most undilatable form of stricture was met with; and in some of these cases dilatation could not be carried beyond a certain point, and potassa fusa, so useful in some other instances, seemed to be less powerful. For the purpose of effectually remedying these obstinate strictures, the author recommended incision from within, and exhibited to the Society an instrument by which this might be readily effected. It consisted of a long grooved director, with a handle, and a long, narrow knife, with a cutting edge only at the extremity. This director was passed down to the face of, or into the stricture, and the knife was carried down its groove until its point came against the obstruction, which was then freely divided. This instrument had been made by Mr. Matthews, of Portugal-street, at the instigation of Mr. Fergusson, some years ago. The author also showed to the Society some very ingenious instruments which a friend of his, then present (Mr. Stolworthy), had recently brought from Paris, and which were employed by M. Ricord for the division of strictures.

Mr. Pilcher believed such forms of stricture to be uncommon, and their nature oftentimes mistaken. Strictures at the anterior part of the urethra are due, in many instances, to a stricture lower down, by which the size of the stream of urine is permanently lessened, and the canal contracted proportionably. In one case he could not at first insert a probe, but, after a time, introduced catheters, No. 1, and upwards, so as to dilate the canal, and then found a stricture at the membranous portion. In another case, that of a drunken canvasser at a contested election, he was compelled to force a very small catheter through the whole length of the spongy portion,—a procedure which was followed by extensive ulceration and a permanent opening in the perinæum, and which made him regret that he had not at once cut into the perinæum. He had performed a similar operation on an old man, and the system became so injured by the forcible dilatation, that the patient died. The patient is often unaware of the existence of such a stricture, and the case is very manageable, if time be afforded for gradual dilatation.

Mr. Hancock referred to a case of stricture depending upon sympathetic origin, which he had cured by the exhibition of croton oil; and to another, depending upon a false passage, in which he passed the catheter when others had failed, by introducing his finger into the rectum. He also referred to cases of retention of urine from want of tone of the muscular fibres of the bladder—such as result from a debauch, or from a more chronic inflammatory state of the mucous membrane. He altogether dissented from Mr. Pilcher's statements; and referred to the fact, that, in stricture of the membranous portion, it is of common occurrence to be able to pass a No. 12 catheter down the anterior portion of the canal. Spasmodic as well as organic strictures occur near to the meatus; but in the former there is no thickening of the membrane, and the patient, at intervals, can pass his urine freely. The surgeon may also pass a catheter at one period, when he would fail at another. He called the attention of the Fellows to the state of the digestive organs and the condition of the mind in these cases.

Mr. Hale Thompson criticised severely M. Ricord's instruments, and affirmed that, not only were they not new, but were bad imitations of those made for Sir E. Home thirty years ago. He considered them, also, to be dangerous, and liable to cause infiltration of urine into the spongy tissue of the urethra. He most fully concurred in Mr. Pilcher's and Sir B. Brodie's views; and believed that, in 99 cases in 100, the stricture is deep-seated, and must there be treated.

Mr. Hogg remarked that Mr. Henry Thompson had shown the proportion of strictures at the anterior part to be 17 per cent., and Mr. Phillips 18 to 20 per cent. He had also examined many morbid specimens, and the preparations in the Pathological Museums, and had found them to be few. They are chiefly cured by dilatation alone, and are frequently unknown to the patient for many years.

Mr. Stalworthy, who had practised 16,000 miles away, and had recently seen much of M. Ricord's practice, warmly defended the character of the instruments exhibited, and averred that no injury ever follows. M. Ricord dilates the canal with a bougie, and, having reached the deep stricture, marks the distance upon the cutting instrument, and on introducing the latter, cuts the stricture in various directions. Afterwards a large bougie is introduced to enlarge the incised canal. Little or no hæmorrhage follows.

Dr. Murphy (from America) had spent some time in Paris, and had seen incision of stricture frequently performed. The author (M. Robert) of the prize essay awarded by the Imperial Academy of Medicine had discovered, by experiments on dogs, that longitudinal incisions are not followed by constriction; and, on his recommendation, M. Maisonneuve is accustomed to incise the whole wall of the urethra.

The President felt it his duty to affirm that there was nothing new in the principle on which the cutting catheters were made. It was that adopted by the late Mr. Liston, and is also that of the lithotome caché. Civiale had also used similar instruments many years ago. He expressed his surprise at the author's assertion, that stricture sometimes follows the healing of a chancre, for he could not call to mind such an occurrence. Chancre is a destruction, and not hypertrophy of tissue.

Dr. Gibb, Mr. Bishop, Mr. I. B. Brown, and Mr. Pott also took part in the discussion.

The Author, in reply, stated that he had not affirmed that there was anything very new in the instruments. He had seen several cases in which the cicatrization of a chancre had caused stricture.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.

The Annual Meeting of this Society was held on Friday, the 5th instant, in the Lecture-room of the Pimlico Literary Institution. The chair was taken by the President, Dr. James Arthur Wilson. After the reading of the Minutes and the

proposals for admission of some new members, the Honorary Secretary, Dr. Seaton, read the Report of the Council, which gave a very favourable account of the state of the Society, there being an increase in the number of members, and a balance, as usual, in the Treasurer's hands. It was stated that the library had received large additions during the past year, including valuable books of reference, as well as modern practical works. Many of the imperfect sets of Transactions and periodicals had been completed, and others were undergoing completion. Altogether the library contains now nearly 1200 volumes. The reading-room had been much improved, and some additional periodicals were taken in. The Report then went on to review the events of the past session, enumerating the various papers that had been read at the meetings, and alluding to the discussions which had taken place, urging members particularly to exert themselves in maintaining the life and vigour of this important department of the objects of the Society. In addition to the ordinary business of the session, the fear of an impending outbreak of cholera had induced the Society to Memorialise the Government to close in the Ranelagh Sewer, and a Committee had also been appointed to aid, if possible, by local inquiry, the comprehensive investigation set on foot by the Epidemiological Society. The Council concluded by observing that the success and steady progress of the Society for eight years were sufficient proofs that the institution was needed and had been conducted on right principles. Its stability might already be regarded as beyond doubt; but the rapid extension of the neighbourhood, and consequent increase in the number of medical men, led naturally to the expectation that in a few years the number of members would be considerably augmented, and the progress of the Society still more rapid.

The Report having been adopted, and a vote of thanks having been passed to the President and officers for the past year,

The President, in thanking the Society, on the part of himself and colleagues, for the last Resolution, took occasion to congratulate the members upon the success they had achieved during the past year, and dwelt with especial pleasure on the truthfulness, and unostentatious, business-like character of all the proceedings of the Society, from its institution to the present time. He trusted they would always live, as they always had done, within their income; and suggested an inference of private care and economy to the individual members of the Society, in the coming times of financial pressure and trouble, from the caution and honesty which they had shown in their collective expenditure. The war, or, rather, the succession of exhausting wars, in which we were now engaged, would tax to the utmost the means and resources of our hard-working and ill-paid Profession. Having remarked upon one or two other topics suggested by the Report, he proceeded to speak of the State and progress of Medical Science during the past year, remarking, that, although no great novelty had been announced since the last meeting, in April, 1853,—no world's wonder of chloroform, no fashionable equivalent of iodine or cod-liver oil, etc., etc.,—yet there were certain remedies that had attracted some greater share of attention; and, among them, the use of the mineral acids and the salts of iron in the treatment of disease. Many most interesting results in physiology, and many new therapeutical effects in the treatment of chronic and acute disease, had been obtained, during the past year, by the development of electro-galvanic agencies in contact with the living structures. The efficacy of dilute sulphuric acid in choleraic diarrhœa, after the strong statements by Dr. Fuller, of St. George's Hospital, at the meeting of the Society in October last, would, no doubt, be tested in the closely-threatened epidemic of the coming season. He thence took occasion to entreat his auditors to regard cholera in its true light,—as a disease of the entire system,—as a true fever,—and urged that each case should be treated according to circumstances, and upon its own merits, not empirically, with sulphuric acid, or any other single remedy of whatever reputation. There was one observation he would offer upon cod-liver oil, which, still in great demand, it did not appear that consumption was less rampant and fatal now than before this application of the oil was discovered. He was led to fear that, with all the good it might have done, much harm had also accrued. Relying too exclusively upon its supposed curative power, Practitioners were lulled into forgetfulness of many of the insidious complications which arise in the course of phthisical cases. Its use with some became an excuse for carelessness. Again, the marvellous influence of chloroform, (a miracle in this age of miracles, scarcely yet realised to the sober senses of mankind,) in rapidly arresting or modifying the incremental process of nutrition on which the generation of pain in all sensible structures depends, is urgently suggestive of further experimental questioning of the right and power we possess of introducing remedies to the system by the means of inhalation. Passing on to physiology, he observed the same exclusive admiration of small facts (true or false)—the same affected repudiation of wide analogies,—the same vapid denunciation of theory as heretofore in the British Schools of Medicine. There was too much scrutiny of blood in a porringer,—too little thought of it in the entire mass, as the great ubiquitous material of life. It was true, that five-and-twenty years ago but little attention was paid to the blood,—but little notice was taken of it beyond its buffy coat or cupped surface after copious and repeated bleedings. Yet it was now equally certain, that very great attention was being paid to it, perhaps even too much, in matters of minute detail. In the work which we all have in hand, possibly there may not be too many builders, but certainly there was no one architect. In proceeding to speak of Medical Reform—that chaos come again—confusion worse confounded—he gave a humorous account of the "battle of the Bills," the conferences, the conflict of the petitions, and lamenting the position in which the Profession was placed, under the gaze of the general public; and dwelt with much force and eloquence on the conventional differences of professional rank, and on the estrangements which followed it. He said, "to the familiar parliamentary axiom of register, register, register! we are nightly furnishing the antistrophe of no registration." Not only are the different grades, so called, of the Profession, without sympathy for each other in questions of Medical polity, but in our several sections of Hall, College, and University, we are further separated from each other by the finer sub-divisions of personal interest and individual opinion. As from the peculiar nature of our social duties we are more individualised, and are thus rendered more personally antagonistic in our professional relations than any other set of men, so of necessity should our standard of individual excellence be of the highest and most comprehensive range. Yet, confessedly, our hero-worship is, for the most part, not of a high order. Let us remember there is a rank and dignity to be won in our intercourse with our fellow-men, beyond, far beyond, what can be conferred by the weak, the vain, the credulous, and subservient, among our patients and colleagues; a success, a true practical success, that is measured by moral courage and self-respect, rather than by the tumult of business, and the multiplicity of fees. Divided as we are, and ever must be, by differences of manner, sentiment, habits, and education, we can always find a principle of unity, in the lofty simplicity of our studies, and in the one earnest purpose of healing the sick and comforting the afflicted.

The following gentlemen were then elected to fill the various offices for the ensuing year:—

President.—Dr. James Arthur Wilson. *Vice-Presidents.*—Dr. Barclay, Dr. Cahill, Dr. Seaton, Dr. Simpson. *Treasurer.*—Dr. Seaton. *Council.*—Dr. Cumming, Dr. Fuller, Dr. Halford, Mr. Jorden, Mr. Leggatt, Mr. Meates, Mr. Martyn, Dr. Murphy, Dr. B. Smith, Dr. Synnot, Mr. Taylor, Dr. Wane. *Secretaries.*—Mr. Keen, Dr. Baines. *Auditors.*—Mr. Chatterley, Mr. Mould.

The meeting terminated with a *conversazione.*

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

A Special Meeting of the members of the South-Western Branch of the above Association, was held at the Hospital on Friday last. The attendance was rather thin. H. James, Esq., surgeon, was unanimously called to the chair.

The Chairman, in opening the proceedings, said, that he regretted there was so small a number of persons present, but that fact might be taken to show that there was not that strong interest felt by the Profession at large, in favour of reform, that had been represented.

P. C. De la Garde, Esq., said, that Mr. Brady had introduced a Bill into Parliament for the Registration of the Medical Profession, which contained all that was of any value in the Association's Bill—omitting what was mischievous. The Association, not recognising the benefit of Mr. Brady's Bill, were for some reason or other in dreadful alarm, and fearing his good Bill would come in and leave their own in the "lurch," had sent letters around to several secretaries (and perhaps to other persons) of the Branches requesting them to procure an opposition to Mr. Brady's Bill a copy of the letter was here read). It was resolved that any such opposition would be severely censured by the South Devon Branch. He dared say they obtained what they wanted in some places, but how they came to send their circular here, he could not imagine.

One more circumstance took place. An invitation was sent to the Branches, inviting them to send a delegate to confer with various persons at the Conference which was to be held at the College of Physicians in London, on some day not determined. A few day afterwards, another invitation arrived, naming the day, when the period was so short that it was absolutely impossible for them to choose a delegate. The Committee appointed to watch the progress of the Bill, upon that, resolved on a "protest." He merely stated this to show how uniformly and steadily the Branch had investigated the provisions of the Bill, and how deliberately they had determined that the Bill was injurious, and as such had rejected it. This Bill, "thus unanimously favoured by the Profession," became the subject of one of the most dissenting conferences ever packed together in one room. At that meeting at the College of Physicians, reporters were excluded, but the Secretary of the Association was there and acted as a reporter. He put, it may be presumed, the best complexion upon it that he could, yet he did not conceal the fact, that the opposition to the Bill from various quarters was as nearly unanimous as its enemies could require. Having stated these circumstances respecting the opposition given to the Bill in this part of England, allow him to read a short memorial which it was intended to address to Lord Palmerston. The former memorial to which it alluded was got up with great care. The various suggestions of various gentlemen were all moulded together by Dr. Shapter with great ability; and he believed they would have to wait long before they would get a memorial which should better represent the feelings of the Profession in this part of England. The speaker then read the following memorial:—

"Your Memorialists, having learnt that your Lordship contemplates introducing into Parliament a Bill for the better regulation of the Medical Profession, beg leave to represent—

"That they have watched, with much anxiety, various efforts made for this purpose, more especially by a Committee of the Medical and Surgical Provincial Association; that four General Meetings of this Branch of that Association (at two of which all the Medical men practising in Devon and Cornwall were invited to attend) have already been convened by public advertisement, to consider the Draft Bill put forth by that Committee, as well as its Amendments, and that, on each of those occasions, such Bill has been unanimously declared objectionable in various important particulars.

"That your Memorialists, while admitting the great respectability of the Medical and Surgical Provincial Association, and the weight which may fairly attach to any representation they may make, still think this Bill, even in its latest form, most unsatisfactory, and deny that it gives expression to the wishes of the Profession at large, or that there is any unanimity respecting Medical Reform,—even among the members of the Association itself.

"Your Memorialists would most respectfully request your attention to one most objectionable Clause. The third Clause does not insure any representation of Provincial Practitioners. The circumstances of Medical men in the country differ so widely among themselves, and more particularly from those practising in London, that your Memorialists conceive that a proportion of the Council (not less than one-third) ought to be derived from districts remote from each other, and from the Metropolis, and that no course of instruction should be established, nor any bye-law for the regulation of the Profession passed, without the presence of Provincial Councillors. Your Lordship's attention is the more earnestly directed to this omission, because much of the present discontent originates in such a want of information on the part of the Governing Medical Corporations of London.

"Your Memorialists most respectfully transmit the copy of a Memorial addressed to your Lordship by their General Meeting of the 29th April, 1853, as comprising the other objections which they still deem perfectly applicable to the Association's present amended Bill."

There was one alteration, continued Mr. De La Garde, in the Association's Bill, that claimed attention. He hardly know how to express himself in terms to convey what he wished to their minds, without using words he might regret. A great objection was made to the double examination. They had had here Mr. Hastings, and he acknowledged that the double examination was to get two fees, instead of one, and so conciliate the College of Physicians and the College of Surgeons. The terms originally were, that young men were to be "licensed to practise" by this all-powerful Council; but when they had licensed them, did they dare to practise? Not a bit of it! If they had, they would have rendered themselves amenable to the Registration Clause. They paid them money, because the Medical Council had licensed them to practise as qualified persons on the examination of their own Board of Examiners; yet it would not do, but they must be sent up either to the College of Physicians, or the College of Surgeons—the very men who had already, at the Council examination, pronounced them qualified to practise, to be examined again. For their second examination they were to pay a second fee. They were then to be entitled to practise, on being registered, and paying a third fee. The absurdity of licensing to practise, and then saying,—You shan't, seemed too glaring when once detected, so they had now changed the word, and instead of "licensing" them, they gave them a "certificate of approval"—so they took the 10*l.* and gave them a certificate of approval as persons fit to practise, adding, but you must not practise, if you do, we will be down upon you under the Registration Clause—there is no escape. This he denounced as a mere subterfuge.

E. P. Pridham, Esq., rose and said the aim of Conference was to make the Bill emphatically the Bill of the Profession. On the 28th of April Conference assembled, and he had taken down the names of those present. (The speaker here read down from a journal a great many names of gentlemen, several of them holding high positions in our Universities, and other places.) With this meeting, continued Mr. Pridham, one would have imagined (from the expressions continually used) that the Profession was unanimous, and that the success of the Association was unparalleled; although there was only one-ninth part of the Medical Profession of England and Ireland connected with them. Letters were read from the authorities of the College of Surgeons, from English Universities, from the Universities of Scotland, and from the College of Surgeons of Ireland, disapproving of the Bill. The representative of the Apothecaries' Company said, if certain objections were removed, he would consent. How it was possible for the Association to look back upon their own records, and reconcile their own contradictory statements with what passed at this Conference was astonishing. The Association having assured its members of its unparalleled success, relinquished the draft Bill; amended the Bill, to make concessions to the College of Surgeons in London; granted letters of approval on payment of 10*l.*; lastly, this great and grand Bill was to be greatly "simplified" and "improved," with the concurrence of those for whose advantage it was disfigured. It was impossible to look upon the termination of this matter without inquiring the motives and intentions of the promoters of this Bill. In order that they might hold the power of taxing the Profession to a certain amount, and have the power of distributing the amount so collected, as their own, appoint their own officers and legal advisers, they had yielded every point upon which they at first plumed themselves; and at last they said, "We understand that the Bill is to be brought in 'greatly simplified and improved.'"

The Chairman said, before he put the memorial to the meeting, it would become him, as Vice-President of the Association, to express his views and opinions upon the subject. It appeared to him, as far as he could judge, that there were some matters on which the whole of the Profession were agreed; but, unfortunately, there was a greater number of them in which they were not agreed. There was one thing, however, on which all of them were agreed—namely, the great advantage that would arise from a proper registration. It had become a matter of question how it should be met, but still there was an opinion among the Profession that there should be such a registration. In Mr. Brady's Bill it was carried out so as to exclude from practice those who were not entitled to practise; and he thought, if such a measure as that could be carried, there was hardly a single member but would say it was a great point gained; but he feared Mr. Brady's Bill would be suffocated.

E. Empson, Esq., felt that if it were impracticable to obtain a more efficient Bill at present, Mr. Brady's would be a beginning, and he saw nothing in that Bill which would militate against a more enlarged measure at a future time. Mr. Empson gave his cordial assent to the memorial, and, after a few explanatory observations, a vote of thanks was accorded to Mr. James for his able conduct in the chair, and his excellent aid, generally; also to the Committee of the Hospital for the use of the room, and the meeting separated.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Monday, May 15.

Petitions were presented by Mr. Cairns, from the Treasurer of St. Bartholomew's Hospital, against certain Clauses in the Mortmain Bill; by Lord Newport, from Shiffnall, in favour of the Medical Registration Bill.

THE BOARD OF HEALTH.

In answer to a question from Sir J. Shelley,

Sir W. Molesworth stated, that it had been determined that all matters connected with the Board of Health should be placed under the superintendence and control of the Home Department. His noble friend, the Secretary for the Home Department was about to bring in a Bill to amend the Board of Health.

HOSPITAL ACCOMMODATION.

Sir J. Young moved for leave to bring in a Bill for the extension of hospital accommodation in Ireland.

Colonel Dunne said, this Bill was viewed with great jealousy in Ireland, as any Bill would be that gave increased power to the Poor Law Commissioners.

Mr. J. Ball supported the Bill, and considered that institutions of that kind in Ireland generally needed much supervision.

In answer to a question from Lord Naas,

Sir J. Young said, it was not contemplated that the only persons receiving relief under this Bill should be the destitute poor, but that such relief should be much more general. Also that the government of the Hospitals would be under the supervision of the local gentry as well as of the guardians.

Leave was then given to bring in the Bill.

COMMITTEE.—DUBLIN HOSPITALS.

This Committee sat again on the 11th inst., and examined several Medical gentlemen. Their evidence was of the same tone as that hitherto given. They express their conviction that Dublin could not support her Hospitals by voluntary contributions, and deprecated strongly the withdrawal of the Government grants.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 12th inst.:—

Adams, Richard, Plymouth.
Dickerson, Stephen Henry, Harlest, Suffolk.
French, Henry Joseph, Dublin.
Harrison, John, Ratherwood, Ashby-de-la-Zouche.
Hichens, John, Redruth, Cornwall.
Rowe, William Palmer, Liverpool.
Suckling, Cornelius Benson, Birmingham.
Walker, Thomas Houghton, Army.

The following Members of the College, having undergone the necessary examinations, were admitted "Fellows," at a meeting of the Council, on the 11th inst.:—

Ainger, Major, Bengal Medical Service; Diploma of Membership dated May 23, 1842.
Bullock, Henry, Leicester; March 7, 1851.
Carver, Edmund, Cambridge; May 12, 1848.
Hornidge, Thomas King, Wilburn.
Mitchell, Henry, Harley Street; July 30, 1849.
Postgate, John, Birmingham; July 11, 1844.
Wood, John, Old Burlington Street; July 30, 1849.

The following gentlemen having undergone the necessary examinations, were admitted Members at the meeting of the Court, on the 15th inst.:—

Coppin, Morney, Dublin.
Gervis, Walter Soper, Ashburton, Devon.
Lewis, William Jarrett, Carmarthen, South Wales.
Nesbitt, Francis Albert, Louth, Lincolnshire.
Overton, John Greenway, Coventry.
Salter, John Morgan, Poole, Dorset.
Rouse, Robert, H.E.I.C.S., Bengal.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 11:—

Cheetham, James Kinder, Broom-hill, Rochdale.
Drew, John Henry, Southampton, Hants.
Holman, Henry Colgate, East Hoathly, Sussex.
Keele, George Thomas, Noyal Navy.
Marriott, Peter William, Loddeswell, Devon.
Stephenson, James, Dalston.
Stephenson, Richard, Pickering, Yorkshire.

APPOINTMENTS.

Metropolitan Free Hospital.—Dr. Barnes, of 13, Devonshire-square, has been unanimously elected Physician to this institution.

St. Thomas's Hospital.—On Tuesday last, Dr. Bristowe was elected without opposition to the post of Assistant Physician to St. Thomas's Hospital. We are glad to learn that it is contemplated to allow him the same number of beds as his predecessor.

VACANCIES.

Taunton and Somerset Hospital.—The House-Surgeoncy is vacant. Election, July 6.

Bedford Lunatic Asylum.—A Resident Medical Officer is wanted.

Frome Union.—A Medical gentleman is required for the Fifth District of this Union (parishes of Wells, Leigh, Buckland, Elm, and Whatley). Election, June 6.

North Staffordshire General Hospital.—The office of Junior House-Surgeon is vacant. Election June 6.

DEATH.

Lynn.—May 11, at Norwich, George Doughty Lynn, Esq., M.D., in his 75th year, after a few hours' illness.—(*Times.*)

Epidemiological Society.—The Cholera Committee of this Society, considering it of great importance that, in the replies to the queries they have issued to the Profession, the results of each epidemy of cholera should be given as much as possible without reference to those of other epidemics of this disorder, are very desirous that those members of the Profession who have obtained the queries, and who may have witnessed cases of cholera during the outbreak of last year, or during the present year, should transmit to the Secretaries of the Committee what information they are in possession of, before another irruption of cholera takes place. The Committee will thankfully receive and acknowledge communications on this subject from any quarter; but they more particularly look for valuable contributions to our present knowledge of cholera to the Profession at the following places, which suffered more or less from this scourge during the recent epidemy, viz., Liverpool, Newcastle, Sunderland, Hexham, Wallsend, Walltown, Crook, Stockton, Workington, Alnwick, Redruth, Leeds, Plymouth, Belfast, Cork, Carrickfergus, Edinburgh, Arbroath, Airdrie, Campbelltown, Dundee, Glasgow, Kilmarnock. Those who may favour the Committee by returning the queries answered, as far as their means of observation enable them, may rely upon fresh copies being at once sent to them for recording the results of any future epidemy; and any member of the Profession wishing to obtain the queries, may be supplied with a copy of them by notifying his desire and address to either of the Secretaries of the Committee, Dr. Bryson, No. 8, Duke-street, St. James's, and Dr. M'William, 14, Trinity-square, Tower-hill, London.

Epidemiological Society.—We are happy to learn that the Council of the Society have appointed a Committee to take the question of supplying the labouring classes in epidemic and other diseases with nurses, into consideration. The Committee consists of the following gentlemen, who have power to add to their number—Dr. Camps, Dr. Carlill, Dr. Hall Davis, Henry Tudor Davies, Esq., Rev. R. Holt, Dr. Sibson, Dr. Snow, Dr. Sieveking. The funds of the Epidemiological Society not admitting of any further claims than those of already existing committees, it is understood that the Committee for providing nurses, etc., must raise all moneys required for their expenses themselves. They are, therefore, authorised by the Council to apply to the friends of the undertaking for pecuniary means, and we cordially urge those interested in an important sanitary and philanthropic scheme, not to withhold the assistance without which even the preliminary steps cannot be taken.

Medical Graduates of London.—Mr. Bell has a Bill before the House of Commons to extend to every M.B. and M.D. of the University of London the same right, without further examination, to practise physic (including surgery) as is enjoyed by the M.B. and M.D. of Oxford or Cambridge; and those who have already so practised are to be indemnified from all forfeitures and penalties.

Queen's College, Cork.—At the entrance examinations of the academic year 1852-53, there were admitted to commence their studies for degrees, 44 matriculated students, and 65 matriculated students of previous years continued their attendance. There were also 21 non-matriculated students. The students were distributed as follow:—In the Faculty of Arts, 47; Faculty of Medicine, 61; Faculty of Law, 4; Course of Engineering, 17; Course of Agriculture, 5. Four were proceeding for degrees in more than one faculty.

Belfast Medical Society.—At the stated Annual Meeting of this long-established, influential Society, held on the 1st May, in their Library Room, at the General Hospital, which was very numerously attended, the following Officers were elected by ballot for the ensuing year:—President, Dr. Thomas Read; Vice-Presidents:—Dr. Robert Stewart, Lunatic Asylum; and Samuel Browne, Esq., R.N.; Council, Drs. Dill, Malcolm, Gordon, Queen's College; Horatio, Stewart, Queen's College; Pirrie, and Moore, with Dr. M'Gee (ex-Mayor), *ex-officio*, as the retiring President; Treasurer, Dr. Patterson; Secretary, Dr. Drennan, who were both unanimously re-elected—the ballot having been dispensed with in their case—and a cordial vote of thanks passed to them, for their very efficient and zealous services, in the discharge of the important duties of their respective offices. At the same meeting, also, Dr. Stronge, of Belfast, was elected a member.

Sickness in the Baltic Fleet.—We learn, by private letter from one of the Surgeons of the ships in Sir C. Napier's squadron, dated May 3, that colds and influenza are prevalent, the whole proportion of sick being 1 in 14. Five per cent. is considered to be the usual average sick-list of ships on service.

Yellow Fever.—The weather has been unusually hot on the Brazil coast, and there has been a return of yellow fever at Rio and Bahia; at the latter port much sickness prevails among the shipping.

Dr. Freeman Daniell.—We are glad to announce the safe arrival in this country of Dr. William Freeman Daniell, M.R.C.S., on his promotion as Staff-Surgeon. This indefatigable explorer of Africa has again enriched the natural history of this country with some invaluable specimens, and has been the first to bring home in safety living specimens of that extraordinary animal the lepidosiren annectens (Owen). They are at present in a state of hybernation, and were exhibited by Professor Quekett, on Wednesday last, at his Histological lecture.

Mortality Notabilia.—The mortality of London, as shown by the registration for the week that ended last Saturday, is not so high as in the three preceding weeks, in which the deaths were 1193, 1211, and 1263. Last week the number returned fell to 1093. In the ten weeks corresponding to last week of the years 1844-53, the average number was 946, which, if raised in proportion to increase of population, becomes 1041. The mortality is, therefore, still in excess of the estimated amount. Epidemic diseases exhibit a decrease on the number of the previous week. Diarrhœa and dysentery, which were fatal in the previous week in 29 cases, declined last week to 12; and no case of cholera of any kind has been registered within the last 3 weeks.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May* 13, 1854.

Causes of Death.	May 13. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
All Causes	529	344	217	1093	9455
Specified Causes	528	342	217	1090	9395
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	195	47	10	252	1830
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	5	29	21	55	444
3. Tubercular Diseases	68	112	3	183	1883
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	58	28	31	117	1164
5. Diseases of the Heart and Blood-vessels	3	19	20	42	387
6. Diseases of the Lungs and of the other Organs of Respiration	84	40	42	166	1538
7. Diseases of the Stomach, Liver, and other Organs of Digestion	20	23	17	69	620
8. Diseases of the Kidneys, etc.	2	7	7	16	100
9. Childbirth, Diseases of the Uterus	..	7	..	7	129
10. Rheumatism, Diseases of the Bones, Joints, etc.	5	6	1	12	88
11. Diseases of the Skin, Cellular Tissue, etc.	1	4	3	8	14
12. Malformations	4	1	..	5	36
13. Premature Birth and Debility	35	2	..	37	227
14. Atrophy	30	1	8	39	228
15. Age	..	..	47	47	410
16. Sudden	3	..	2	5	77
17. Violence, Privation, Cold, and Intemperance	6	16	5	30	220
Causes not Specified	1	2	..	3	60

BOOKS RECEIVED.

Observations on the Climate of the North Island of New Zealand. By A. S. Thomson, M.D. Auckland. 1853. (An interesting addition to Medical Topography.)

A Treatise on the Cure of Stammering. By J. Hunt, M.R.S.C.L. London: Longmans. 1854.

Syllabus of a Course of Lectures on Botany, delivered at Charing-cross Hospital, London. By F. W. Headland, B.A., etc. London: Churchill. 1854. (A very complete course.)

Third Annual Report of the Wilts County Asylum. Devizes. 1853.

First and Second Quarterly Reports of the Sickness and Mortality of the Borough of Swansea. By W. H. Michael, Medical Officer. Swansea. 1854. (Very creditable reports.)

The Upper Canada Journal. Toronto. April, 1854.

The Micrographic Dictionary. Part I. By J. W. Griffith, M.D., and Arthur Henfrey, F.R.S. London: Van Voorst. 1854.

Psychological Inquiries. London: Longmans. 1854.

On the Displacements of the Uterus. By J. M. Duncan, A.M., M.D. Edinburgh: Sutherland and Knox. 1854. (Reprint from the *Edinburgh Medical and Surgical Journal*. A very good paper.)

New York Medical Times. Nos. I., II., IV., and V.

Vertigo. By J. R. Reynolds, M.D. Lond. London: Churchill. 1854. (An able paper, read last month at the North London Medical Society.)

Medicines: Their Uses, and Modes of Administration. By J. M. Neligan, M.D. Fourth Edition. Dublin: Fannin. 1854.

Epilepsy, and other Affections of the Nervous System. By C. B. Radcliffe, M.D. London: Churchill. 1854.

TO CORRESPONDENTS.

A. B. C., Great Dunmow.—The demand of the Guardians is wholly illegal, and the husband of the poor woman is quite justified in refusing to sign any such paper as that put before him.

W. S. should write to the Secretary of the Company, when forms of application will be forwarded to him.

Dr. Fyfe.—The correction has been made.

The Rev. G. A. M.—As the Professor was not a Medical Man, we cannot admit the notice so obligingly forwarded.

Studiosus.—The fee for the licence of the Apothecaries' Company is six guineas for the country, ten for London. The diploma of Membership of the College of Surgeons is £22. For the Fellowship £10 10s. extra. For the Midwifery licence, old members pay two guineas, and young members three guineas. The fee for perpetual attendance on all the lectures and hospital practice at Guy's Hospital is £100.

H. B. T.—The next annual meeting of the Association is to take place at Manchester.

G. A. W.—The lectures have not been published.

River Avon, Esq.—The "delectable historical poem" is not exactly adapted for our columns.

A Provincial Student.—Dr. Henry Munro is the author of the work named.

Dr. Garrett's letter shall appear next week.

R. R. R.—The inquest was to have taken place at four o'clock on Wednesday, but did not. The jury were informed that they need not assemble, the officer having taken the notification round to their houses. Our reporter concluded, therefore, that the matter is to be hushed up, but the questions of professional morality involved are too important to admit of this.

The Communications of *Mr. Teale*, of *Leeds*, and *Mr. Rigden*, of *Canterbury*, are in type, but are unavoidably postponed until next week.

The reports of the Pathological Society and of the Physiological Section of the Medical Society of London are also delayed, as we were unwilling to divide the Lecture of Professor Owen.

An Old Subscriber.—It is better not to expose such affairs.

COMMUNICATIONS have been received from—

Dr. Peacock; Dr. Seaton; Hon. Secretary Western Medical and Surgical Society; Dr. Garrett; Mr. Rennie; Mr. Daft; Mr. Ryott; Dr. Leared; Dr. McWilliam; Mr. De Morgan; Dr. Ramskill; Mr. H. Smith; Dr. Stokes; Mr. Teale; Mr. Hawkes; A. B. C., Great Dunmow; W. S.; Dr. Fyfe; The Rev. G. A. M.; Studiosus; H. B. T.; G. A. W.; Mr. River Avon; A Provincial Student; R. R. R.; Mr. Potter; Mr. Chipperfield; Mr. Hillier; Mr. Hastings; Mr. Hornidge; Mr. Royston; An Old Subscriber.

The Leprosy is said to be spreading so rapidly in Norway, that fears are entertained of its becoming a general sickness, as in the Middle Ages.

Mortality in Public Institutions for the week ending May 13:—

	Males.	Females.	Total.
Workhouses	48	69	117
Military and Naval Asylums	12	...	12
General Hospitals	38	12	50
Hospitals for Special Diseases	7	3	10
Lying-in Hospitals	2	...	2
Lunatic Asylums	5	3	8
Military and Naval Hospitals	1	...	1
Hospitals for Foreigners, etc.	2	...	2
Prisons	2	...	2
	117	87	204

ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,
AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.
Physician to St. George's Hospital.

Lecture IX.

ON THE CONSEQUENCES OF INDIGESTION.—RENAL CALCULUS.

In the last three lecturcs, I have brought before you the causes of renal calculus; I purpose, therefore, in this lecture, to dwell on the consequences and treatment of this disease.

Whenever a renal calculus has formed, one or more of four different phases of existence, each of which may be of variable duration and intensity of suffering, may be observed. 1st. The stone may remain in the pelvis of the kidncy, and produce scarcely any symptoms; while, by the microscope, distinctive marksof irritation may be observed in the urine. 2nd. It may for many years produce slight symptoms, which occasionally may become very severe. 3rd. It may pass out of the kidney, and cause obstruction at either end of the ureter, where it may produce ulceration, which may be followed by cicatrization, or by abscess and sloughing. 4th. It may escape from the ureter, and form a stone in the bladder, or pass out by the urethra. These are the most remarkable consequences of renal calculus, and these I shall endeavour to illustrate by some cases which I have seen.

1st. The stone may exist in the kidney, and never be suspected during life. A woman, aged 40, was admitted into St. George's Hospital, on the 1st of March, 1839, for ovarian tumour and dilated heart. The urine was slightly coagulable by heat and acid. In a week, scarcely a trace of albumen could be found in it. At the end of a month, in consequence of catarrh, anasarca appeared. No albumen at all could be detected in the water previous to her death, which occurred five weeks after her admission. On examination, besides the ovarian disease and dilatation of the heart, there was effusion into the chest and abdomen. In the pelvis of the left kidney a uric-acid calculus had formed. It was moulded into the shape of each calix, of which it formed an accurate cast. It may, with great probability, be considered, that in this case, as in many other cases in which two diseases exist at the same time, the symptoms of the one may cause the patient and physician to overlook and confuse the effects of the other. But this renal calculus had probably existed for many years previous to the commencement of the ovarian disease. In consequence of being imbedded in the kidney, it could not change its place, and in a person of a sedentary habit, it would give rise only to weight and uneasiness in the loin, and to occasional microscopic appearance of blood-globules in the urine, with a slight trace of albumen.

An officer, aged 60, brought me a small pill-box full of uric-acid calculi. They bore on their surfaces evident marks of contact with one another. He stated, that he knew nothing about them until they were passed. He complained of no pain, no irritation, and said he should not have come for advice if he had not been sent by his Medical man. On examining the urine, there was no coagulation by heat and acid. On examination by the microscope, a few blood-globules were found: the water was otherwise healthy. In consequence of the blood-globules, I stated my belief that there were still more of these small calculi in the kidney, and in a few weeks he returned with more uric-acid calculi.

In another case, in which, from the occasional microscopic appearance of blood globules in the urine, I considered that a renal calculus, or gravel, existed, the patient could hardly be persuaded to watch for the escape of a concretion in the urine. It was not until at a future visit I found a small calculus, which he had unknowingly passed, that he believed my statement.

I could read you the notes of many more cases in which the microscope alone has enabled me to predict the existence of renal calculus. Usually, however, other symptoms, slight or severe, occur, which confirm the chemical and microscopical examination of the urine.

2ndly, then, the symptoms may be more or less severe for many years.

[No. 765.—New Series, No. 204.]

W. P., carpenter, aged 61, came to me on the 28th of October, 1852. He stated that he had continual pain in the left kidney; sometimes like a dead heavy weight, at other times most acute, especially after much walking, or hard work at his trade. His general health and appetite are good. On examining the urine, it gave the slightest evidence of albumen, and most distinct evidence of blood globules. There was no pus, no increase of mucus, and no crystalline deposit. The urine was acid. He said that, when 11 years old, the pain first came on very suddenly, and was followed by a discharge of blood in the water. That the pain had never entirely left him, and that it had become worse and more constant lately. He had not unfrequently found that the urine was bloody. He never passed any gravel to his knowledge. In this case, the symptoms and appearance of the urine led to the positive opinion that a renal calculus existed; and, if his account may be trusted, there can be no doubt that it was formed fifty years previous to his visit to me.

An officer, aged 61, came to me, Jan. 21, 1851. He said that, twenty-four years ago, he first passed blood in the urine, with pain in the left side and in the groin. The warm bath then relieved the symptoms. He never was conscious of the passage of a stone, or of gravel, from the bladder. The blood in the water, and the pain in the side, have returned twenty, thirty, or more times, and latterly the attacks have been more frequent. Occasionally he has had the pain without any blood following. He never vomits, but he has fainted from the pain, perhaps as often as in six different attacks. Says that he travels every year without inconvenience; is disturbed once every night; the joints of the fingers are thickened and enlarged. On examining the urine, a few blood globules were found, with a very slight trace of albumen.

A clergyman, aged 41, came to me, August 24, 1850. For twenty years he has had blood occasionally in the urine. He used to hunt a good deal, but hunting brought on the blood, so he gave it up. Latterly he thinks the blood has come periodically every three months or so. He has occasional pain in the left groin and in the left kidney. The tongue was clean. The pulse 96, soft. Some urine which he brought was very thick from urates. Another clear specimen contained a mere trace of blood-globules, and was acid to test-paper, and free from albumen. After food he has some uneasiness in the stomach, no sickness, and but little nausea. The bowels were regular. He made no complaint of urgency or frequency in passing the water. Six months afterwards I again saw this gentleman. The symptoms and the state of the urine were very nearly the same.

A needlewoman, aged 47, was admitted October 3, 1849, into Holland Ward. Seventeen ycars previously she first passed blood in the urine. She has ever since had occasional attacks of pain in the left renal region, but has not observed blood since. The urine was acid, milky looking, specific gravity 1015, did not clear by heat, was rendered viscid by liquor potassæ. The microscope showed pus in abundance, and some blood globules; little epithelium, and numerous lively vibriones. No oxalate of lime, no uric acid crystals could be seen. There was much pain and tenderness in the left renal region and in the left hypochondrium, and on deep pressure a small, hard, oval tumour was distinctly felt.

She was ordered leeches, fomentation, henbane, nitre, and saline draught.

The pain was much relieved by the leeches, which were employed three or four times. The urine became less purulent. In four months she left the Hospital, the tumour being still perceptible, and the urine still containing blood globules and pus.

If I am right in my opinion, that in these four cases the calculus exists and has existed from the time when the blood first was seen in the urine, then renal calculi may exist in the kidney for seventeen, twenty, twenty-four, and even fifty years, without giving rise to dangerous symptoms. Occasionally the symptoms may become more severe. The most frequent accident is hæmorrhage, and this sometimes is excessive. A gentleman, aged 68, on the 28th December, at 11 p.m., first saw blood in the water, with some uneasiness in one loin. He made water on the morning of the following day, at 8 a.m. It was very bloody. He was first seen by a Medical man at 11 a.m., when he could pass no water. In the evening I saw him; the bladder was then distended, forming a perceptible tumour above the pubes; doubtless it was full of blood. He tried in vain to pass water on the 30th; no water passed. There was a little bloody discharge from the urethra. He did not feel uncomfortable. The tumour of the abdomen was less distinct. He objected to the introduction of an instrument to wash out the bladder, and on

the following morning the urine passed of itself, mixed with dark blood.

But, 3rdly, instead of the calculus remaining more or less quiet in the kidney, it may pass out, and then the symptoms become intense, and the injury done to the ureter may be very serious.

If you are anxious to read an exact account of a nephritic attack, the best that I know of is that given by Dr. Parry, of Bath, of what he felt himself. I must refer you to it. (See Dr. Parry's Works.) Instead of the calculus passing down freely, it may lodge just where the pelvis of the kidney narrows into the ureter, about an inch or two outside the kidney. Here the stone may be immovably fixed, producing the symptoms which I shall illustrate when speaking of retention of urine, in a future lecture. After lodging for a time, it may pass away; but during its stay it may cause ulceration of the ureter, or sloughing of the ureter, or the calculus may dilate the ureter and pass down just to the entrance of the bladder, where it may again become impacted and give rise to fresh suffering.

The following is a case of impaction lasting five weeks, causing sloughing and abscess in the loins, of which the patient died, though the calculus passed into the bladder. On the 23rd of November, 1844, I saw a gentlaman, aged 54, who for three weeks had suffered with a renal attack, with pain in the left lumbar region, occurring in fits. He had fever and continual vomiting; pain in the left testicle, and down the thigh. The urine was alkaline when passed, and contained blood. There was much pain on pressing over the region of the left kidney, either before or behind. There was more fulness on the left lumbar region than on the right. The skin was hot and dry, and pulse quick. At the end of a week he had another attack of pain. In ten days more he was able to be up. His appetite was improving, and he gained flesh.

On the 20th of December, he passed a calculus consisting of phosphates and urates. It was the size of a small bean. For three days afterwards he appeared quite well.

On the 24th, he had more pain in the region of the left kidney.

27th.—More fever, brown tongue, urine thick from pus; alkaline.

28th.—Pulse feeble, intermitting; tongue brown, dry; hiccup; distended abdomen; very little urine secreted, what was passed much clearer than hitherto. He sank, and died the next morning.

On examination, there was slight but decided dry peritonitis. On tearing through the peritoneum to the left kidney, much thick purulent matter escaped. On drawing down the kidney, the ureter was found sloughed through, about an inch and a-half below the pelvis. The kidney was very large: the calices much dilated; the structure of the kidney much congested and soft. There was much congestion about the opening of the left ureter into the bladder. The abscess about the left kidney was dark, putrid; extending far up to the diaphragm.

I have known such an abscess opened in the loins, and the stone removed through the artificial opening, and the patient recover perfectly, the abscess entirely healing.

In *post-mortem* examinations, it is not very uncommon to find the ureter partially or entirely closed about two inches from the pelvis of the kidney, the patient dying of some other disease. It seems to me most probable, that this stricture of the ureter may be caused by the cicatrisation of an ulcer produced by a calculus.

A man, aged 32, died of pleurisy and phthisis. On examination, the right kidney was congested, but otherwise healthy. The structure of the left kidney presented a healthy appearance, but its pelvis, infundibula, and calices, were very much dilated, and filled with a thick, grumous fluid, which was mixed with gravel and sand. The dilatation of these parts depended on a stricture of the ureter, which had taken place about two inches from the pelvis of the kidney. The ureter was still pervious, but a pig's bristle was the only thing that could be passed through the stricture, which was more than two lines in length. The other portion of the ureter presented nothing remarkable beyond a slight discoloration. The parts in the neighbourhood of the stricture of the ureter were not thickened.

In another patient, who died of Bright's disease, the left kidney was mottled and granular. The right was also diseased, but the whole of its glandular tissue had nearly disappeared; the fibrous capsule alone remaining, with a very thin layer of glandular structure. The pelvis was enormously dilated; this appeared to depend on complete obstruction of the ureter just at its commencement.

Here is a splendid preparation from our Museum, of which however, no history exists. I could give you other examples of the same stricture, but hitherto I have no previous history of a nephritic attack which would confirm the view which I have taken of the cause of this contraction of the ureter.

Dilatation is certainly more common than stricture. Both ureters may sometimes be found larger than the small intestines, with irregular pouches, with or without calcareous matter. In such cases the calculus has been stopped at the entrance of the bladder.

A young woman, aged 20, died in St. George's Hospital, with purulent urine and low, feverish state. On examination, a calculus nearly blocked up the opening of one ureter into the bladder. The ureter above the obstruction was dilated. The other ureter contained a calculus, where the ureter became narrow at its commencement. She had for ten years suffered from renal symptoms, the urine frequently containing blood, and probably always pus, but it was never suppressed.

These are, however, comparatively rare occurrences. Usually the calculus passes down the ureter into the bladder, and finally is discharged through the urethra. The instantaneous relief which ensues on the escape from the ureter is strikingly described by many patients. Too many then consider that they are free from all further consequences, until the nucleus growing in the bladder causes the symptoms of stone. The chemical composition of the renal calculus does not appear to exercise any influence on the nature of the symptoms. The difference in the degrees of hardness of different kinds of calculi is not sufficient to make any remarkable difference in the mechanical effect. Usually renal calculi consist of uric acid or oxalate of lime. Phosphatic renal calculi are comparatively very rare, and a renal calculus of cystine is so rare that I may perhaps be allowed to mention the following case of renal calculi of cystine.

Nov. 22, 1848, I was asked to see an Italian courier, aged 49. He had had considerable hæmaturia for three weeks. It was stopped by drachm doses of muriated tincture of iron. He said, that he had some tenderness in the right loin at times, and has constantly passed calculi; at one time many together. They looked, he said, like sugar-candy. The urine passed in my room was acid, and contained multitudes of pus-globules. It contained much albumen. I gave infusion of buchu, and heard no more of him until Jan. 24, 1850, when he was dying, being in a semi-comatose state. I could find no effusion in the chest, and no disease of the heart. Since his first visit, he has had occasional attacks of hæmaturia. There has been pus constantly in the urine. It is now, and has been for some time, ammoniacal. He died on the 26th. He was examined forty-eight hours afterwards. The body was well formed, and in good condition. On cutting open the left kidney, one large calculus and some smaller pieces were found. The calculus was not loose in the pelvis, but moulded to the infundibula, and had to be cut out. The mammary processes of the kidney were absorbed, and the chief part of the cortical structure was gone. The irregular cavity formed by the dilatation of the pelvis contained a quantity of highly offensive, purulent fluid. The left ureter was pervious; it was thickened, and the lining membrane inflamed. The right kidney was very small, being less than one half its natural size; it was remarkably diminished in thickness. The capsule was firmly adherent, and, when removed, the cortical surface was very rough, with a granular, finely beaded surface. On section being made, the cortical structure was very much wasted, and of a very deep colour. A considerable quantity of fat was found surrounding both kidneys, closely adhering to the capsules of the kidneys, and to the surrounding cellular tissue. The mucous membrane of the bladder, near to its neck, was somewhat more vascular than natural. No other morbid appearance was observed. The other organs of the body were not examined. The calculi were cystine only.

The treatment of a nephritic attack consists in relieving pain and preventing inflammation. While the calculus is quiet in the pelvis of the kidney, but little can or need be done. That little consists, 1st, in hindering the increase of the concretion in the kidney, by correcting the unhealthy state of the urine by diet and medicine, according as acid, alkali, or oxalate of lime predominate; and, 2ndly, in hindering inflammation in the pelvis of the kidney by avoiding severe exercise. I have frequently known patients advised to take strong exercise, but it is not during exercise that the calculus usually quits the kidney for the ureter. Most commonly I am told by patients that, in turning in bed at night, they were suddenly seized with the nephritic symptoms.

The first object must be to allay the pain. The hottest hip-bath, at the temperature of 110° or 112° Fahr.; chloroform externally and internally; opium; the injection of warm water into the rectum;—by these the first indication of relieving the pain may be fulfilled.

The second object is to guard against inflammation; this is effected by general or local bleeding, by aperients, sudorifics, and purgatives.

The complaints which may be mistaken for a nephritic attack are lumbago and colic. I know of no certain means of distinguishing these diseases except the microscopic examination of the urine. The absence of vomiting in lumbago, and the seat of pain in colic, may lead you to a correct opinion; but the presence of blood-globules when the urine is examined with the microscope, is the sure indication that the attack is caused by the descent of a renal calculus, and the affection of the testicle may be generally found confirmatory of this opinion. Do not think that in every case in which blood is found by the microscope in the urine a calculus necessarily exists in the kidney. Blood-globules may appear in the urine from simple congestion of the kidney in many diseases,—from Bright's disease, from inflammation of the mucous membrane alone, from congestion or disease of the prostate, from scrofulous disease, or malignant disease; and, in some of these diseases, the difficulty of distinguishing between them and renal calculus is by no means easy. In a future lecture I shall return to this subject.

Be careful of expressing your opinion of the presence of a calculus in the kidney until you have the most decided evidence in the state of the urine. I have twice had supposed renal calculi sent to me for examination, which proved to be pebbles with which the patients intended to deceive their Medical attendants, who, by asserting, that some day a calculus would pass, had induced their patients to try how easily imposition could be practised. Even when one true calculus passes, no opinion as to the perfect freedom of the patient from other calculi should be given until the urine has been found to remain perfectly free from blood-globules after strong exercise has been taken.

LECTURES
ON THE MALFORMATIONS OF THE HEART.

DELIVERED AT

St. Thomas's Hospital.

By THOMAS B. PEACOCK, M.D.
Assistant-Physician to the Hospital.

Lecture III.

In the previous Lectures I have spoken of the irregularities in the conformation of the heart, which depend on arrest of development. The malformations to which I have next to allude are those in which the development of the heart, or of the bulbus arteriosus or branchial arches is irregular. Under this head I shall first draw your attention to the cases in which an abnormal septum occurs in the right ventricle, as in these there is frequently some obstruction at the pulmonic orifice, or other malformation, by which they are associated with the class of cases before described.

Abnormal Septum in the Right Ventricle.—Mr. Grainger has explained to you, that, in the turtle and other of the higher reptilia, the heart consists of three imperfectly-separated ventricular cavities;—the right and left systemic ventricles, from which the two aortæ arise, and a smaller pulmonic ventricle communicating with the right, but entirely separated from the left aortic ventricle, from which the pulmonary artery takes its origin. The sinus and infundibular portion of the right ventricle in man are the anologues of the right aortic and pulmonic ventricles of the turtle; and, when an abnormal septum is developed in the right ventricle, it is at the point of union of the sinus and infundibular portions, where, in the turtle, the two ventricles are partially separated. I have before exhibited to you a preparation, in which, with contraction of the pulmonary orifice, that vessel arises from a small cavity partially separated from the rest of the ventricle by thick, muscular columns. In some cases, however, the separation is much more complete than in this instance; and it may exist without any contraction or other irregularity at the pulmonic orifice, and, indeed, where the heart is otherwise well formed.

Mr. Le Gros Clark has described, in the "Medico-Chirurgical Transactions," (a) the case of a man who presented this malformation, as you will see in the preparation before you. He was nineteen years of age, and had laboured under symptoms of cardiac disease, with much lividity of the face, probably throughout his life. The pulmonary artery is provided with only two semi-lunar valves, but the orifice is not contracted, and, immediately below its origin, there is a cavity of small size, partially separated from the other portion of the right ventricle; the only communication between the two cavities being through two small circular apertures, "neither of which would admit, without distention, the passage of a small-sized goose-quill." The circumference of the opening is dense and white, similar in appearance to the auriculo-ventricular zone. The septum ventriculorum is deficient at the base, so that a communication exists between the sinus of the right ventricle and the left ventricle, by which the blood must have passed from the former cavity into the aorta. Shortly after Mr. Clark's case was reported at the Medico-Chirurgical Society, I communicated to that body (a) a very similar instance of malformation. The subject of the case was a boy fifteen years of age, who did not appear to have presented marked cyanosis, till he had an accident twelve months before his death. He died at the Royal Free Hospital, after a short illness, of inflammatory obliteration of the trunk of the pulmonary artery, connected with rheumatic symptoms. You will observe in the preparation that there is a muscular partition dividing the sinus from the infundibular portion of the right ventricle, though much less completely than in Mr. Clark's case. Owing to a deficiency in the inter-ventricular septum, there is also a very free communication between the aorta and the sinus of the right ventricle; and, while the walls of the latter cavity are much hypertrophied, those of the infundibular portion retain their natural width. The valves of the pulmonary artery are only two in number, and are extensively diseased. The artery itself is of small size, its coats are thickened, and its cavity entirely obstructed by adherent fibrinous coagula. In these cases there is a very striking analogy to the form of heart in the turtle, and very similar malformations appear to have existed in other cases described by Mr. Holmstead (b), Dr. Farre (c), Drs. Todd and Crampton (d), and M. Aran (e). In a case, however, otherwise resembling these, recorded by Dr. Theophilus Thompson (f), the pulmonic orifice was unusually large, and there were four semi-lunar valves. Another instance has also fallen under my own notice, and is described in the Medico-Chirurgical Transactions (g), in which a septum existed in the right ventricle, though the heart was in every other respect naturally formed. The child, which was five years of age, was for some time under my care, and had presented throughout its life marked signs of venous congestion, and was very delicate and susceptible to cold. The two portions of the right ventricle are separated by a well marked septum, perforated by an oval opening, which would admit the point of the fore finger; and by several minute apertures below. This case, so far as I am aware, is the only instance on record in which the right ventricle has been found divided by a septum, though the heart was otherwise naturally formed. Together with the cases of Mr. Clark and Dr. Thompson, it shows that the formation of the abnormal septum cannot, as has been supposed, be dependent simply on hypertrophy of the muscular columns of the right ventricle, from obstruction at the pulmonic orifice; but that, as explained by Mr. Grainger, it is due to the irregular development of the two portions of which the right ventricle originally consists.

Very recently, I have had the opportunity of examining a specimen which exhibits this form of malformation in a more aggravated degree than any other case with which I am acquainted. The preparation was shown to me by Mr. Hutchinson, and was removed by Mr. Keyworth, of York, from a cyanotic girl, about 12 years of age, who had been extremely susceptible to cold, and incapable of any active exertion throughout her life. The abnormal septum is formed, as in the former cases, by interlacing muscular columns, and the aperture is only sufficiently large to allow the passage of a small probe, the contraction being increased by fibrinous deposits on the edges. The infundibular portion of the right ventricle forms a cavity about eight lines in length, between the septum and the orifice of the pulmonary artery. The pulmonary artery is somewhat small, and its valves are apparently only two in number. The sinus of the right ventricle is a small cavity communicating above with the right auricle, and separated from the left ventricle only by some muscular bands; indeed, it seems to

(a) Vol. XXX. P. 113.

(a) Vol. XXX. P. 131.
(b) Medical and Physical Journal, Vol. XVII. p. 455.
(c) Page 26.
(d) Cyclop of Anat. and Phys., Vol. I. p. 614.
(e) *Lancet*, 1844, Vol. I. p. 501.
(f) Med. Chir. Trans. Vol. XXV. p. 247.
(g) Vol. XXXI. p. 61.

constitute a portion of the latter cavity. The left ventricle is very large, and its walls thick. The left auricle opens naturally into it, and it gives origin to the aorta, and has also an indirect communication with the right auricle. The aorta is of large size. The foramen ovale is entirely closed, and the ductus arteriosus pervious from the pulmonary artery to near the aorta; but it then becomes obliterated. The auriculo-ventricular and aortic valves are much thickened. The very small size of the aperture in the septum in this case, by which alone the blood could be transmitted to the lungs was very remarkable, when it is considered that life was prolonged for twelve years.

The effect of obstruction dependent on the cause now described must be very similar to that of any impediment at the pulmonic orifice, as explained in the concluding portion of the last lecture. The interference with the free flow of blood from the sinus of the right ventricle will determine other changes in the development of the heart, according to the degree of obstruction and the period of fœtal life at which the contraction occurs. In cases similar to that last noticed, the abnormal septum must have become a source of obstruction at a very early period of fœtal existence before the formation of the septum cordis was materially advanced. In other instances, as in the cases of Mr. Clark, and the first of my own, the obstruction must have occurred when the septum was already approaching completion; and in the case in which the organ was otherwise well developed, it must be inferred that the circulation was unobstructed till shortly before birth, and was probably not then *much* embarrassed, or the foramen ovale or ductus arteriosus would most likely have remained open.

In cases of this description, it is evident that it is not the number of the ventricles which is increased, but a supernumerary septum which is developed; and it is probable that most of the recorded examples of excess in the number of the ventricles or auricles, may be similarly explained. Thus, Andral mentions having seen a heart containing four ventricles, and another with three auricles. In other instances, the pulmonary artery and aorta are stated to have arisen from a third ventricle communicating with the other two; but this appearance probably depended upon a partial persistence of the bulbus arteriosus.

Transposition of the Aorta and Pulmonary Artery.—The next form of malformation which will fall under our notice is that in which the deviation from the natural development of the heart is dependent on the faulty division of the bulbus arteriosus; so that the origins of the two large arteries come to be transposed. The pulmonary artery, arising from the left, and the aorta from the right ventricle. In cases of transposition of the viscera, generally, the heart is situated on the right of the chest, in a position corresponding to that which it ordinarily occupies on the left; but generally the cavities and vessels of the heart retain their natural connexions and the organ is otherwise well formed. In the cases, however, to which I now allude, the vessels with or without the ventricles are transposed relatively to the auricles; so that it is only by other deviations from the natural conformation that extra-uterine life can be maintained. The first published case of this kind with which I am acquainted is that described by Dr. Baillie, in 1797, in the second edition of the "Morbid Anatomy," and figured in the 6th plate of the Illustrations. It occurred in the practice of Dr. Wollaston, of St. Edmondsbury. The preparation was removed from a child two months old, which had been remarkably livid during life. The septum of the ventricles was entire; the ductus arteriosus large enough to admit a crowquill, and the foramen ovale was a little more closed than in a new-born infant. In 1811, Mr. Langstaff related a case (a) in which the child lived five months, and which was otherwise very similar to that of Dr. Baillie; and since that time various other cases have been related by Farre(b), Wistar(c), Dugès(d), Tiedemann(e), Walshe(f), etc. Of this malformation, I have collected notes of seventeen cases in which the vessels were transposed, while the heart and viscera generally, retained their natural position.

In nearly all these cases the septum of the ventricles was entire, and the foramen ovale and ductus arteriosus open; but instances are on record in which, with a perfect condition of the septum of the ventricles, either the foramen or the duct has been found closed. In four of the cases, also, the septum of the ventricles is reported to have been imperfect. In one of these, the foramen ovale and the ductus arteriosus were both open. In two others in which, from the imperfect condition of the valve, the foramen ovale was open, the ductus arteriosus was impervious; and, in the fourth case, both the duct and the foramen are stated to have been closed.

In the Museum of St. Thomas's Hospital there is no specimen of transposition of the arteries, except that to which I have already alluded, as presenting a very rudimentary condition of the ventricular and auricular septa, while the points at which the arteries originate from the common ventricle, are reversed. During the session of the Pathological Society for 1850 and 1851, I had an opportunity of examining a specimen of this malformation, exhibited by Dr. Ogier Ward. (a) The child had been livid and cold from its birth, and died on the 18th day. As in the case of Dr. Baillie, the septum of the ventricles was entire, and the ductus arteriosus and foramen ovale both pervious. In cases of transposition, the deviation may be limited to the vessels; or the ventricles also may be reversed, so that the right ventricle, as indicated by the tricuspid character of the auriculo-ventricular valves, may occupy the left side, while the left ventricle is placed on the right. Occasionally, also, the arteries given off from the transposed vessels may be irregularly distributed; but these deviations, as well as the more marked degree of imperfection in the heart itself, are more frequently seen where the vicera of the body generally are transposed, than where the deviation affects only the situations of the aorta and pulmonary artery.

The production of this form of malformation is to be ascribed, as is well explained by Dr. R. Quain, (b) to the irregular division of the bulbus arteriosus, so that the bronchial arches ordinarily associated with the portion of the bulb which forms the pulmonary artery, become connected with the aorta, while the arches which should be associated with the aorta are in connexion with the pulmonary artery; and this deviation may take place either after the septum of the ventricles is completed, or while the growth of the septum is in progress, so that the ventricles also may be transposed, or there may be a greater or less deficiency of the septum. The transposition of the arteries cannot, however, be referred to any deviation from the natural position of the septum cordis; for it is not simply that the pulmonary artery arises from the left ventricle, and the aorta from the right; but the positions of the two vessels are reversed, so that the pulmonary artery originates from the posterior and upper part of the left ventricle, and the aorta from the anterior and upper part of the right. The lower portion of the latter vessel covering the origin of the pulmonary artery in the same way that the pulmonary artery ordinarily embraces the commencement of the aorta.

Irregular Development of the Vessels.—Descending Aorta given off from the Pulmonary Artery, &c.—The forms of malformation which remain to be described, depend on the faulty development of the branchial arches from which the large arterial trunks are derived. Thus there may be two aortæ, as in a case described by Bertin; or vessels may be given off from each branch of the pulmonary artery, so as to establish communications between that vessel and the brachio-cephalic trunk on the one side, and the aorta on the other, as in cases described by Breschet (c) and Martin (d); or the pulmonary artery may give off the left subclavian artery, as in a case related by Hildenbrand (e); or the descending aorta itself may be wholly or in part supplied from the pulmonary artery.

The latter form of malformation seems to have been first described by Dr. Farre (f), as existing in two cases reported to him by Sir Astley Cooper, of which, I believe, the preparations exist in our museum. To these I have before referred, as affording examples of deficiency in the septum, interposed between the left ventricle and the infundibular portion of the right, immediately below the origin of the pulmonary artery. In one of the cases, of which the preparation is numbered 1435, the child is stated by Dr. Farre(g) to have presented nothing unusual till a fortnight after birth, when it began to breathe quickly, and to waste; the heart pulsated strongly; the skin was always pale, and the feet and hands cold; the lower extremities, and occasionally the face, became œdematous, and the child died suddenly at the age of eight months. The pulmonary artery was larger than the aorta, and arose from both ventricles, and, through the medium of the ductus arteriosus, gave off the descending aorta. The ascending aorta branched into the arteria

(a) *London Medical Review*. Vol. IV.
(b) Page 29.
(c) System of Anatomy. Vol. II., p. 78.
(d) *Journal Gen. de Méd.*, 1827 T. CI., p. 88.
(e) Zeitschrift, f. d. Phys. 1 B., T. III.
(f) Medico-Chirurgical Transactions. Vol. XXV., 1842.

(a) "Pathological Translations." Vol. III. P. 63.
(b) *Lancet*, Vol. I. 1841-42. P. 599.
(c) Rep. d'Anat. et de Phys. T. II., p. 9.
(d) Bull. de la Soc. Anat. 1re. Année, 1826, p. 39.
(e) Arch. Gén. de Méd. 3me. et Nouvelle Série, T. XIV., 1842, p. 87.
(f) Pp. 14 and 15. (g) P. 15

innominata, the left carotid, and the left subclavian arteries, and then terminated in a small vessel, which opened into the descending aorta. The foramen ovale was much dilated. In the second case (a), of which the preparation is numbered 1436, the child died convulsed, when nine days old. During life the respiration was hurried and panting, and the skin of a dark purple colour. The pulmonary artery arose from the right ventricle, above an aperture in the septum ventriculorum, and the ductus arteriosus was continued into the descending aorta. The ascending aorta arose in the usual situation, and, after giving off the branches at the arch, formed a small vessel, which proceeded towards the descending aorta, but became impervious before it reached that vessel. The valve of the foramen ovale was very imperfect, and the cells of the lungs not fully inflated. The specimen which I now exhibit affords a less marked example of this malformation than the cases related by Dr. Farre. The heart was removed by Dr. G. A. Rees (b), from an infant, ten weeks old, which was born at the eighth month, and was always feeble. It suffered from difficulty of breathing, but did not present any lividity of the face or extremities. The ascending aorta, after giving off the left subclavian artery, becomes much contracted till after it is joined by the ductus arteriosus, when it again expands to its full dimensions. The right ventricle, pulmonary artery, and duct, are all of large size, and a considerable portion of the blood circulating in the lower parts of the body, must always have been venous.

A case, observed by Steidele(c), affords a more aggravated example of this kind of malformation. In a child, which died shortly after birth, the aorta arose from the left ventricle and gave off the vessels to the head and upper extremities; while the pulmonary artery arose from the right ventricle and gave off the descending aorta, and no communication existed between the two vessels. A similar case is related by Gibert(d), as having been observed in a child which lived twelve days, and during life had great difficulty of breathing, and was cold and pale. In this instance, the septum of the ventricles was entire, but the foramen ovale largely open. More recently, Mr. Struthers(e) and Mr. Grieg have described the same condition of the vessels as existing in a fœtus, apparently of the ninth month, in which the septum of the ventricles was largely deficient. The production of this form of malformation must be referred to the contraction or obliteration of the portion of the branchial arch, which should have formed the continuation from the ascending to the descending aorta. In such cases the ductus arteriosus constitutes the only channel through which the blood can be transmitted to the lower extremities, and consequently remains open.

In another class of malformations, closely allied to these, *the aorta, beyond the point at which it gives off the left subclavian artery, is found greatly contracted; though the ductus arteriosus is either entirely closed or reduced to a very small vessel.* In these cases, the contraction of the aorta is probably, at the period of birth, much less than when the duct remains open; and when, as occasionally happens, the contraction is very great or the aorta becomes wholly impervious, the obstruction has most likely been greatly aggravated by disease in after life. In the latter case, instead of the ductus arteriosus being the channel by which the blood is conveyed into the descending aorta, the subclavian and intercostal arteries and their branches become much enlarged, so as to furnish collateral channels for the transmission of the blood from the ascending to the descending aorta. For further information on this interesting class of cases, I must refer you to the Memoirs of Dr. Craigie(f) and M. Tiedemann(g).

To the faulty development of the veins connected with the branchial arches must be referred the various anomalies in the course and number of the large venous trunks. Thus there may be two descending cavæ, as in a specimen contained in the Museum. The hepatic veins may enter the auricle directly, so as to form two ascending cavæ, as in a case related by Mr. Abernethy; or there may be two descending and two ascending cavæ, as reported by Breschet. The sinus of the right auricle may be wanting, and the two cavæ may unite into a common trunk, and so enter the right ventricle. The pulmonary veins may be irregular, entering the right auricle, as in a case described by Mr. A. S. Taylor(h), or the descending cavæ, as mentioned by Meckel.

Misplacements of the Heart.—The length to which the lectures have already extended, will prevent my doing more than simply alluding very briefly to the various congenital deviations from the natural situation of the heart. The most frequent of these is that in which the organ occupies a position on the right side of the chest, corresponding to that in which it should be placed on the left. When this occurs, the viscera of the body generally are most usually transposed; but Breschet (a) mentions having seen four cases in which the heart was situated on the right side of the chest, while the other organs retained their natural position; and he mentions other authors who have recorded similar observations. When thus misplaced, the heart may be in every respect naturally formed, as in case related by Dr. Ballie, (b) or as in one reported by Mr. Gamage, (c) the pulmonary artery and the aorta may be transposed; or, as in instances recorded by Breschet, Valleix, (d) Martin, (e) and Boyer, (f) the development of the heart may be very imperfect, the septa of the auricles or ventricles, or both, being, to a greater or less extent, defective. Though a considerable number of cases of transposition of the heart have been observed, I have not myself had an opportunity of examining any instance of the kind after death; but, in 1849, a boy presented himself at the City Hospital for Diseases of the Chest, in whom the heart was placed on the right side of the chest, its apex beating an inch and a-half below the right nipple, while the liver was situated on the left side. He had been an invalid since he was three years of age, and, although then eighteen years old, he looked like a much younger person, and had a peculiar, sickly, unhealthy appearance, though he was not in any degree cyanotic. The heart has also been found situated in the median line, and occupying a vertical position behind the sternum, or placed horizontally, so as to extend across the lower part of the front of the chest. But the most remarkable deviations from the natural position are those in which the organ is situated entirely external to the cavity of the thorax. When this is the case, it may lie beneath the integuments in front of the trachea in the neck, (*ectopia cordis cephalica*—Breschet,) or below the zyphoid cartilage, or owing to a defect in the parietes of the chest, in front of the thorax, (*ectopia pectoralis cordis*—Weese,) or from imperfect development of the diaphragm, in the abdomen, (*ectopia cordis ventralis*—Weese.) Of the former variety, an example is recorded by Breschet; of the second, there are various instances on record; and of the third, the case which I have several times alluded to as described by Mr. Wilson, affords an example. A very remarkable case is also related by Deschamps de Laval,(g) in which the heart occupied the situation of the left kidney. Though, however, the lectures would have been very imperfect had no allusion been made to this class of cases, they are of interest rather in a physiological than a practical point of view, and I must refer you for further information to the Memoir of M. Breschet.(h) I must not, however, omit to mention, that, where the heart does not deviate from its natural position, the pericardium may be absent, so that the organ may lie loose in the left pleural sac. Examples of this condition have been recorded by Baillie (i) and Curling,(k) and, more recently, a specimen was exhibited at the Pathological Society, by Dr. Baly.(l) I have, also, myself had an opportunity of examining a case in which the pericardium was partly deficient. The heart was separated by the mediastinum from the right pleural cavity, but, on the left side, it lay loose, in connexion with the lungs, with which it had contracted adhesions. From the circumstances under which the *post-mortem* was performed, I had not the opportunity of examining the parts so carefully as would have been desirable. The subject of the case was a man, 55 years of age, who died of aortic valvular disease.

In the previous lectures I have made no allusion to the results of excessive development of the heart, for various malformations regarded as examples of this condition, such as those in which supernumerary septa exist, or where there are two aortæ or a ductus arteriosus on each side, or two descending or ascending cavæ, really result from defective development; while others are only met with in monstrous fœtuses, which are incapable of extra-uterine life, and are, therefore, of no practical importance.

(a) P. 14. (b) Path. Trans., Vol. I., p. 203. (c) Hein. Obs., 66.
(d) Bullet. de la Soc. Anatom. 14me année, 1839, p. 203.
(e) Ed. *Monthly Journal*. 1852.
(f) Ed. *Medical and Surgical Journal*. Vol. LXII.
(g) *Ibid.* Vol LXV.
(h) *London Medical Gazette*. Vol. XXXVI., p. 19.

(a) Memoire sur l'Ectopie du Cœur.
(b) "Transactions of Royal Society." 1788.
(c) New England Journal of Medicine and Surgery, Vol. IV., 1815. P. 244.
(d) Bullet. de la Soc. Anat. année 9. 1834. p. 253.
(e) *Ibid.* 1re année, 1826, p. 39.
(f) Arch. Gén. de Méd. 4me Série, T. XXIII. 1850, p. 90.
(g) *Journal General de Médecine*, T. 26, 1806, p. 275.
(h) "Sur l'Ectopie de l'Appareil de la Circulation," etc.
(i) "Transactions of Society for Improvement of Medical and Chirurgical Knowledge," Vol. I., p. 91.
(k) "Medico-Chirurgical Transactions," Vol. XXII., p. 222.
(l) "Pathological Transactions," Vol. III., 1851, p. 60.

With this lecture I conclude the descriptive portion of my subject; in my next I shall proceed to speak of the symptoms by which malformations of the heart are characterised, and to inquire to what extent the different forms are compatible with the maintenance of life, and to offer some remarks on their diagnosis and medical management.

ORIGINAL COMMUNICATIONS.

EAST INDIA MEDICAL REPORTS.

No. IV.

ON THE APPARENT CAUSES OF THE PREVALENCE OF TUBERCLE AND SCROFULA AMONG THE CASHMERE SHAWL-WEAVERS OF UMRITSER.

By JAMES HINDER,
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It has been stated before, that the Cashmeres are the principal applicants for relief at the Umritser Dispensary. It is in this race that phthisis has been chiefly observed. So exclusively is this the case, that I have in mind but five or six cases in which the patients did not belong to this race. The total number of cases of tuberculosis treated during the year 1852 at this dispensary amounted to 111; of these 41 were cases of scrofula, and 70 of tubercle. Of the 70 cases of tubercle there were 52 of phthisis, 7 of tubercular laryngitis, and 11 of morbus coxæ. All doubtful cases have been excluded. Those of hæmoptysis alone amounted to 48. In 1853, the total number amounted to 110; of these 47 were cases of phthisis, 44 of scrofula manifesting itself in the superficial glands, 9 of laryngitis, and 10 of tabes mesenterica. Scrofulous cases of diseases of the joints are not noticed because they have been inadvertently mixed up in the annual returns with non-scrofulous cases.

Let the number of cases of phthisis treated as in-door patients in this dispensary be compared with those treated at the Medical College Hospital of Calcutta.

In the year 1851, 2,231 patients were admitted into the College Hospital; 11 of these were cases of phthisis, and only 3 out of the 11 were purely natives: the remainder were chiefly half-caste Christians. In this Dispensary, during 1852, 393 patients were admitted, and of these there were 23 of phthisis.

In the year 1852, the number treated in the College Hospital amounted to 2634; of these there were 14 of phthisis, "chiefly native Portuguese Christians, males 11, females 3." In this Dispensary the returns show 282 cases to have been treated as in-door patients during the year 1853, and 16 cases of phthisis. A numerical comparison of the out-door patients cannot be made, as in the College Dispensary Returns the cases of phthisis are placed under the general head of diseases of the lungs.

In estimating the causes of the prevalence of tubercle and scrofula among the Umritser shawl-weavers, it will be necessary to consider those influences which in a peculiar manner affect them.

Occupation.—A few of the Cashmeres in Umritser are traders, embroiderers, tailors, and coolies, but the greater number are employed as shawl-weavers. The wool is brought hither in its raw state, and women are employed in preparing it for the loom by carefully separating the down from the coarser hairs, cleaning it with rice-starch, and spinning it. Boys from eight years old and upwards are employed as weavers. They learn the work in a year or more, and when they understand it, a bonus of five or six rupees (ten or twelve shillings) is given by the parents to the teacher.

The average amount of wages for an adult workman is usually threepence a-day, or eight shillings a-month; a few earn as much as twelve or fourteen shillings a-month in summer.

A lad of 11 or 12 years of age can earn from three-halfpence to threepence a-day; and the weaver's wife, if she has not an infant or large family to attend to, 2s. a-month, by preparing the wool for the loom. The weavers work from sun-rise to sun-set, an hour being allowed for the mid-day meal, and a half holiday every Friday—their Sabbath.

The weaver sits on a narrow bench immediately in front of the loom, with his head closely bent in a constrained position over the work.

Two instances have very recently come to my notice in which this bent position of the head produced chronic disease of the upper cervical vertebræ, in one case followed by partial paralysis of the limbs.

The workshops are generally open, as a good supply of light is necessary, and glass not in use; but they are often very crowded.

A room containing 2200 cubic feet may be seen to contain eight workmen, thus allowing only 275 for each individual.

Sometimes the private dwelling adjoins the workshop; it consists of a single room, with but one doorway opening into the workshop, and admitting air already contaminated by the presence of a number of people.

More frequently they are distinct, mere mud hovels—the floor being very often from two to four feet below the level of the ground, and damp, partly on account of the water used in cooking being unable to run off in any direction, and partly because the sub-soil is saturated in many places with fluid filth, which percolates through unbricked ditches. Here the whole family sleep during winter; and in the hot and rainy seasons they lie outside, often over the worst spot they could fix upon—the uncovered drain running by the roadside.

The dress of the Cashmere, with the exception of the turban, is very unpicturesque. It consists simply of a loose shift, which reaches to within five or six inches of the ground. Its appearance is very much improved by the application of a *kummerbund*, or waist-cloth. This dress is common to men and women. Not unfrequently, a pair of loose trowsers are also worn by the men, and one in the Turkish fashion by the women.

They are as a class very filthy, both in their personal habits and in their dwellings.

They are said to be improvident; this I believe to be due to their receiving their wages in advance.

Diet.—Rice, although not the staple article of diet among the Cashmeres in this town, still forms too large a portion of their food. They generally use it once a-day, in the evening; and, its price being comparatively high in this part of the Punjab, they cannot consume it in quantities sufficient to make an article containing so little azotised matter nutritive.

Vegetables, such as *sag*,(a) turnips, carrots, and melons, are used to a great extent. In the winter season, a quantity of sliced turnips may be seen hanging up to dry in most houses, for future use.

Dhal, or pulse, which contains more than three times as much nitrogenised matter, as rice, turnips, etc., is not much used, although by the Punjabees it is invariably eaten with bread, and by the people of lower Bengal with rice.

Unleavened bread, made usually of wheaten flour, is used once daily, and it would be well if they could be induced to make it their "staff of life." Oil, of sesamum or linseed, is taken with their food, instead of *ghee*, or clarified butter.

Hereditary Constitution, or Predisposition.—Although there is no proof of the operation of this cause, it is probable that it acts very powerfully in inducing the disease among the Umritser shawl-weavers, for there is every reason to believe that the disease is even more common among their progenitors in Cashmere, chiefly on account of the nature of the climate, which renders the habit of living in filth more bearable, and tends to prevent both due exercise in the open air, and sufficient ventilation.

There are numerous other circumstances to be borne in mind. For a long series of years this race has been placed under various depressing influences. (b) The note given below, will show that they are still in existence.

M'Culloch states, that the population of Cashmere, in 1832, was estimated at 800,000, but said to be reduced by war, famine, and pestilence, to 200,000 in 1838; and again war, famine, and pestilence, have greatly thinned the population, and rendered many of the villages desert. (c)

The filthy habits, and degraded moral condition, of the people, are general morbific agencies which indirectly contribute to the production of the disease.

It is very difficult to estimate aright the influence of individual causes of disease; to assign to each of those brought under review its proper degree of influence is manifestly impossible; but when it is considered that, with the exceptions about to be mentioned, these causes affect the lower classes throughout India, to a greater or less extent, it will seem likely that occupation acts more powerfully than any other agent in inducing the

(a) Culinary greens which make excellent curry, but are, of course, not very nutritious.

(b) In Cashmere, our readers "may learn how a native state is governed by an able ruler, how trade is oppressed, and agriculture crippled, and how the mountain passes are guarded to prevent the people seeking refuge in our territories"—*Friend of India*, January 5, 1854.

(c) "M'Culloch's Geographical Dictionary." Vol. I, p. 552.

disease; and next to it, hereditary predisposition and climatic agency. The cold and damp climate of Cashmere has had, there is no doubt, a powerful effect on those of my patients who have spent the greater portion of their lives in that country; as, however, very many of them have come hither early in life, and others have been born here, it seems right to view hereditary predisposition, as next to occupation, the most powerful agent in producing the disease.

The fact of the wool-workers here being subject to phthisis, will suggest to Dr. Simpson another proof of the correctness of his opinion, that oil, in frequent contact with the cutaneous surface, is the salutary agent which makes the wool-workers in Scotland comparatively exempt from the disease. (a) Let it be remembered, however, that the same class here use the oil of linseed, and sesamum, internally, yet do not appear to be affected beneficially by it; on the contrary, no class in this town suffer more from the prevailing paludal diseases than this.

The manifestation of tubercle in the lungs, or phthisis, is comparatively more frequent, judging from my very limited experience, than its deposit in the superficial glands. May this be attributed to their inhaling an atmosphere containing minute particles of wool?—this being especially the case with the women who separate the coarser hair from the down, the latter being the material used in making the shawls.

Umritser, January 14, 1854.

ON THE LINES OF INCISION SUITABLE FOR THE REMOVAL OF ONE OR MORE OF THE TARSAL BONES; AND, IF NECESSARY, FOR AMPUTATION AT THE ANKLE-JOINT.

By THOMAS P. TEALE,
Surgeon to the Leeds Infirmary.

Operations at the tarsus having become frequent, and the modes of performing them various, it is desirable to determine generally upon some operative proceeding, which would afford easy access to the tarsal bones, and at the same time be compatible with the removal of the entire foot at the ankle-joint, should the disease of the bones be found during the progress of the operation too extensive to allow of a reasonable hope of the preservation of the foot.

The following mode of operating appears to me to afford these advantages.

A transverse incision is made across the sole of the foot, commencing about three-quarters of an inch in front of one malleolus, and ending at a similar point in front of the other malleolus. A second incision is then made in the median line, beginning over the tendo-Achillis, on a level with the ankle-joint, and joining the former at right angles in the sole of the foot. The two lateral flaps thus marked out being next dissected upwards close to the bones, the calcaneum and astragalus are freely exposed. By division of their ligamentous and tendinous connexions, one or both of these bones may be easily removed; and should it be thought desirable to remove also other bones of the tarsus, they may be readily reached by extending the median incision a little forwards. If, from the great extent of disease, it is found necessary to remove the entire foot, it may be accomplished by uniting the two extremities of the transverse incision by a curved incision across the dorsum of the foot. Even where it is originally intended to amputate at the ankle-joint, the operation by two lateral flaps, as here described, affords much greater facilities, as I have experienced, than the ordinary mode of detaching the soft parts in one flap or bag from the calcaneum.

My present object being chiefly to describe a mode of operating, and not to discuss the general question of the propriety of removing one or more diseased bones of the tarsus, I will merely on the latter point state my conviction, which is somewhat strengthened by the following case, that such operations are of doubtful propriety when the disease is of a strumous character, originating in the cancellous structure of the bones; since, in this affection, after the removal of one or more carious bones, the exposed articular surfaces of the neighbouring bones may appear healthy, even while their cancellous structure is in an early stage of the disease. Whereas, in those cases of caries which have originated in disease of the ligaments or synovial membrane, the full extent of the disease is more likely to be exposed to the observation of the operator.

This objection, founded upon the strumous character of the disease, applies with much less force to the excision of joints like the elbow, which allow of the removal of the articular ends of all the bones entering into their composition.

The disease of the tarsus in the following case, contrary to the expectation which from its history I had formed, proved to be an affection of the cancellous structure of the bones; and the result is rendered less satisfactory than I could have wished from the probable development of strumous disease in other bones than those which were chiefly and primarily affected; yet the case is, in my opinion, of sufficient importance to be put on record, as showing the facility afforded for removing several of the tarsal bones by the mode of operating here recommended—the slight amount of deformity resulting from the removal of three of the larger tarsal bones—and the free power of moving the foot upon the leg which the patient can exercise by the voluntary action of his muscles.

For the notes of this case I am indebted to Mr. J. W. Greenwood, one of the resident assistants of the Leeds Infirmary.

EXCISION OF THE CALCANEUM, ASTRAGALUS, AND CUBOID.—TWO LATERAL FLAPS.

Aquila Masson, of Bingley, a tall, thin man, aged 24 years, was admitted into the Leeds Infirmary, under the care of Mr. T. P. Teale, July 18, 1853, for disease of the right tarsus. His family is healthy and long-lived. He has enjoyed good health until about two years before his admission, when, from the stumbling of a horse, his foot became entangled in the stirrup, and severely sprained. An extremely tense and painful swelling, as large as a hen's egg, was observed a few days afterwards on the outside of the ankle. At the end of five months he still suffered greatly. The swelling continued of nearly the same size, but rather less painful. A few weeks later the pain had ceased, but the swelling continued. By the advice of a quack, a hard pad was placed over the affected part, and the whole foot was firmly encased in a thick leathern boot, with iron sole. Pain immediately followed. The pressure was kept up for a month, during which time he suffered from intense pain, sleeplessness, and loss of appetite; suppuration occurred, and he rapidly emaciated.

In this state he was admitted into the Infirmary. Several sinuses communicated with the astragalus and calcaneum. The metatarsus appeared free from disease, and the tibio-tarsal joint appeared unaffected. After being confined to bed for a fortnight, and allowed generous diet, his strength was so much recruited, that the excision of the carious bones was decided upon.

July 30.—The patient having been placed under the influence of chloroform, Mr. Teale commenced an incision by plunging the point of a French bistoury down to the bone in front of the outer malleolus, at a distance of three-quarters of an inch from it. This incision was carried across the sole of the foot, and ended at a point situated three-quarters of an inch in front of the inner malleolus. By this incision the soft parts were divided down to the bones, and the calcaneo-cuboid joint opened. A second incision was now made in the median line, beginning posteriorly at a level with the ankle-joint, and extending along the tendo-Achillis, and under surface of the calcaneum, until it met the former incision in the sole of the foot. The two lateral flaps thus formed being dissected upwards, and the ligamentous connexions of the calcaneum divided, this bone was quickly detached. The under surface of the astragalus being now ascertained to be carious, this bone was in like manner quickly removed. The median incision was now extended a little forwards, to give more easy access to the cuboid, which was also diseased. The removal of this bone occupied a little more time than that of the former, but it was accomplished without difficulty. After a careful examination of the articular surfaces of the tibia and fibula, and the exposed tarsal bones, no further disease was observed. A few small vessels were secured. The flaps were placed in apposition, and covered by wet lint, supported by a light bandage.

Six hours after the operation the wound was cleansed from clotted blood, and, after being united by sutures, was covered with wet lint. The limb was laid on the outer side, in a flexed position, upon a leg-splint.

On examining the bones which had been removed, the cartilages were found ulcerated in several places, and the whole cancellous structure softened, so as to admit of their being readily cut by a scalpel.

August 3.—He has proceeded favourably. Sutures removed; wound united at several points; no sloughing. The flaps sup-

(a) "Monthly Journal of Medical Science." October, 1853.

ported by adhesive straps, covered with lint wet with myrrh lotion.

4th.—Rather copious discharge of healthy-looking pus; pulse 116; tongue clean and moist; he complains of hunger. To be allowed meat and a little beer.

12th.—Since the last report he has gradually gained strength. Pulse 90; appetite good.

17th.—The whole lines of incision are healed, except in front of the outer malleolus, from which part purulent matter is discharged.

23rd.—His general condition much improved; pulse 80; the discharge has lost much of its purulent character, and now resembles synovia mixed with a little pus.

September 16.—There is still a free discharge of synovia; considerable deposition of solid matter (fibrous) has taken place between the flaps, so as to compensate in appearance for the loss of bone. Two drachms of tincture of iodine to be injected into the synovial fistula.

19th.—A very slight degree of inflammation followed the injection. To-day the discharge is much diminished. The foot admits of considerable flexion and extension. Gentle passive motion to be used daily.

20th.—To be an out-patient.

December 14.—With the assistance of a crutch he can walk pretty comfortably. By the action of his muscles he can freely move the foot upon the tibia and fibula. The vacant space caused by the removal of the bones has been so completely filled up by new fibrous substance, that but little deformity is observable. A slight discharge of synovia continues. Some of the original sores have not quite healed, but they look healthy.

February, 1854.—During the beginning of this month, after exercising the foot more freely than usual, considerable swelling occurred, and an abscess formed at the side of the foot. Thick purulent matter was removed by incision; the pain ceased, and the swelling greatly subsided; but still there was a general, although moderate, enlargement of the foot, which led to a suspicion that the front row of tarsal bones might be taking on diseased action.

May 3.—He is much the same as at the last report. A little matter is discharged from two or three sinuses, and there is some thickening of the metatarsal portion of the foot. The posterior half of the foot has nearly its natural form. He has the power of freely flexing and extending the foot, and he can bear firm pressure on the heel.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING APRIL.

The subjoined report includes, as usual, the following:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free Hospitals.

Lithotomy.—The case left under care (No. 4) by our last report has since recovered.

Number of cases, 3; recovered, 2; died, 1. *Case* 1.—A rather delicate boy, aged 6, under the care of Mr. Cock, in Guy's Hospital. Two small stones were removed. Some considerable bleeding followed the operation, but he ultimately recovered well. *Case* 2.—A boy, aged 5, in average health, but the subject of rickets, under the care of Mr. Adams, in the London Hospital. The stone was soft, and broke into fragments during the removal. It was, however, successfully extracted, and the boy recovered well. *Case* 3.—A man, aged 31, in but poor health, and suffering extremely from the stone. The extraction was performed in the usual way, and a large oval calculus removed, which weighed an ounce and a-half. The man afterwards sank into a low state, and had the symptoms of pyæmia. Death took place on the 8th day, and the autopsy showed abscesses in both kidneys, crude tubercles in the right lung, and a large collection of matter in the left knee-joint.

Herniotomy.—The patient under the care of Mr. Coulson, mentioned last month (*Case* 1), has since recovered.

Number of cases, 14; recovered, 9; under treatment, 1; died, 1. *Case* 1.—A man, aged 44, under the care of Mr. Wordsworth, in the London Hospital, had large femoral herniæ on both sides. On the right side, a tumour the size of an egg became tightly strangulated. Strangulation had existed twenty-four hours when the operation was performed. The sac was opened. The man recovered without a bad symptom. *Case* 2.—A woman, aged 54, had had ill-marked symptoms of strangulated femoral hernia for three days. There was an enlarged gland over the femoral sheath, and the operation was at length performed in much uncertainty as to whether there really was a hernia or not. Behind the gland a small knuckle of intestine was found, which, after some difficulty, was reduced without opening the sac, and consequently unseen. The symptoms of strangulation continued, and indeed increased in severity; and on the fourth day afterwards, the patient being then in an almost hopeless condition, gastrotomy was performed as a last resource. The intestine was found lying just within the abdomen in a gangrenous condition. It was opened, and about half a pint of fluid fæces evacuated. The vomiting still persisted afterwards, and the patient had no evacuation by the bowels. Death took place on the sixth day, and at the *post-mortem* the portion of intestine which had been down was found in a completely gangrenous state. There were no evidences of peritonitis. The operator in this case much regretted that the sac had not been opened at the time of the first operation. *Case* 3.—A girl, aged 7, under the care of Mr. Johnson, in St. George's Hospital; hernia femoral; strangulated 36 hours; sac opened; recovered. In this case, as in the preceding, the tumour consisted in part of an inflamed lymphatic, which lay in front of the loop of intestine. *Case* 4.—A man, aged 45, under the care of Mr. Curling, in the London Hospital. The hernia was inguinal, but, instead of passing down into the scrotum, it had turned up over the border of the conjoined tendons, and been forced between the abdominal muscles to considerably above the level of the anterior superior spine of the ilium. The hernia had previously been scrotal, and was thought to have been reduced by taxis. Strangulation had existed for four days, but the symptoms had not been severe until within fifteen hours of the operation. The sac contained much fluid, and came into view as soon as the fibres of the external oblique were divided; it was opened, and a large mass of chocolate-coloured intestine exposed. Peritonitis followed the operation, and the man had much sickness for several days, but he ultimately recovered under the free use of opium. *Case* 5.—A man, aged 48, under the care of Mr. Curling, in the London Hospital; hernia inguinal; strangulation about 24 hours; sac opened, and a large mass of omentum cut away. Peritonitis followed, but was controlled by opium, and the man recovered. *Case* 6.—A woman, aged 62; hernia umbilical, and very large; strangulation 6 days; sac opened. The symptoms continued after the operation, and death followed in 21 hours. The autopsy showed that the sac contained the seven lower feet of ilium, and a knuckle of the transverse colon. There was an internal constriction by means of a band of omentum, which had doubtless been the cause of death. The intestines appeared healthy, and there were but slight evidences of peritonitis. *Case* 7.—A boy, aged 14, under the care of Mr. Luke, in the London Hospital; hernia inguinal. Under the influence of chloroform, the taxis had been used with apparent success, but, the symptoms continuing, Mr. Luke afterwards operated, and found that a reduction *en masse* had been effected. The sac was drawn down and held in position by forceps, and the stricture divided. The boy recovered. *Case* 8.—A man, aged 53; hernia inguinal; strangulated 36 hours; sac opened. After the operation, which had not been a long one, the man continued sick, and in a state of great collapse, which symptoms continued until death took place twenty-four hours subsequently. The *post-mortem* showed nothing to account for the result. The intestine had been completely relieved, and had nearly resumed its natural appearance. Chloroform had been given during the operation. *Case* 9.—A woman, aged 50, operated on by Mr. Hillman, in the Westminster Hospital; hernia femoral; strangulation 16 hours; sac opened; is doing well. *Case* 10.—A woman, aged 72, hernia femoral; strangulation 24 hours; sac opened; death. *Case* 11.—A woman, aged 32, under the care of Mr. Pollock, in St. George's Hospital; hernia femoral; strangulated 24 hours; sac opened; recovered. *Case* 12.—A woman, aged 55, under the care of Mr. Cock, in Guy's Hospital; hernia femoral; strangulation 17 hours; sac opened; recovered. *Case* 13.—A woman, aged 45, under the care of Mr. Adams, in the London Hospital; hernia femoral; strangulation 3 days; sac opened; is doing well. *Case* 14.—A lad aged 17, under the care of Mr. Cock, in Guy's Hospital; hernia femoral; strangulation 24 hours; sac opened; recovered.

Ligature of Arteries.—*Case* 1.—A man of middle age, under the care of Mr. Simon, in St. Thomas's Hospital, for popliteal aneurism of large size. The tumour was increasing so rapidly that it was not deemed expedient to try the compression treatment, and ligature of the femoral was accordingly at once performed. The ligature came away on the seventeenth day; no bad symptoms whatever followed; the tumour became hard, and diminished in size, and the man has since left the Hospital well. *Case* 2.—In Mr. Tatum's case of double popliteal aneurism, in St. George's Hospital, mentioned last week as under compression treatment, it was found necessary to place a ligature on the left femoral; gangrene of the foot followed; amputation of the thigh had to be performed, and the man ultimately died. The case had many very instructive features, and we hope, at a future time, to give its details. *Case* 3.—In the case of a man, aged 60, under Mr. Curling's care, in the London Hospital, on whom secondary amputation of the forearm had been performed last month, it became necessary, in the beginning of April, on account of repeated and very profuse attacks of secondary hæmorrhage, to place a ligature on the brachial. This measure was adopted with complete success; the ligature has since come away, and no fresh bleeding has occurred. The man, who was extremely exsanguined by the loss of blood, has since gained strength, and is now able to leave his bed.

Compression Treatment of Aneurism.—In Mr. Hilton's case of popliteal aneurism in Guy's Hospital the patient has been discharged well. Our readers may, perhaps, remember, from our frequent mention of this case, that it was one in which the compression at first promised a speedy cure; the tumour, which had been large, being very quickly reduced to a small and almost solid mass. In that state it remained obstinately, without further solidification, and, when the man attempted to walk about, it enlarged. The patient suffered nothing whatever in health, and the compression was accordingly persevered with through eight months. The final cure has been effected by making pressure by means of bandage and compress on the sac itself. Mr. Moore's case of popliteal aneurism in the Middlesex Hospital has also resulted in a cure. The compression was kept up for thirty days. Mr. Tatum's, in St. George's, as we have just seen, has terminated fatally. During April, a case of popliteal aneurism has been admitted into the Middlesex Hospital, under the care of Mr. De Morgan, and is now being treated by compression, with promise of good result.

Amputations.—Several of the cases mentioned last month have recovered; the others are under treatment, and doing well. There have been performed during the month 17, of which 2 are recovered, 6 yet under treatment, and 9 dead. Of the *Thigh*—*Case* 1.—A man aged 50, under the care of Mr. Quain, in University College Hospital for diseased knee-joint; had erysipelas after the operation, but is now doing well. *Case* 2.—The case on which amputation had been performed for gangrene of the leg, after ligature of the femoral. (See above.) *Case* 3.—A man of middle age, under the care of Mr. De Morgan, in the Middlesex Hospital, for malignant growth from the lower end of the femur; amputation high up in the thigh; doing well. *Case* 4.—A man, aged 45, in great collapse from the effects of an extensive laceration of the foot and leg, involving the knee-joint; sank from shock during the performance of a primary amputation. *Case* 5.—A man, aged 19, under Mr. Fergusson's care in King's College Hospital, for a very large malignant growth from the lower part of the femur. Death took place on the tenth day. He had done badly ever after, but an attack of secondary hæmorrhage was the immediate cause of his sinking. Of the *Leg*—*Case* 6.—A man, aged 46, under the care of Mr. Birkett, in Guy's Hospital, for compound fracture of the leg. He had been of very intemperate habits, and, though the case promised well at first, yet, at the end of a fortnight, he was so much reduced by the suppuration, that amputation had to be performed. The examination of the limb after removal showed, that the fracture had extended into the ankle-joint, in which suppuration was going on. The patient is now doing well. *Case* 7.—A woman, aged 20, in Guy's Hospital, under the care of Mr. Hilton, on account of old disease of the fibula and extensive ulceration of the soft parts around it. Amputation in the upper third of the leg was performed, and the patient has recovered well. *Case* 8.—A man, aged 17, in St. Thomas's Hospital, under the care of Mr. Le Gros Clarke on account of long-standing disease of the tibia, with anchylosis of the knee at right angles. He was in very good health. Amputation was performed just below the knee. Extreme difficulty was encountered in placing a ligature on the artery, on account partly of its softened and friable coats, but chiefly from the solidified condition of the tissues surrounding it, which had been the seat of much by-gone inflammation. By passing an armed aneurism needle deeply into the tissues, the artery was, however, at length secured. The man has made a very good recovery, and no secondary hæmorrhage occurred. *Case* 9.—A man, aged about 58, under the care of Mr. Stanley for chronic caries of the tarsal bones, involving also the ankle-joint. The amputation was done in the lower third of the leg, which had been long affected by solid œdema. The difficulties mentioned in the preceding case were encountered and overcome in a similar manner. The man was in good health at the time, but rather fat and heavy. He afterwards had some erysipelas about the leg and thigh, and got into a weak state. On the the tenth day, a slight attack of secondary hæmorrhage occurred, from the effects of which he died. The *post-mortem* showed that the arteries, where ligatured, were in an advanced stage of calcareous degeneration. *Case* 10.—A man, aged 42, and previously healthy, had both his legs crushed in a railway accident. Double primary amputation was performed, and death from exhaustion followed on the fourth day. There had been no attempt at reparation in either stump. *Case* 11.—A very fat man, aged 54, had a compound and comminuted fracture of the leg, for which primary amputation was performed. He died on the second day, having had symptoms of pneumonia on the right side. No autopsy allowed. *Case* 12.—A man, aged 42, had secondary amputation performed on account of gangrene of the foot after a severe injury. Gangrene attacked the stump, and he died of exhaustion four days after the operation. Of the *Foot.*—*Case* 13.—In University College Hospital on a patient, aged 43, under the care of Mr. Marshall, Chopart's amputation, on account of carious disease of the bones of the lower part of the foot. *Case* 14.—A man, aged 20, had primary amputation of all the phalanges of one foot, the fourth and fifth metatarsal bones, and the heads of the others. He had previously been a healthy man. Well-marked symptoms of phlebitis and pyæmia followed the operation, and he died on the 17th day. No autopsy was allowed. *Of the Upper Extremity.*—*Case* 15.—A man, aged 56, had secondary amputation of the arm performed seven weeks after a compound fracture of the olecranon. He was extremely ill at the time of the operation. Death, with the symptoms of pyæmia, occurred a fortnight afterwards. In the original accident he had sustained also a simple fracture of the right thigh, and to this, as appeared probable from the result of the *post-mortem*, his death was really due. The veins of the arm were quite healthy, as were also those of the whole body, except the femoral and iliac of the right side, which contained much softened fibrin and pus, the former adhering closely to their coats. The diseased condition ended abruptly at the junction of the common iliacs. There were purulent deposits in the lungs, and in the right hip, knee, and shoulder joints. *Case* 16.—A man, aged 34, under the care of Mr. Adams, in the London Hospital, has had primary amputation of the upper arm performed, and is doing well. *Case* 17.—A man, aged 56, under the care of Mr. Adams, in the London Hospital, has had secondary amputation of the forearm performed on account of sloughing after a contused injury to the hand, and remains under treatment.

Excision of Bones and Joints.—Mr. Fergusson's case of excision of the ankle-joint is still under treatment, as also Mr. Erichsen's cases of excision of the knee-joint and of the head of the femur. Mr. Hancock's cases in Charing-cross Hospital have done well. The young man from whom a necrosed cuboid bone had been extracted has been discharged, the wound being nearly healed, and in the other, in which part of the astragalus had been removed, the wound is rapidly closing. Mr. Lloyd's case of partial excision of the elbow-joint has been discharged to go into the country, but not in a very hopeful state. Mr. Birkett's case of removal of the necrosed centre of the os calcis, as also numerous others, by different operators, of gouging away portions of the tarsal bones, remains under care. In Mr. Lane's case of excision of the metatarso-phalangeal joint of the great toe, in St. Mary's Hospital, the bones have not united, and it is feared that amputation may yet be necessitated.

During the month there have been performed:—*Case* 1, by Mr. Fergusson, in King's College Hospital, excision of the articular head and both trochanters of a femur dislocated by oldstanding disease of the hip. The patient, a girl aged 12, is doing remarkably well. *Case* 2.—Excision of the elbow-joint in a woman for ulceration of the articular cartilages, by Mr. Fergusson, in King's College Hospital, under treatment. *Case* 3.—In Guy's Hospital, by Mr. Hilton, excision of the diseased elbow-joint of a strumous child, aged four years, under treatment. *Case* 4.—Excision of the greater part of a necrosed scaphoid bone, by Mr. Birkett, in Guy's Hospital. The patient was a man, in very ill-health, aged 20. After the operation

sloughing attacked the wound, but it has now ceased, and there seems every probability that the case will do well. *Case* 5.—Excision of the articular head of the radius, in a case of diseased elbow-joint, by Mr. Birkett, in Guy's Hospital. The disease appeared to have begun in, and to be still chiefly confined to, the radius. On being exposed, the head of that bone was found rough and carious, and was gouged away. The patient is a moderately healthy girl, aged 20, and the disease had existed for two years. *Cases* 6 and 7.—In a case in St. Mary's Hospital, Mr. Coulson has removed part of the os calcis, and, in a second, parts both of the os calcis and astragalus. Both cases are doing well; the one is a man, aged 33; the other, a child, aged 13.

Removal of Necrosed Bone.—Several of the cases previously reported have recovered, but some of them continue under care. During the month 9 operations of this class have been performed, and all are doing well.

Excision of Malignant Growths.—The cases mentioned last month have since recovered, with the exception of that under the care of Mr. Quain, in University College, in which a third operation has been performed.

During the month there have been performed :—*Case* 1.—Excision of a large melanotic growth from the back of a young woman, under the care of Mr. South, in St. Thomas's Hospital. The tumour had the size of half an orange, but was flattened. It was loose and movable. A mole had been known to exist on the spot for six years, but the disease had been in active growth for but one year. The patient recovered quickly. *Case* 2.—A girl, aged 6, under the care of Mr. Quain, in University College Hospital, had a third operation performed for the removal of a fibro-plastic growth within the orbit, which had re-appeared. *Case* 3.—A man, aged 67, had amputation of the penis performed by Mr. Coulson, in St. Mary's Hospital, on account of epithelial cancer; recovered. *Case* 4.—A chimney-sweep, aged 42, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for warts of epithelial cancer on the scrotum. It was the first appearance of the disease, and in quite its earliest stage. Excision was performed, and the wounds healed quickly. *Case* 5.—Excision of the lip for epithelial cancer in a woman, aged 70, under the care of Mr. Quain, in University College Hospital. *Case* 6. Excision of the lip for epithelial cancer in a man, aged 48, under the care of Mr. Erichsen, in University College Hospital.

Excision of Non-malignant Growths. — Mr. Cock's case of tumour in the pharynx continues under treatment. The others previously mentioned have all recovered.

During the month there have been performed :—*Case* 1.—Removal of some cheloid masses in the cicatrix of a burn, by Mr. Coulson, in St. Mary's Hospital. The burn had occurred eighteen months ago, and the tumours had been growing for a year. *Case* 2.—Removal of a cyst with semi-fluid contents from the right labium pudendi, by Mr. Birkett, in Guy's Hospital. *Case* 3.—A woman, aged 43, operated on by Mr. Birkett, in Guy's Hospital, for a third recurrence of fibroid tumours on the outer side of the leg. Three large and several smaller masses were removed, being quite distinct from each other, although closely placed. They grew from the fascia of the leg, and presented on section the ordinary appearances of fibroid tumours. The first operation had been performed on March 1, 1853, the second on November 8, 1853, and the third on April 25, 1854. The original tumour had been growing for six years, but the reproductions have appeared on each occasion almost before the wound had cicatrised. *Case* 4.—Excision of a fibrous tumour from the arm, by Mr. Ure, in St. Mary's Hospital. *Case* 5.—Excision of a mammary glandular tumour of two years' growth from the breast of a woman, aged 35, by Mr. Lawrence, in St. Bartholomew's Hospital. *Case* 6.—Removal of the left half of an enlarged thyroid gland from a woman, aged 38, by Mr. Holt, in the Westminster Hospital. (See report of the Pathological Society, in this Number.) *Case* 7.—Excision of a small mammary glandular tumour, which had much simulated the characters of scirrhus, by Mr. Solly, in St. Thomas's Hospital. *Case* 8.—Removal of a clustered mass of enlarged glands, the size of an adult fist, by Mr. Hilton, in Guy's Hospital. The patient was a somewhat strumous girl, aged 16, and the glands were situate in the left neck and side of jaw. The glands on section presented the appearances of chronic hypertrophy, and did not contain any tubercular deposition. Besides the above, fatty tumours of ordinary character, and also encysted ones, have been removed in several cases, all of which have done well.

Puncture of the Bladder.—This operation has been performed by Mr. Simon in St. Thomas's Hospital. The case was one of old-standing carcinoma recti, which had involved the urethra and caused retention of urine. The patient was a man aged 46, much worn down by the disease. The operation was performed above the pubes, and a canula was left in the wound. Much relief has resulted.

Removal of Loose Cartilage from the Knee-Joint.—In a case under the care of Mr. Hilton, in Guy's Hospital, an operation of this kind has been performed. A subcutaneous incision was made into the joint, and the cartilage pushed out into the cellular tissue. It passed into the popliteal space and was there lost, and the patient has been discharged, thus freed from its inconvenience.

Paracentesis Thoracis.—Several cases in which this operation has been performed remain under treatment.

Paracentesis Abdominis.—In four cases, two for *ascites*, and two for *ovarian dropsy*. In one of the latter, death from inflammation of the cyst followed a few days afterwards. The others have been successful.

Ligature, etc., of Nævus.—Two cases in University College Hospital have been successfully treated by ligature. In a case in St. George's, in which the nævus affected the eyelid, Mr. Pollock operated upon it by means of a platinum wire heated by galvanism. The patient remains under treatment. In a case in Guy's Hospital, in which an infant aged 5 months had a large subcutaneous nævus on its shoulder and upper part of arm, Mr. Birkett applied the uninterrupted ligature, passing the thread through and through, and then tightly strangulating. The mass sloughed off on the seventh day, and the wound is now nearly healed. The child never had a bad symptom.

Operations for Ununited Fracture.—The cases in St. Bartholomew's Hospital under the care of Mr. Lawrence and Mr. Stanley, remain under treatment.

Plastic Operations.—In a case in Guy's Hospital, under the care of Mr. Birkett, in which a fungous protrusion from the left testis projected through an ulceration in the scrotum, an attempt was made to save the gland by means of the operation recommended by Mr. Syme. The man was of very irritable habit, and markedly strumous; he had suffered from the disease of the testis for four years. Mr. Birkett pared the edges of the ulceration, and, having dissected up the marginal portions of skin, united them by means of sutures and plaster over the protrusion. The attempt failed, in consequence of profuse suppuration, sloughing of the skin, and the fungating activity of the granulations beneath. A ligature was next applied around the base of the new growth, but this the man could not bear. Subsequently the remains of the testis were excised, after which the wound readily healed. On examination, the gland was found to be so much disorganised, that scarcely a trace of tubuli seminiferi could be discovered. In a case in University College Hospital, Mr. Erichsen has performed a similar plastic operation in order to cover a fungous testis. The case remains under treatment. In 4 cases, successful operations for *Hare-lip* have been performed. In 2 cases, in St. Mary's Hospital, Mr. Baker Brown has performed operations for vaginal cystocele, and in a third for vesico-vaginal fistula. The three remain under treatment.

Operations for Urethral Stricture.—In Mr. Ure's case, mentioned last month, the patient has been discharged from the Hospital, a very minute perineal fistula, however, still remaining. Mr. Lawrence's case continues under treatment. During the month there have been performed :—*Case* 1.—A man, aged 60, admitted under the care of Mr. Holt, into the Westminster Hospital, with a double stricture, one of which was impermeable, and situated about two inches from the meatus, and a second just anterior to the triangular ligament. There was a perineal fistula. Mr. Holt divided both strictures by means of Stafford's lancetted stilette, and the case seems likely to do well. *Case* 2.—A man, aged 50, under the care of Mr. Curling, in the London Hospital, on account of a very long and hard stricture in the bulbous part of the urethra. The penis had been amputated high up twenty years before. There was a perineal fistula. With great difficulty a sound was passed through the stricture, and on this Mr. Curling divided part of the latter. The case is under treatment.

Tenotomy.—In a case in St. Bartholomew's Hospital, under the care of Mr. Paget, in which, after acute rheumatism, the man had allowed his knee to stiffen at a right angle. The operator divided all the ham-string tendons. By gradual extension, by means of a back splint, the limb has been got quite straight, within the month. It must be remembered, that there was probably no disease within the articulation. Three cases of talipes varus have been operated on in different Hospitals, and remain under treatment.

[NOTE.—We omit in the present Statistical Report, and intend to do so in future ones, all mention of operations on the eye. We do so, because operations of this class require, to make them instructive, more of detail in their statement than our limited

space will allow us to give. We trust, however, not to neglect Ophthalmic Surgery, but intend, as materials accumulate, to devote, from time to time, special reports to the examination of its statistics.]

ST. BARTHOLOMEW'S HOSPITAL.

CASES OF TETANUS.

(Continued from page 490.)

[Under the care of Dr. BURROWS, Mr. STANLEY, and Mr. PAGET.]

In commenting on Case No. 1 of this series, which was reported in detail in this Journal some years ago by Mr. Coote, that gentleman remarks, that chloroform inhalations had then been tried in several cases at St. Bartholomew's, and without any benefit. In that instance, therefore, Mr. Lawrence did not think it worth while again to try the remedy. In another, also, under Mr. Lawrence's care, a few months ago, anæsthetic inhalations were not deemed worthy of trial. The case was one of the acute traumatic form, and ended fatally, after a few days, not having been marked by any unusual symptoms; we shall, therefore, pass it by.

Case 34.—A healthy-looking boy, aged 15, was admitted under Mr. Stanley's care, on September 22, 1853, having suffered for two days with tetanic symptoms. Six days previously, he had trod on a rusty nail, which had entered the ball of his left great toe, inflicting but an insignificant wound. The treatment adopted consisted in the exhibition of purgatives; the boy was very ill at the time of admission, and died about eighteen hours afterwards. At the *post-mortem* examination no injury could be discovered to have been inflicted on the nerve-trunks of the foot. There was some ecchymosis of the meninges of the cord in the lower dorsal region, and the cord itself appeared rather softer than natural

Case 35.—*Punctured Wound of the Foot.—Slight Trismus about the Twenty-first Day, Gradually Increasing, and, after a Week, passing into Acute Tetanus.—Death.—Autopsy.—Softening of the Cord.*—The following case is abstracted from notes taken by Dr. Gibbon, and kindly supplied to us:—Louisa Jackson, aged 33, a married woman, was admitted on Feb. 10, 1852, suffering from incomplete trismus. She could open her mouth about half an inch, and could swallow fluids, but not solids. There was a slight degree of fever, and the pulse had a frequency of 108. On attempts to swallow, or even to make deep inspiration, a sense of choking and constriction in the throat was produced. She complained of having lost power in her right leg, but had walked up into the ward without difficulty. She stated that her symptoms had commenced six days ago, and had been gradually increasing since. A blister had been applied to the throat by a Medical man whom she had consulted. To be cupped to ten ounces on the nape of the neck; to take ten grs. of calomel immediately; and have mercurial ointment rubbed into the groins.

11th.—The symptoms are more pronounced; she slept very little in the night, and now complains of painful spasms in the right leg, which are induced by coughing. The muscles of the calf are rigid. Pulse 120, small and compressible. Bowels freely open. Ordered to take twenty minims of tincture of hyoscyamus every six hours.

12th.—Has slept well through the night; the trismus is more marked, and there is a very slight degree of opisthotonos. When raised, her body is rigid, and the thighs cannot be bent. When spoken to, or in any way excited, paroxysms of spasm come on. This morning chloroform was administered by inhalation to full insensibility. At first it excited her so much that there appeared danger of an immediately fatal result, but, being persevered with, she became quiet, and the contracted muscles relaxed from their rigidity. Some relief, both to the pain and to the spasms, seemed to follow its employment. Dr. Burrows orders a draught to be taken every four hours, containing half a drachm of tincture of hyoscyamus, and twenty minims of chloric æther. A hip-bath is to be given.

8 p.m.—It has come out, on further questioning, that, about four weeks ago, she received a punctured wound of the right foot from treading on a shoemaker's awl. It appears that the instrument broke, but, as she believes, the whole was extracted; the foot swelled afterwards, and she had pain in the part, but, the wound having healed, she did not consider it worth mentioning. On examination, there is found, between the third and fourth metatarsal bones, a tender spot, which, she says, is the part injured, but there is no swelling. The tetanic symptoms are on the increase.

13th.—In the early part of the night she slept a little, but, since twelve, has been restless and affected with almost constant spasms of the leg and back. Early this morning, Mr. Wood, the Resident Medical Officer of the Hospital, ordered half a drachm of the liquor opii sedat., which appeared to produce some relief. There appearing to be increase of tenderness about the injured spot, and pressure on it always exciting spasm, an examination by incision over it has been made, at Dr. Burrows's request, by Mr. Paget; no foreign body was, however, discovered. Her aspect is now haggard and peculiarly expressive of distress; the spasms are almost never absent. Ordered to have twelve leeches applied to the sole of the foot, and to take two grains of calomel and half a grain of opium every four hours. The æther draught is continued, and wine and beef-tea are to be given.

14th.—The spasms were frequent while the leeches were on, but subsided a little afterwards. In consequence of the bowels being confined, a jalap and calomel powder was given last night; it has not acted, and is to be followed up by a black draught. The opisthotonos is more marked.

15th.—The spasms are more violent, intervals of but about five minutes usually elapsing between them; she slept a little during the night.

16th.—Death took place at one this morning. During the last six hours she had suffered from pain at the epigastrium, probably due to spasm of the diaphragm, and the tetanic convulsions had continued very severe.

Autopsy Fourteen Hours after Death.—Excepting in the right leg there was very little muscular rigidity; beyond very slight congestion of the vessels of the pia mater, nothing abnormal was found within the skull; the membranes of the spinal cord were in a normal state, excepting a little undue vascularity of the pia mater. On making a longitudinal incision in the anterior aspect of the cord itself, the cervical portion was seen to be pink with congestion; the dorsal portion, for the length of about six inches, was of a white, milky colour, and almost diffluent from softening; the sole of the foot was most carefully dissected, but no foreign body could be discovered; the plantar nerves appeared to be perfectly healthy, as also the structures surrounding them, but on the side of the fourth metatarsal bone was found a small indentation, which had evidently resulted from injury. No visceral disease was found in the thorax or abdomen.

An interesting point in the above case is the circumstance, that nearly three weeks had elapsed between the receipt of the injury and the commencement of the tetanic symptoms. When so long a period intervenes, the disease is generally of the chronic and more manageable form. The same remark may apply to the circumstance, that from the first feeling of stiffness about the jaw, the disease took more than a week before its severe symptoms were developed.

GUY'S HOSPITAL.

HYDROPHOBIA FIVE YEARS AFTER THE BITE.—DEATH.—AUTOPSY.

[Under the care of Dr. HUGHES]

The feature of greatest interest in the case of hydrophobia which we mentioned last week, and now proceed to narrate, is the unusually long interval which elapsed between the infliction of the dog's bite and the outbreak of the symptoms. Before entering upon it, therefore, it may be well to glance at the facts and opinions previously recorded in respect to the possible length of incubation in the disease in question. Although, probably, the views entertained by the bulk of the Profession tend strongly in an opposite direction, yet there is on record a very large body of evidence in favour of the opinion that the incubation stage of hydrophobia may be prolonged over a series not only of months, but of many years, in fact, indefinitely. Romberg, in his work on "Diseases of the Nervous System," says, "An analysis of sixty authentic observations has shown that the shortest interval between the introduction of the poison and the appearance of the disease is fifteen days, the longest from seven to nine months, and that the average period is from four to seven weeks." Out of thirteen persons who were bitten in one day, by a mad wolf, and whose cases are described by Trolliet, the disease appeared in 1 between the 13th and 30th day, in 4 between the 30th and 40th, in two between the 40th and 53rd, and in 1 three months and a-half after the bite. Lenhossek mentions two patients who were attacked respectively 6 and 9 months after the infection. Dr. Meade mentions an interval of 11 months, Bossiere of a year, and Nourse of 19 months. Dr. Hamilton considers 19 months, and Dr. Hunter 17 months, to be the longest intervals worthy of

credit. Dr. Levin, in his "History of Diseases Transmissible from Domestic Animals to the Human Race," states, that the incubation period of hydrophobia may be only a few hours, or may be extended to many years. Dr. J. Hassinger has recorded a fatal case in the "Transactions of the Vienna Medical Association," in which the disease appeared two years after the bite. A very carefully sifted case has been published by Dr. Bardsley, of Manchester, in which it seemed certain that no less a space than twelve years had passed since the accident. In many of these almost incredible cases, it appears certain that the affection possessed all the symptoms of hydrophobia; and as it is admitted by almost universal consent, that the disease never occurs spontaneously in the human subject, there is but one other source of fallacy to which we can turn. That source is the possibility of a more recent infection having occurred than the one mentioned by the patient. A severe dog bite, it is allowed, is an occurrence not very soon forgotten; but then it must be borne in mind that a bite is not necessary to the production of the disease, and that a mere lick on an abraded surface will amply suffice. Mr. Lawrence mentions the following: "The Hon. Mrs. Duff had a French poodle, of which she was very fond, and which she was in the habit of allowing to lick her face. She had a small pimple on her chin, of which she had rubbed off the top, and, allowing the dog to indulge in his usual caresses, he licked this pimple, of which the surface was exposed, and thus she acquired hydrophobia, of which she died." Here, then, is a source of contagion to which most individuals are more or less unconsciously exposed, and it is very possible that some of the supposed cases of extraordinarily delayed outbreak may be thus explained. There is one, however, which cannot be so dismissed and which occurred under the exact circumstances requisite to afford an almost incontestable proof of the phenomenon alluded to. It is that published by Mr. Hale Thompson in Vol. I. of the *Lancet*. The subject of it, a lad, aged 18, had been twenty-five months in close confinement in prison, and during that time had never been exposed to the bite of any animal. He had been bitten severely by a dog seven years before in the right hip, and the scar still remained. During the whole period he was under observation, he was sullen, gloomy, and reserved, and was never known to look the person in the face to whom he spoke. Death occurred after a three days' illness, during which "the most decided symptoms of hydrophobia were manifested." In this case, as in the one we are about to record, great pain was complained of at the seat of injury. Observations such as the above must, we think, be held to make it extremely probable that the period of incubation in hydrophobia is quite an indefinite one, and that in the following case the history given might be fairly accepted as explanatory of the occurrence of the disease.

Thomas Spink, a very muscular young man, aged 19, was admitted into Guy's Hospital, under the care of Dr. Hughes, on the evening of Monday, May 15. A message had been sent previously by the Surgeon in attendance, requesting that some one would come to his house, in order to administer chloroform, previous to his removal to the Hospital, as the spasms were so violent, that he thought great difficulty would otherwise attend the attempt. A dresser accordingly went to the patient's house for that purpose; but, finding that the chloroform seemed only to excite him, its exhibition was desisted from. During the journey, which was only a short one, every breath of air appeared to excite the most violent spasm about the throat. On arriving at the Hospital, at half-past nine in the evening, the man was seen by Mr. Stocker, the Resident Medical Officer, and subsequently by Dr. Hughes and Dr. Gull. The latter gentleman took a great interest in the case, and stayed with the patient during most of the time he was under care; and in compiling the following, we had the benefit of some remarks upon it made by him on the following day. At first sight there was a wildness about the patient's expression, and an appearance of terror and alarm, which those who had ever before seen a case of hydrophobia could not mistake. The least breath of air threw him into a violent paroxysm of spasm, which appeared mainly to affect the pharynx, but in which the head was also thrown back, and there seemed some tendency to opisthotonos. His conversation was generally wild and incoherent; but he could, when more quiet, answer questions, and stated his age and name, but, as it was afterwards found, not quite correctly. He complained of much pain in the left leg, and immediately below the knee, on that side, was the scar of an old bite. There was no lock-jaw whatever; but, although he appeared very thirsty, and anxiously attempted to drink, yet he could not swallow a drop of fluid, violent spasm being immediately produced by the attempt. There was much adhesive and frothy saliva about his mouth, which he was constantly engaged in the attempt to spit out. Gasping eructations frequently occurred, but there was no actual vomiting. He was in the greatest alarm, and appeared from his expressions to be in fear that it was intended to murder him. Respiration was constantly attended by sighing efforts, and almost by shuddering, his condition in this respect much reminding the bystanders of that induced by a sudden plunge up to the neck in cold water. At first it was not thought necessary to confine him, but afterwards it became needful to do so, as on one occasion, watching his opportunity, he had thrown himself out of bed, and sprung violently against a window which was near. After this, his arms were tied down to the sides of the bed. His pulse was rapid, and subject to sudden alterations in frequency, varying in the course of a few minutes from 100 to 130; the skin was warm and moist, and the pupils widely dilated.

The remedy first tried was the Indian hemp, the extract of which, (obtained fresh from Squires',) in the enormous dose of ten grains, was exhibited by injection into the rectum. The first quantity was almost immediately expelled, but the second was retained. It appeared, however, to exert not the slightest effect in controlling the tendency to spasm. The paroxysms continued to recur almost constantly, and were induced by the slightest causes. At about two o'clock a.m. it was decided to exhibit chloroform. The man resisted the attempts to make him inhale it, tossed his head about, (he was strapped down,) and even made an effort to bite the hand of the administrator. The first effect was to excite and render the paroxysms much more violent and constant; as insensibility was induced, however, the tendency to spasm subsided, and ultimately the patient lay quite quiet. It was noticed that his pupils, which previously had been widely dilated, contracted when under the influence of the chloroform. The inhaler being removed, it was found that the effect of the anæsthetic was never prolonged more than a few minutes at a time, after which the spasms again began to occur. With short intermissions the patient was kept under the influence of the remedy for more than an hour, when, on account of the extreme collapse, it was deemed necessary to suspend it. The pulse was now not perceptible at the wrist, and the surface was cool and clammy. After the chloroform was laid aside, some returns of spasm took place, but not violently; the pulse never became perceptible, and the patient, after gradually sinking, died about a quarter to four a.m. A few hours previous to death, there had been noticed some emphysema of the cellular tissue in the root of the neck, caused, no doubt, by rupture of the trachea or some part of the larger bronchial tubes during spasmodic closure of the glottis.

Of the numerous observers who witnessed the symptoms just described, there were none, we believe, who felt any doubt as to the name by which the disease should be designated. As distinguishing it from mania there were the attacks of spasm, the great susceptibility of the external surface to impressions, and the incapability of swallowing fluids. The delirium was one of terror and extreme fear, very distinct from the fierce and violent raving usually present in phrenitis. From tetanus its difference was not less well marked. There was neither trismus, rigidity of the abdomen, or tonic spasm of muscles, nor did the paroxysmal attacks involve the muscles of the extremities. In tetanus the intellect is almost invariably clear to the end: here it was clouded by delusions of a peculiar and pathognomonic character. The *post-mortem* examination was performed on the following morning by Dr. Habershon, and was productive of little more than negative results. Having briefly specified them, we will next give the history of the case previous to admission into the Hospital. As much of the interest of the narrative depends upon the degree of confidence which may be placed in the history, we may state that its facts were ascertained by Dr. Gull from the father of the patient by a very careful cross-examination, and that they obtained the full credence of that Physician.

Autopsy, Twelve Hours after Death.—There was great *post-mortem* rigidity, all the muscles being hard. With the exception of the hands, which were rigidly flexed, there was no distortion of any of the extremities. On opening the head, the veins or the meninges were found full of blood, and the brain substance itself presented a little more of vascularity than is seen in the average of examinations. The whole of the pharynx was deeply congested, and of a slight bluish tinge; the boundary of the congestion was definite, and terminated at the commencement of the œsophagus. The tonsils were of usual size. The left side of the heart was firmly contracted, and the blood was universally fluid. The posterior parts of the lungs were loaded with blood, and some parts presented the characters of incipient lobular pneumonia. There was interlobular emphysema about the root of the left lung. The cord was taken out, but, with the exception

of some very questionable softening of a part in the middle dorsal region, it presented nothing morbid. Beyond general congestion of the abdominal and thoracic viscera, distension of the intestines with gas, and a dry condition of the peritoneal surface, no other departures from the healthy condition were observed. The surface of the corpse was carefully examined for any traces of recent wounds or abrasions, but none were discovered.

Previous History of the Case.—The father of the young man was by trade a bricklayer, and his son had worked partly with him and partly as a "tumbler" at fairs. Five or six years ago, the boy, then aged about 13, had been severely bitten in the left leg by a strange pointer bitch. The dog had puppies at the time, and the occurrence took place in the road.(a) The father of the boy witnessed the occurrence, and remembered it well, because he had afterwards to dress the injured part. Nothing whatever was known as to the history of the dog. After the wound had healed, the boy never again complained of it, and he manifested no alteration in temper or manner. He was usually of quiet habits, and not much addicted to drink. He had always lived at home, and the father felt certain he should have known if any bite, wound or other injury had occurred to him since the one mentioned. He had enjoyed excellent health, in every respect, until Friday, the third day previous to his admission. On the afternoon of that day, (he had been staying at home, being out of work,) he went to sleep, and woke up in the evening, appearing disturbed, and stating that he had had a very bad dream. He afterwards took some tea, and then went out for awhile. At night he complained of a severe headache. On Saturday, he still complained of not being well, but, in the afternoon, walked with his father a distance of some miles, to "tumble" at a neighbouring village. Late in the evening, he commenced the practice of his evolutions, but, after having stood once on his head, complained that it had hurt him so, that he must give it up. During the walk home, his father noticed that his limbs seemed weak, and the journey took them many hours. Throughout Sunday he stayed in the house, still complaining of "splitting headache," and appearing very ill. He could, however, swallow fairly, and had no noticeable difficulty in doing so. Late in the evening, he got up, and went alone to a neighbouring public-house to get some beer, which he drank, but, as the landlady who served him afterwards stated, with the greatest difficulty, as "it seemed as if it would have choked him." On Monday morning he said he could not drink, and took only a little sopped biscuit, which he appeared scarcely able to get down. In the afternoon of that day the attacks of spasm began to occur. He exhibited the greatest terror of some impending mischief, although perfectly conscious. A Medical man who had been sent for entering the room, he begged him not to approach, as he could not, he said, help striking him if he did. These symptoms becoming rapidly aggravated, he was, as we have already seen, conveyed to the Hospital late in the evening.

Having already entered so fully on the incubation question, we have not much to add in the shape of comment on the above. The premonitory symptoms of the outbreak, the duration of the attack, and the nature of the illness, presented nothing different from the ordinary course of hydrophobia. It is worthy of note, that the lad had manifested no form of nervous disease whatever during the long interval subsequent to the bite. The fatal attack could not in any way be attributed to fear or apprehension, since he did not appear to have in the least anticipated any ill consequences from his accident. The effect of the chloroform inhalation would seem to have been almost precisely similar to that which we have noted in many of the more acute cases of tetanus which have been mentioned in the series we are at present engaged on. The drug was efficient in allaying the morbid irritability, and in completely controlling the tendency to spasm, but exercised no preventive influence. Its effects rapidly passed off when inhalation was relinquished, and the vital powers of the patient failed as fast as they could have been expected to do had it not been used.

(a) As no history of the dog could be got at in this case, it may be worth noticing, that during the few weeks immediately subsequent to parturition, dogs are, according to the observations of Youatt, peculiarly liable to madness.

THE WAR—Among the list of officers commanding rocket-boats engaged under Commander Dixon's (of the Britannia) orders during the attack on the Imperial Mole, in Odessa Harbour, Saturday, April 22, we find the name of J. W. Elliot, Assistant-Surgeon.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	May 27.	ROYAL INSTITUTION. *Subject:* — "On the Importance of the Study of Physics as a Branch of Education for all Classes." By Professor TYNDALL. Three o'Clock.
——	——	MEDICAL SOCIETY OF LONDON. *Subject:*—"Some Remarks on Pleuritis in reference to the Operation of Paracentesis Thoracis." By Dr. RISDON BENNETT. Eight o'Clock.
——	——	ROYAL BOTANIC SOCIETY. Four o'Clock.
Tuesday,	May 30.	ROYAL INSTITUTION. *Subject:* — "On Gunpowder." By Professor J. TYNDALL. Three o'Clock.
Thursday,	June 1.	ROYAL INSTITUTION. *Subject:*—"On Botany." By M. T. MASTERS, Esq. Three o'Clock.
——	——	HARVEIAN SOCIETY. *Subject:*—"On Continued Fever in Children." By W. J. ANDERSON, Esq. Eight o'Clock.
——	——	ZOOLOGICAL SOCIETY. Three o'Clock.
Friday,	June 2.	ROYAL INSTITUTION. *Subject:* — "On the Dependence of the Chemical Properties of Compounds upon the Electrical Character of their Constituents." By Dr. E. FRANKLAND. Half-past Eight o'Clock.
——	——	BOTANICAL SOCIETY. Eight o'Clock.
Saturday,	June 3.	ROYAL INSTITUTION. *Subject:*—"On the Importance of the Study of Physiology as a Branch of Education for all Classes." By JAMES PAGET, Esq. Three o'Clock.
——	——	ROYAL BOTANIC SOCIETY. Four o'Clock.

Medical Times & Gazette.

SATURDAY, MAY 27.

THE ADVERTISING QUACKS.

IN our last Number, we referred generally to the "sealed packets" forwarded through the post by the Advertising Quacks. If we open two or three of these illicit parcels, we see at a glance the reason why they are so carefully secured. If our reader has happened to have seen the "chamber of horrors" in Dr. Kahn's Anatomical Museum, he might realise to himself some faint idea of the character of the disgusting coloured engravings with which these works are illustrated. They are, indeed, calculated to inspire terror in the stoutest heart. Their artists seem to have drawn their inspiration from a combined recollection of the *Inferno* of Dante and the terrible picture of the punishment of the damned in the Last Judgment, by Michael Angelo. There is horror here for everybody. For those labouring under syphilis, there are portraits of the human countenance, jagged and eaten up with corroding ulcers, carefully executed pictures of *chancres in the heart* (!), and of testicles ragged and dropping with corruption; while, for the Onanist, there are drawings of living skeletons, with rotting eyes, and protruding, dropping tongues. We can well imagine the pain and trouble it must have put their authors to—for there is a wonderful family-likeness in the pictures in these volumes—to have the horrible depicted up to their high standard. We will not dwell longer upon such a loathsome subject; we have said enough to show the terrorizing influence of this diabolical circulating library, which some of our most respectable London Journalists, according to the Advertisements, recommend "for the use of families."

The aim of each volume is the same,—to appal the reader, by giving him a catalogue of every disease the human frame is liable to (and a few more), and then to artfully make his inflamed imagination apply them to his own particular case. The poisoned arrow thus adroitly planted in the mind, the advertiser informs his victim, that, like another Eleanor, he is ready to suck the venom out again in the most philanthropic manner, for a certain consideration, the nature of which we shall see by and by. How admirably this system of alternating terror and hope tells upon the reader, a perusal of the cases appended to these

volumes at once shows. With a malignancy almost fiendish, these authors seize upon the subject of marriage, and dwell upon the supposed disqualifications to the due performance of its physical office.

We might appeud some of the model letters from the victims of these harpies, but they are too revolting eveu for Medical readers. Details of attempts to consummate marriage, histories of the acquirement of secret habits, and fancy-pictures of the effects, with accounts of experiments made with womeu before venturing upon marriagc, are sent by deluded readers of the newspapers to the advertisers, terminating generally in some such manner as the following :—

"*I am perfectly well able to remunerate you* for your services, if you think they will be available in my case. May I then beg of you to answer this my application at your earliest convenience, as you must see the distressing circumstances in which I am placed. I enclose a sovereign, and will, on hearing from you, continue the fee.

"I am, Sir, your obedient Servant,

"T. P."

The "Life-Invigorating Balsam," at five guineas a bottle, was, of course, at once prescribed and taken ; and here is the finishing result:—

"Birmingham, Dec. 22, 1843.

"Dear Sir,—I write for one more package of the medicine, and in spirits widely differiug indeed from those under which I first addressed you. The tremor of my hands and feelings of lassitude under which I laboured for so long a time are now entirely gone; but what has been of still greater importance thau all is, that I have been able *to perform the duties of a husband* repeatedly and most perfectly within the last four nights. The feeling of terror is now almost entirely gone. The last package has tended in a most extraordinary manner to check the almost instantaneous emission which annoyed me so much before. Indeed, within the last six days I enjoy more strength and vigour than I ever remember to have possessed. I am, in fact, a man, aud feel so. I can look with a degree of confidence into the face of my kind wife, *of whom I was before altogether ashamed.(!)* In fact, Sir, I feel towards you for your extraordinary cure of me beyond what I cau express. As I should very much wish to continue the medicine for some time longer, I enclose the usual fee, with a request that you will be so good as to write to me once more, as some advice may be still necessary regarding my future manner of living.

"I am Sir, (with a deep sense of gratitude *for the most important service that can be bestowed on a human being,*) your very sincere friend,

"T. P."

We have quoted the above as a model case,—one of those which afford a perfect mine of wealth to the "manly-vigour" class of impostors. Who does not remember to have seen appended to the advertisement of some cure for the tooth-ache two figures, one suffering agonies from the irritation of a rotten molar, and the other an hilarious wight, crying out, "Ah, ah ! cured in a minute !" There is too much of this sudden change from grave to gay in these two letters to allow us to believe altogether in their genuineness, and the wretched T. P.—who was *ashamed of his kind wife,* and too fond of yet another bottle of the life-invigorating fluid—to clear up the suspicion on our mind that he is a myth, or a creature of the fancy. Genuine or not, however, there can be no doubt of the injury such "cases" inflict upon the sealed-packet reading public. That there is a great deal of fancied impotency in the world, we have no doubt; and that the amount is multiplied and deepened a hundred-fold by these publications and their *descriptive advertisements* in nearly every paper, we are quite certain. Imagine a young man "about to marry," having such misgivings of his "manly vigour," reading such a case as the above,—can there be any doubt that he would fall an easy victim to the quack, who, with his Balsam of Syriacum, at five guineas a bottle, would cling to him tighter than the Old Man of the Sea did to Sinbad ?

Contrast the honest Practitioner's treatmeut with this. The former, after ecnvincing himself that the case arose from pure nervousness or debility, by half-a-dozen words, and a few simple directions, would re-assure the patient, and by plucking out the fear with which his mind stung itself, banish the impediment.

Scarcely a week passes but we see or hear of some new victim of this detestable system. The natural results of a life of celibacy in young men are magnified into the fearful effects of school habits, which must end in impoteucy and death, unless cured by the wonderful secret balm or balsam. The prevailing ignorance of physiology among the people favours the interested representation. The advertisements suggest the first misgiving; the sealed volume is bought; and the reader, whether malc or female, must be indeed strong-minded, who, unprotected by physiological knowledge, is uot coutaminated or terror-stricken by the loathsome contents.

HUNTERIAN LECTURES.

The annual course of lectures on comparative anatomy, delivered by Professor Owen, has just come to a close, and we published last week the conclusion of the series. We cannot refrain from congratulatiug the College upon the dignity which this Professorship confers upon that Institution ; and the Profession, upon having so excelleut an opportunity afforded to it of obtaining the highest kind of anatomical knowledge. We may refer also to the numerous auditory which has graced the lectures, and the increase of a sound philosophic spirit of inquiry thus evinced, as further matter for congratulation.

The past course has been devoted to the auatomy and physiology of the vertebrated animals with warm blood; aud has had an especial interest to our Profession, as the subject of our own daily investigation—Man—is more directly associated with, and stands at the head of, this series; for, by observing the gradations of the scries, and the modifications of parts, nearly all of which are represented in their highest development in man, the members of the Collegc have been led to a more perfect acquaintance with the construction of that frame whose diseases and injuries they treat. The Professor, in repetition of a course which he delivered two or three years ago, has giveu especial attention to the osteology of each class, on the ground that the skeleton is the centre of all other organs, and the basis of all investigation into their anatomy. This we deem to have been a wise procedure—one capable of ready appreciation by the practical Medical man, who may have neglected much of whatever minute anatomy he learned in earlier life, and also onc well worth being followed up by the Professors in our Medical schools.

In this department, however, as in his accouut of the structure of other organs, the Professor has avoided great minuteness, and with much tact and skill has presented to the attention of his auditory only those salieut points which mark each class, and which further distinguish it from others nearly allied to it. This analysis has enabled us to learn without effort the characteristic distinctions of each vertebrate divisiou, and has given the opportunity of having before the mind's eye at nearly the same moment those gradual progressions which ultimately assert themselves in mau. The Professor has also been very happy in his explanations of the peculiar conformation of each part to the exigencies of the animal, and has exhibited that nobility of mind which evidently delights to recognise the wisdom of the Creator in these adaptations. His remarks ou the paleontology of this series of beings were highly interesting. He uufolded in a most lucid manner the varied conditions which were favourable to the progressive development of the lower animals in ages long anterior to the creation of our species. He also again repeated his matured conviction that the present state of knowledge on the subject of development utterly repudiates the notions of the transmutation of species; and, in his last lecture,

showed, as our readers have seen, that there is a mighty chasm between the construction of the great chimpanzee *(troglodytes gorilla)* and the human species. Our readers will doubtless be gratified with the few remarks made by him to indicate that, whatever may be the diversities of external configuration in man, there could be no doubt of the fact, that the essential, constant, and universal resemblances must limit him to one species.

It is not our purpose to enter upon an analysis of this excellent course of lectures, but rather to incite the younger members of the Profession to follow the example set by so many venerable seniors who attend these discourses, and to make good use of opportunities of imbibing a philosophic spirit of generalisation which were not afforded to their fathers. We were gratified to remark that the Professor has in this course beyond all previous years been free from embarrassment, and has exhibited eclecticism of material, lucidity and terseness of arrangement, readiness in description, immensity of anatomical information, and happiness in the choice of terms; in a word, all the requirements of a most gifted public teacher. He has lectured almost entirely without notes, and we were not sorry to miss the long descriptions, excellent as they were, read from written and printed sheets, which we had observed in former years. We trust that he may occupy his post for many years to come, and, by increasing the cautious and elevated generalisations which marked Cuvier, and which have so eminently distinguished himself, raise yet much higher the tone of the anatomical teaching of the present day.

ALLEGED MALPRAXIS AND SUPPRESSION OF AN INQUEST.

In the *Morning Post*, on the 18th inst., a paragraph appeared, headed, "Alleged Death of a Child under a Surgical Operation at the Royal Free Hospital," containing rumours said to be prevalent, that "the mother was not a consenting party to the operation" of lithotomy upon a child 3½ years old; "that the child was under the hands of the Medical Practitioner one hour and forty minutes, with what results our informant cannot state, as some allege that the calculus was found, and some that it was not found until a *post-mortem* examination of the body."

It appears that the child was buried on the 23rd of April, that the body was exhumed on the 11th of May, and an inquest summoned for the 15th, but that, owing to peculiar circumstances, Mr. Baker, the Coroner for the Eastern Division of the County, was requested to hold the inquest, in place of Mr. Wakley. The body is said to have been examined by Medical men on Tuesday, the 16th, and buried again on the 17th, on the day the inquest was to have been held. As we stated last week, in answer to a Correspondent, the inquest did not take place. The jury were informed that they need not assemble, the officer having taken the notification round to their houses.

The following paragraphs, quoted in the *Daily News* of Monday last, from the *Weekly Dispatch*, will throw more light on this subject. It will be seen that the first is an exact copy of an answer to a Correspondent given in the *Lancet* of last week.

"Alleged Death of a Child from a Surgical Operation.—We are requested by a correspondent to state, that the report under this title, in the *Morning Post*, is grossly incorrect and libellous. The operation was performed at the Free Hospital, on the 13th of April last, and the child expired three days afterwards from the effects of peritonitis, or from the long-continued use of chloroform. Until Tuesday, the 9th inst., no application was made to the Coroner for the inquest. After instituting the usual inquiries, Mr. Wakley determined on issuing his warrant for summoning a jury, and also for disinterring the body. Subsequently, the solicitor of the parents of the child withdrew the application for the inquest, and stated, that the parents had expressed themselves "quite satisfied with the Medical gentleman's testimony respecting their child." As the only application made for an inquest had been officially withdrawn, the inquiry was abandoned. This was the decision of Mr. Baker, that gentleman having kindly consented to officiate for Mr. Wakley, who declined to act on the occasion, either by himself or deputy, as he was one of the Committee of the Hospital. The statement, that Mr. Wakley was "closely related to the operator on the child," is wholly untrue.

"[Since the above paragraph, which we received from what we deemed a reliable source, was in type, some further particulars have reached us, and we are compelled to express a hope, that a thorough investigation will take place. It is said that the child was under the hands of two operators, one after the other, for an unreasonable length of time, and that the suppression of the inquiry has been purchased by an expenditure of nearly 100*l*. If there be any truth in this latter allegation, it is a confession either of wrong doing, or of professional incompetence; and in either case it is an affair not to be treated as if it had happened in private practice. The operation was performed by the officer or officers of a public Institution, supported entirely by the contributions of the charitable and affluent, for the benefit of the suffering and needy. The character of the professional gentlemen connected with the Institution, on the one hand, and the claims and interests of the suffering poor who may become inmates of this Hospital hereafter, on the other, demand an investigation !]—*Weekly Dispatch.*"

We are unwilling to say more on this subject at present than that it is clearly the duty of the Medical Officers of the Royal Free Hospital to publish an authentic account of the case, and of the name or names of the operator or operators, that the Profession and the public may judge if they were, or were not, blameable. But however this may be, it is quite certain, on the statement of the *Lancet*, that an inquest ought to have been held. We never heard that the friends of the dead could offer effective resistance to a Coroner in cases of suspicious death. If so, there would be an end to detection in many cases of deep criminality. It is clear, therefore, that an inquest must be held before the public can be satisfied, and that the matter must be brought before the notice of the Home Secretary; for, in the *Daily News* of Thursday last, documents are published which call for an answer to the very serious charge of suppressing the inquest. We quite agree with the Editor of that paper in his opinion, that "very much could be said on the case in its present stage; but it is best that those against whom these documents tell should first have an opportunity of saying what they may have to say on the subject."

WANT OF MEDICAL OFFICERS IN THE BALTIC AND BLACK SEA FLEETS.

We have lately received letters from our Fleets in the Baltic and the Black Sea, from which we learn that the continued scanty supply of Medical Officers excites no little uneasiness. In neither Fleet is even the *peace* complement of these officers made up, while the *war* complement of every other class is full. If a severe action should ensue, it is feared that there will be more work than the Medical Staff can accomplish, even if all should escape unhurt, which former experience proves cannot be expected; and should any such accident as may be expected happen to disable any Medical Officer during action, the consequences to the crews would probably be most distressing.

Again, several gun-boats are being fitted out in England for service in the Baltic, like the Jasper, which was lately burned in the Channel; the Cuckoo, Minx, and Lightning, for example. These boats will have a complement of seventy officers and men, and will be employed on most dangerous service, but carry no Medical Officer,—so that our gallant defenders are to be sent into battle to brave all the casualties of naval warfare without any description of Medical assistance. This case is a very strong one against the Admiralty, for orders were given at first that these vessels should have an Assistant-Surgeon, but when it was found

that, owing to the continued resistance made by the Admiralty to the claims of these officers, Medical men would not enter the Navy, instead of taking the necessary steps for making the service popular with the Profession, by carrying out the Royal Order in Council, and the Resolution of the House of Commons, it was determined to send men into action without Medical aid. If the people of this country submit silently to such barbarity we are very much mistaken. It requires but little to make the Naval Medical Service most popular—namely, ward-room position, and cabin accommodation—but this little is obstinately refused. Sir James Graham and his coadjutors will be held responsible for the consequences. We must defend them, however, from the charge of admitting druggists' assistants into the service, although a report to that effect has been circulated by some Medical and other journals. It has been stated, that such persons would be accepted at a salary of 100*l.* a-year, and some hundreds of applications have been made at the Admiralty in consequence; but we are enabled to state with certainty that there is no ground whatever for auy such statement.

HOMŒOPATHY IN HONDURAS.

We have derived considerable amusement from the perusal of a letter which appeared in the *Nonconformist*, a few weeks since, written by a persecuted homœopath in Honduras. It would appear that the writer is a Missionary, who, in addition to his spiritual labours, has practised homœopathy, although, as he himself says, "unprovided with a diploma," and has, among other wonderful cures, saved nearly all the cases of cholera which occurred in the settlement. One solitary case, however, unluckily died; and, by a "conspiracy," in which "two Doctors of the old school and a Popish priest" were the chief agents, the homœopath became involved in a Coroner's inquest. A verdict was returned, strongly censuring the treatment of severe disease by homœopathic remedies, the Coroner at the same time remarking, that "homœopathic treatment must be utterly useless in cholera; it could have no effect." We learn from the same letter, that a law has just been passed by the Legislature of Honduras, which forbids the sale of compounded drugs, and makes the act of prescribing, except by a Medical man, punishable by a fine of 20*l.*, or one month's imprisonment.

The clerical homœopath, in concluding his letter, pathetically laments that in Honduras there is very little defence in law for Medical Nonconformity. It would be well for the public if there were as little in our own enlightened country.

REVIEWS.

Clinical Lectures on Paralysis, Diseases of the Brain, and Other Affections of the Nervous System. By Robert Bentley Todd, M.D., F.R.S., Physician to King's College Hospital. Pp. 462. London.

This work contains twenty lectures on seventy-seven cases of disease of the nervous system.

The first three lectures are devoted to a consideration of the various kinds of paralysis, especially treated of in relation to their causes.

Speaking of paralysis, the result of lead poisoning, Dr. Todd observes:—

"The question here arises, What is the particular tissue or organ affected in the paralysis of house-painters and others exposed to the influence of lead? I believe that the muscles and nerves are early affected, and that, at a subsequent period, the nervous centres become implicated."—P. 9.

That the periphery of the nervous system is first affected, is proved "by the fact that the local paralysis always precedes, and generally for some considerable time, the epileptic convulsions, or other symptoms of centric disease."—P. 9.

The direct cause of the disease is, beyond doubt, the presence of lead in the substance of the affected parts.

The structures most seriously affected in cases of lead-poisoning are, Dr. Todd says, those in which the nutrient changes are most active, and consequently those which receive the largest proportional supply of blood; the blood, being loaded by a poisonous material, "impregnates them with it to a greater degree than other tissues in which the circulation is less active."—P. 11.

In house-painters the arms are used more than the legs, the extensor muscles more than the flexors, and the muscles constituting the ball of the thumb more than the other muscles of the hand. The muscles most frequently used are those to suffer most.

Dr. Todd is fully satisfied that he has seen persons suffering from this form of paralysis derive benefit from the employment of a bath consisting of from two to four ounces of sulphuret of potassium, mixed with from twenty to thirty gallons of water.

The fourth lecture is on paralysis of the portio dura; the fifth and sixth on red and white softening; in the seventh the subject of fatty disease of the minute vessels of the brain is discussed; and, in the eighth, the cerebral symptoms arising from renal disease. The ninth and six following lectures are on the various forms of hemiplegia. The last five lectures are severally occupied by observations on a case of epileptic coma and lead palsy; cases of syphilitic disease of the dura mater; a case of acute idiopathic trismus; four cases of chorea; and on local hysteria and catalepsy.

The lectures on hemiplegia are particularly excellent, and of these we shall offer the reader a brief abstract.

"The term hemiplegia," Dr. Todd says, "denotes a palsy stroke, affecting either half of the body; the parts actually involved are the upper and lower extremity, the muscles of mastication, including the buccinator, and also of the tongue on one side."—P. 162.

In slight cases of hemiplegia the face is not affected; and, when it is affected, it is in consequence of lesion of the fifth and not of the seventh nerve.

"The facial nerve or portio dura is not generally touched by the paralysing lesion in hemiplegia. Hence you find the orbicularis palpebrarum and the superficial face muscles unscathed."—P. 167.

The muscles of mastication on the paralysed side act with less power than on the opposite side. The third nerve is now and then affected; the ninth is almost always so; and the consequence is, that the tongue is protruded with a more or less distinct deviation to the paralysed side. Palsy of the muscles of the face and tongue leads to imperfect articulation. The muscles of the trunk, as the intercostals or the abdominal muscles, are rarely involved in the hemiplegic paralysis. Deglutition is impaired only when the lesion of the brain is serious and extensive. Clinically, Dr. Todd observes, six varieties of hemiplegia may be noted.

1st. The typical hemiplegia, the result of some distinct and special lesion of the brain, or cerebral hemiplegia.

2ud. Spinal hemiplegia, caused by a lesion involving one-half of the spinal cord, just below the decussation of the pyramids.

3rd. Hemiplegia of short duration, consequent upon an epileptic attack, or epileptic hemiplegia.

4th. Hemiplegia following or preceding chorea, or choreic hemiplegia.

5th. Hysterical hemiplegia.

6th. Peripheral hemiplegia, in which the palsy creeps, as it were, from the periphery to the centre.

1st. Of those cases which are distinctly caused by some special lesion of the brain.

Sufficient attention to the state of the muscles, as affording important aid for diaguosis and prognosis, has not, Dr. Todd considers, been paid by preceding writers.

"Looking, then, to the state of the muscles of the palsied limbs, I arrange cases of cerebral hemiplegia in three classes:—

"The first class consists of those cases in which the muscles of the paralytic limbs are completely relaxed. The limbs are loose and flaccid; and, if you flex the forearm upon the arm, or the leg upon the thigh, you find no resistance or opposition to the movement."—P. 174.

"In the second class I place those cases in which the paralysed muscles exhibit a certain amount of rigidity, *which rigidity has existed from the moment of, or soon after, the attack.*"—P. 174.

The muscles, if the palsy persist, waste less rapidly than in the cases included in the first class.

"In the third class, we fiud cases with rigid muscles likewise. In these cases the rigidity is a late phenomenon. It does not occur for some time after the paralytic scizure. The cases of the first class often pass into this. The wasted and relaxed muscles, after some time, gradually acquire more or less tension; they be-

come shortened, and appear like tight cords stretched between their origin and insertion. The tension is most manifest in the flexor muscles, and the limbs the state of more or less flexion, especially the upper extremity."—P. 175.

Hemiplegia with relaxed and flaccid muscles occurs in two ways; 1st, without loss of consciousness; and, 2ndly, along with more or less coma.

For the first of these two varieties Dr. Todd proposes the term simple hemiplegia.

The lesion which gives rise to the paralysis in simple hemiplegia is "white softening;" if a clot exists, it is so small as not to exercise pressure on neighbouring healthy parts of the brain.

"The suddenness of the attack of paralysis is due (as I suppose) to rupture of the softened fibres."—P. 193.

Pain in the limbs often precedes the attack of paralysis.

"The second variety of the first class of hemiplegia is characterised by the suddenness of the attack, and by more or less of coma soon after or simultaneously with the paralysis."—P. 193.

This variety of hemiplegia may terminate in one of four ways.

"1st. It may end in death, and that, too, pretty rapidly; 2ndly. It may terminate in permanent paralysis, the paralysed muscles remaining relaxed; 3rdly. Partial recovery of the paralysis may be attained, the paralysed muscles becoming wasted, and passing into a state of rigidity; and, lastly, there may be complete recovery of the paralysis."—P. 199.

The lesion of the brain found in these cases is white softening, without or with clot.

"When without clot, the softening is of considerable extent, and may, perhaps, be associated with some previous morbid deposit. When with clot, this is either of large size, or it is situated in some part where it can compress central and important parts of the brain. The evidence now accumulated respecting the lesions which give rise to these two forms of hemiplegia indicate, I think, very distinctly that they result from defective circulation through the brain, and enfeebled nutrition of the cerebral matter."—P. 207.

Of the second class of hemiplegia—viz., that with early rigidity of the paralysed muscles—there are also two varieties; "the one in which the rigidity of the muscles is very slight, and confined to one or two muscles; the other, in which it is considerable, and affecting all, or nearly all, the muscles."—P. 215.

As to the pathology of this class of hemiplegia, Dr. Todd remarks:—

"Let me point out to you that it is not an inflammatory state of brain only which may excite this rigid palsy, but one of irritation, whether inflammatory or non-inflammatory. By an irritated state I mean one of exalted polarity of the nervous tissue, or, as the physical philosophers would say, a state of high tension." "As Lallemand has remarked, an early stage of the inflammatory process may be irritative and paralysing; a later stage paralysing simply."—P. 231.

In another part of the same lecture, Dr. Todd says:—

"The condition of slight and partial rigidity of muscles is that of most frequent occurrence in the hemiplegia caused by an apoplectic clot. My idea as to its cause is, that it depends on a state of irritation, propagated from torn brain to the point of implantation of the nerves of the affected muscles."—P. 216.

Dr. Todd's third class of hemiplegia includes those cases in which there is late rigidity of the paralysed limbs. As to the pathology of this form of hemiplegia, he remarks:—

"At the seat of the original lesion, whether it be simply a white softening or an apoplectic clot, or a red softening, with more or less destruction of the brain-substance, there takes place an attempt at cicatrisation, more or less perfect. Attendant on this there is a gradual shrinking or contraction of the cerebral matter, which, acting on the neighbouring healthy tissue, keeps up a slow and lingering irritation, which is propagated to the muscles, and excites in them a corresponding gradual contraction, while, at the same time, their nutrition becomes seriously impaired by the want of proper exercise, and the general depressing influence of the lesion."—P. 242.

Numerous cases are interspersed through the four lectures, of which we have given a brief abstract, illustrative of almost every point mentioned; and the treatment of each class and variety of hemiplegia is discussed in a thoroughly practical manner. The space at our disposal obliges us to leave untouched the two lectures devoted to the other four classes of hemiplegia; but we do so with the less regret, from the conviction that the work itself will soon be in the hands of every Practitioner who desires to be informed of the present state of knowledge in regard of diseases of the nervous system. Like all Dr. Todd's writings, this work is exceedingly easy reading, and replete with just such information as the scientific Practitioner requires. Those whose sight is not altogether as good as it was will find the clear and bold type in which the work is printed no small recommendation in its favour.

A Short Exposition of the Circulation and Nervous System, with Reference to Disease and Treatment By G. Hamilton Bell, F.R.C.S.E.; formerly of the Madras Medical Establishment. 8vo. Pp. 67. Edinburgh: 1854.

Two years ago, Dr. Charles Bell published in the *Edinburgh Monthly Journal*, a paper in which he recommended strongly the treatment of erysipelas by the tincture of the sesquichloride of iron. The value of the remedy, he stated, he had learned from his brother, Mr. G. Hamilton Bell. The treatment there advocated has, Mr. Bell tells us, been generally adopted in Scotland; but he adds:—

"I find, however, that the rationale of the treatment causes considerable difficulty in the minds of many of my friends; and I am informed, that there are teachers who might be supposed to arrive at correct conclusions on the subject, who throw ridicule on the idea of prescribing a powerful tonic in violent inflammation."—(P. 1.)

The present little work is published for the purpose of informing the Profession in regard of the principle on which the practice in question is founded. The following summary of a case of erysipelas treated with tincture of the sesquichloride of iron, will illustrate Mr. Bell's style and practice:—

"The patient, 75 years of age, of a full habit of body, and of a pyrexial diathesis, continued in a high fever 24 hours after I was called to see her, and 48 hours from her seizure, when I discovered that the cause of the symptoms was erysipelas of the whole head. She was immediately put on 20 drop doses of the tonic tincture every three hours, which, after the third dose, is found to have acted so effectually as a *calmative*, that the febrile excitement is gone, nausea has disappeared, and the pulse twelve beats down. And the next morning, after taking 120 drops of the medicine in about 15 hours, although the local affection is not arrested, all the constitutional turmoil is so completely quieted, that the pulse is reduced to 76, and the patient 'quite comfortable.' All this without any perceptible emunctory effects to account for the change. The dose of the tincture is now increased to twenty-five drops every three hours, but on the second morning of the treatment, although all the other symptoms are quite satisfactory, the inflammation is not arrested. Thirty drops every three hours are now ordered, and on the following morning, the third of the tonic treatment, the disease has ceased to progress, and on the fourth morning the patient is rapidly recovering. The tincture is continued for four days longer, at the same rate, and then gradually left off."—P. 65.

This old lady, in eight days, had administered to her two ounces of the muriated tincture of iron.

Mr. Bell expresses, in the strongest terms, his conviction, that sesquichloride of iron is a specific in the treatment of erysipelas. In a long course of practice he has never known it fail.

Mr. Bell states that, in twenty-five years' extensive practice in Edinburgh, he has not lost a single case of measles, and only three cases of scarlet fever. His success he attributes to the frequent administration of very small doses of calomel and antimony. "Regulating the doses of the calomel and of James's powder from a sixth to the eighteenth of a grain of each (according to the age of the patient), and administering them every two hours, night and day, being careful that they are thoroughly triturated with refined sugar before division."—P. 60.

In "typhus and synochus" the same treatment "proves invaluable."

As regards Mr. Bell's theories, it will satisfy the majority of our readers to know, that by *à priori* reasoning he proves to his own satisfaction, that the middle coat of the arteries is not muscular, ignoring not only the experimental evidence in favour of its muscularity, but also the anatomical fact demonstrated by Kölliker that it is muscular. We trust, however, that Mr. Bell's theories will not stand in the way of the treatment he recommends having a full trial. A specific for erysipelas would be a real boon to *practical* medicine.

Practical Observations on Mental and Nervous Disorders. By Alfred Beaumont Maddock, M.D. Pp. 232. London. 1854.

This work appears to be intended for the public rather than the Profession, and does not, therefore, require any extended notice at our hands. In Chapter IV., we have a description of the Anatomy and Physiology of the Brain and Nervous System,

containing some striking novelties, which would astonish Professor Owen or Dr. Marshall Hall. The author informs us, that such "small details" as "the anatomical, physiological, and organic manifestations" of the brain must be "entirely useless and uninteresting to professional readers;" but he kindly offers a few remarks, "briefly and clearly stated," for the benefit of the "general student."

The brevity and clearness of Dr. Maddock's remarks addressed to general students, may be judged, we think, from the following extract, which we find at page 32:—

"Hence indigestible food, long constipation of bowels, vitiated secretions, and retention of urinary or sudoriferous egesta, have a manifest disposition to cause irritation in the sentient extremities of the nervous fibrillæ with which such deleterious substances come in contact, and thus, by a *like reflex action*, induce morbid and unnatural excitement in the whole or some important part of those cerebral divisions *in which the organs of sense or sensibility are located.*"

We have quoted a passage from Dr. Maddock's Physiology, and we shall conclude by a specimen of his Pathology, the subject being renal disease:—

"An excess of that product of the urinary fluid, termed 'urea,' with phosphatic and other earthy salts,—intended by nature for elimination through the secerning vessels of the kidneys for the purpose of complete expulsion from the body,—*are* either retained among, and gorge *the minute papillæ* of their internal surface, or are but imperfectly separated from the circulatory fluid, *thus by absorption appearing and re-appearing, as a true poison in the sanguineous pabulum, which is the basis of all nutrition.*"—P. 56.

A Treatise on the Cure of Stammering, etc., etc., with Memoir of the late Thomas Hunt. By James Hunt. Pp. 80. London. 1854.

While willing to do full justice to Mr. Hunt for his filial devotion in writing the present eulogy of his father, we regret that we cannot, as honest Medical Journalists, accord to him our meed of approbation for the manner in which he has performed his task. In fact, he has not given us a Treatise on Stammering at all, but an unmeasured laudation of a secret method adopted in the treatment of this defect by his predecessor. Mr. Hunt must not mistake our motives in withholding our encouragement from his system; it is quite sufficient that it is a secret one to induce us to disapprove it, even were it ten times better and more efficacious than it is. Dr. Jenner made no secret of the practice of vaccination; if he had done so, he would have been justly considered a quack, instead of one of the benefactors of mankind. If Mr. Hunt choose to publish his system, it will be duly appreciated if it really have any merit, and he will not fail to receive his reward at the hands of the scientific men of every country.

The Varieties of Pock Delineated and Described. By Walter Cooper Dendy, Fellow and Past President of the Medical Society of London, etc. Pp. 31. London. 1843.

"My chief object at present," Mr. Dendy says, "is diagnosis, that correct decision on the true character and degree of a pock, without which the term 'successfully vaccinated,' may prove a dangerous fallacy."

A very brief description of the varieties of variola, of varicella, and of vaccinia is all the pamphlet contains. Two coloured lithographs, rather indifferently executed, illustrate the text.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

DISEASES OF THE FINGERS AMONG LEATHER-DRESSERS.

By M. Armieux.

The first disease consists of an ecchymosis, which attacks the inner parts of the fingers, where the epidermis is very thin. This ecchymosis, which has a blackish appearance, may last many months without pain; more often the skin ulcerates, and then the workman suffers extremely, in consequence of the contact of the raw surface with lime, which is indispensable in the preparation of the skins. Some days' rest, and the application of a simple salve, suffice usually for the cure of this malady; but it often re-appears when the workman re-exposes himself to the cause which produced it, permanent contact with lime-water. The leather dressers call the disease *cholera of the fingers.*

The second disease is named the nightingale (rossignol), because it is much more severe, and causes the patient to cry out with pain. It consists in a little hole, which forms in the pulp of the fingers; this hole, which appears to be capillary, is due to the thinning of the skin, corroded by the lime. There is an exudation of drops of blood, communication of air with the papillæ, and an almost insupportable pain. The workmen continue at their employ, nevertheless, and do not experience any fatal consequences. The disease disappears without medicine, by simple suspension of work. If the workmen were to use oiled gloves, they might continue their occupation without harm, but it appears not to be the custom, and the recommendation has not been followed.—*Compte Rendu de la Société Méd. de Toulouse.* 1854.

MEDICAL JURISPRUDENCE.

UPON PUNISHMENT BY DEATH, AND THE CONSEQUENCES OF ITS APPLICATION.

By A. Clemens.

The cases deserving punishment by death are:—1. Premeditated, cruel murder in cold blood, whether by one's own hand, or through the agency of another. 2. Murder of relatives, parents, wife, or husband, even without premeditation. 3. Infanticide by the father upon all occasions; where on the part of the mother, the punishment admits of three gradations, namely, according as the murder has been committed, before, during, or after birth. 4. Murder without premeditation, but committed under circumstances of great brutality and cruelty. 5. Treason in the first degree; also an attempt upon the life of the Sovereign. (Treason of the second degree should never be punished by death when possible.) 6. Duel with fatal termination, when, after judicial inquiry, it has been ascertained that all the required forms have not been complied with. 7. Arson, perpetrated with the view to take life. (The plea of pyromania must be admitted with extreme caution.)

As regards the doctrine of homicidal monomania, as enunciated by Esquirol, no results have hitherto been obtained by recent physiological inquiries. In latent insanity, (*mania sine delirio,*) men become impelled blindly to the most savage acts against all law, and apparently with deliberate premeditation. The brain, like other organs, may become rapidly disturbed in function without premonitory symptoms; hence individuals suffering from this mental disease are not amenable to law. Even in attempted murder of oneself and another, (*bei intentircem wechselmord,*) death should not be inflicted, when it is proved that the assent of the one who has perished had been freely given.

As the taking away of life is the greatest of all earthly punishments, society should be content with removing the individual from the world, and should not extend the law to injure the family, as by confiscating property. The theory, that, by public executions, the people are terrified from crime, is proved erroneous; familiarity with such scenes exerts an opposite effect. Death should be inflicted in the most rapid and least exciting manner. In Prussia, the criminal is executed in a closed room, in the presence of a clergyman, five officials, and twelve members of the parish. At the conclusion, a clock sounds. A similar custom prevails in Oldenburg and Wurtemberg. All exhibition of the wretched delinquent should be avoided, and admission of only his nearest relatives and the clergyman should be permitted. The respite between the sentence and its execution should be as short as possible. The mental as well as the corporeal pain should be abbreviated to its uttermost, and all the aggravations of old criminal justice should be regarded as superfluous. Although Sömmering has pronounced hanging the mildest kind of death, yet the guillotine is the instrument which the author prefers. The manaja and the doloire of Toulouse are modifications of this instrument. The axe here falls, directed by mechanical means, while the sword in the hand may miss its mark from excitement of feeling on the part of the executioner at the scene before him. In Saxony, a sword, instead of an axe, is used for the guillotine; the head is thus rather cut than hacked from the trunk. In recent times, Oelsner and others have advocated the use of prussic acid as a means of taking life; but this has been opposed, on the ground, that no criminal would willingly raise the poisoned cup to his lips.—*Henke's Ztschrft.* xxxiv. 1. 1854.

UPON THE LEGAL AND SOCIAL RIGHTS OF MALFORMED BEINGS.

By Dr. J. BIERBAUM.

The author states that all imperfectly developed beings may be divided into monstrosities and the malformed. Under the term monstrosity the author understands only those who cannot maintain individual existence when separated from the mother, and whose death is therefore occasioned by birth. The malformed, on the other hand, can enter upon life in spite of their imperfect development, even although the term of existence should not be long. Lawyers make a distinction between monsters and partenta, or ostenta. The former are born of a woman, but possess no human head, rather that of some lower animal, and hence are regarded as scarcely human. Portenta, or ostenta, are those having, indeed, a human head, but imperfectly developed or deformed. To this class belong all those beings with badly formed organs of generation, or with an abnormal number of limbs. Such beings acquire not only the rights which belong to men, but entail, when they die, the same rights upon others. The first glance will show that such an arrangement leads to fallacies and difficult questions. Every sort of monstrosity has a right to baptism if it lives. The canon law which deprives monsters, the produce of intercourse with beasts (!), of baptism, admits of the following formula in doubtful cases :—" Si tu es homo te baptizo." When twins are united together by some bond of attachment, either they have each an individual existence, or one is dependent for life upon the other. Both are entitled to baptism. The canon law directs, in the second baptism, the use of the words, " If you be not already baptised, I now baptise you," etc. The right to nourishment and support belongs to all monstrosities as long as they live. To take away the faint expression of life may be a punishable offence, but cannot under any circumstances amount to murder. The right to be considered as belonging to this or to that sex comes into consideration at the period of baptism, education, doubtful paternity, the possibility of marriage. Cases are upon record in which both external and internal organs of generation were wanting. A complete hermaphrodite never existed; but there is often an imperfect condition of the sexual organs which renders the question difficult of decision. The Prussian law gives to the parents the right of determining the point as regards education; but after the age of eighteen the individual may form a separate conclusion.—*Op. cit.*

GENERAL CORRESPONDENCE.

MR. DE MORGAN AND THE SECRETARYSHIP OF MIDDLESEX HOSPITAL SCHOOL.

[To the Editor of the Medical Times and Gazette.]

SIR,—An article in last week's *Lancet* tempts me, for once, to give up my intention of leaving unnoticed the personal attacks of its Editor. I do so, not for the purpose of defending myself from the reiterated calumnies which it has pleased him to utter, but because the article bears additional and striking testimony to the truth of all I have said of the character of the Journal, while, at the same time, the point to which I would now allude has no reference to the character of any third person.

It is probably pretty well known, that for many weeks past the Editor of the *Lancet* has endeavoured to protect himself and to injure me, by misrepresenting the part I took in a series of transactions which occurred many years ago. My friend and former colleague, Mr. Rowdon, who was as familiar with all the circumstances as myself, felt himself called on to refute these mis-statements. His answer was, to the minds of reasonable men, conclusive. In a great measure, the conclusiveness of that answer turned on the fact, that my acts were, for the most part, official, not personal. The Editor evidently saw how completely the recognition of this simple fact must convict him of gross misrepresentation. He could neither evade nor ignore it, so he deliberately fabricated a statement which would have answered his purpose well enough had it contained merely a particle of truth. This is the statement, which really ought to be reproduced in full :—

" All these acts of Mr. De Morgan we pointed out as having transpired before the date of what Mr. Rowdon calls 'the first instance' which we adduced of Mr. De Morgan's proceedings. Mr. Rowdon uses it as some kind of defence, that at and after this time Mr. De Morgan was Secretary of the school. But Dr. Seth Thompson was the Secretary up to the end of 1845, and was so at the very time when Mr. De Morgan acted as we have detailed.

" But this excuse of Mr. Rowdon carries with it an emphatic condemnation. As Mr. De Morgan was not the Secretary of the school when these proceedings commenced, it would appear that he stepped out of his way to become the accuser of his colleague, Mr. Tuson. While Dr. Seth Thompson was Secretary, Mr. De Morgan put himself forward as the assailant of Mr. Tuson, and supplied the actual Secretary with the materials for worrying his colleague; and when he became Secretary himself, he followed his congenial vocation with redoubled energy, always, of course, for the good of the Hospital, and never with any thought of personal advantage or promotion.

" It is not very favourable to Mr. De Morgan that he undertook the post of Secretary to the school at the time when he would have *necessarily, from such an office*, to become the active agent against the colleague he had attacked,—that colleague, it must be borne in mind, being his senior officer, and the only impediment to his (Mr. De Morgan's) rising to full Surgeon. After these statements of dry, indisputable facts, we willingly leave it to others to decide on the character of Mr. De Morgan's proceedings against his superior in office."

So much, Sir, for the statement. Now for the fact.

I undertook the office of Secretary to the school in 1840, *three years* before Dr. Seth Thompson was in any way connected with the Hospital,—*five years* before the transactions in question commenced. From that time to the present, I have alone held the office of Secretary. Dr. Seth Thompson never even acted as Secretary when, by chance, I was away from town. " After these statements of dry, indisputable facts," I willingly leave it to others to decide on the character of the Editor of the *Lancet*, and am, Sir, &c. CAMPBELL DE MORGAN.

51, Upper Seymour Street, May 23.

MIDWIFERY PRACTICE.

[To the Editor of the Medical Times and Gazette.]

SIR,—If you think the accompanying analysis of midwifery cases that have been under my care during the last ten years of sufficient value for publication, you will oblige me by devoting a space in your columns to it. I am, &c.

GEORGE RIGDEN, M.R.C.S.

Burgate-street, Canterbury, April 24, 1854.

An Analysis of Midwifery Cases occurring in Private Practice, in the years from 1844 *to* 1853 *inclusive.*

1260 cases, giving birth to 1275 children, 15 being twin cases.

Months.	Per Cent. Occurred.	Males.	Females.	Twin Cases.
March	10 98	73	67	2
August	9·64	63	60	1
December ...	9·01	69	46	1
May.....	8·94	53	61	2
September ...	8·78	53	59	1
October	8·31	46	60	1
January	8·00	46	56	1
November ...	7·60	57	40	1
June	7·29	48	45	2
February.....	7·21	45	47	1
July.....	7·13	38	53	2
April	7·05	42	48	0
	99·94	633	642	15

8 were cases of breech presentations; 5 children were saved.

6 were face presentations; 3 children were saved. In 5 cases delivery effected by the natural efforts; in one case the forceps were employed, and the child saved.

4 were shoulder presentations, delivered by turning; the children still-born; 1 premature; 1 the second of twins.

3 were placental presentations, delivered by turning; the children still-born, and all premature.

6 were cranial presentations, but in which delivery was effected with the forceps; 5 children were saved.

1 was a cranial presentation; delivery effected with the vectis; the child still-born.

1 a cranial presentation; delivery effected by embryotomy.

3 were complicated with retained placenta; 2 from inertiæ for two and four hours respectively; 1 from hour-glass contraction, removed one hour after delivery.

4 mothers were subsequently afflicted with retention of urine, for which the catheter had to be employed at least twice

daily—in 1 case for seven days, and in the other 3 for fourteen days; they all terminated in complete recovery. Two of the above cases occurred in the same mother. In 3, it was after a first and difficult labour; in the fourth, the labour was comparatively easy.

3 mothers were attacked with puerpural convulsions. One a primipara, aged 19, unmarried, was attacked after delivery, threatening symptoms having shown themselves during labour; and for which venesection and cold applications to the head were resorted to; there was but one attack, and recovery was perfect. The second case, a primipara, aged 29, married; convulsion occurred during a protracted and difficult labour at first, when the head was in the cavity of the pelvis, and continued, with slight intermissions, for seven hours, until the birth was completed; labour, however, proceeded favourably but slowly. The child was saved, and the mother had no return of the disease. She has since had three confinements without any recurrence. The third case, a primipara, aged 18, unmarried, had been subject to epilepsy for several years, and possessed of low mental power; labour not protracted nor difficult. Convulsions occurred during labour, for which venesection and cold to the head were resorted to. They terminated in coma, in which state a still-born child was expelled by the natural efforts; the mother, however, died comatose two hours after delivery.

3 mothers were subsequently affected with puerpural peritonitis, the first after an easy labour, the disease showing itself on the tenth day, apparently from exposure to cold; it terminated fatally in four days. The second, a primipara, after a protracted labour, the disease showing itself on the third day, and ending in recovery. The third, a primipara, aged 39, delivery with the forceps, and placenta retained by hour-glass contraction, the disease showing itself on the third day, and terminating fatally on the fifth day.

1 mother was affected with puerperal mania, married, about 30 years of age, and in labour with her third child, never having previously shown symptoms of mental aberration; her labour was natural and not difficult. Without any apparent cause except a slight excess of lochial discharge, on the third day she was observed to have a dislike to her child, as well as to exhibit other morbid mental symptoms. The disease continued for six months, and ended in perfect recovery. Nearly eight years have since elapsed, and there has been no return of the disease, nor has she been again pregnant.

Of the children, 23 males and 35 females, total 58 were still-born.

2 occurred at the 6th month of pregnancy.
13 „ 6½ „ 3 of which were placental presentations, and 1 shoulder presentation.
5 occurred at the 7th month of pregnancy, 2 of which were diseased.
4 occurred at the 8th month of pregnancy, 2 of which were dropsical.
2 were recorded as premature; the time not stated.

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3 were the second of twin cases; 2 vertex; and 1 shoulder presentations.
6 were dropsical.
2 were acephaloid.
3 were breech presentations.
3 were face „
2 were foot „
1 there was prolapsed funis.
2 were shoulder presentations.
2 were protracted from rigidity; 1 delivered with the forceps; and 1 with the tractor.
1 was delivered by embryotomy.
7 the cause of death was not recorded.

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Of the living children
5 were born with breech presentations.
3 „ face „
5 were delivered with the forceps.
2 were born with spina-bifida; 1 living 4 weeks; the other 6 weeks.
1 was born with imperforate anus; the operation not allowed until the 4th day; terminated fatally on the 8th day.
1 was born with one finger and no thumb on each hand, and two toes on each foot. This mother had previously given birth to a child affected in the same manner.
1 was born with but one leg below the knee-joint.
1 with but one nasal aperture and other considerable deformities about the face; it terminated fatally on the 2nd day.

Of the twin cases.
In 3, both were males.
In 8, both were females.
In 4, there was one male and one female, in 3 of which the female was first born.

HOW TO OBTAIN A SCOTCH DEGREE.

[To the Editor of the Medical Times and Gazette.]

Sir,—In the present confused state of Medical affairs, I determined to seek my degree of M.D., and selected the University of St. Andrews, from its high character, and its dispensing with previous residence to persons otherwise legally qualified. On the evening of the 1st of May, I started by the Great Northern Railway, and travelled the distance to Edinburgh (more than 400 miles) in about twelve hours. At Greliche's Hotel, facing the Castle, we found most excellent accommodation, quietness, and comfort. Proceeding by the 3 p.m. train, we have a five-mile steamboat passage across the Firth of Forth, and are slowly dragged to St. Andrews. Payment of 25 guineas to the Rev. J. M'Bean, the Secretary to the University, is the first step. As the hour of ten approaches, forty or fifty gentlemen are seen promenading the street, and gradually shortening their courses to within a few paces of the Library door. The clock strikes, the Professors have arrived, and a rush is made for one of the large rooms in the Library. There are several large transverse tables; large sheets of ruled paper are placed before each chair, and each candidate is handed a printed paper, containing the several questions forming his first examination, with about a page of Celsus (First Book) for translation.

"FIRST EXAMINATION.

"CHEMISTRY AND MATERIA MEDICA.

"1. What is the principal source of iodine? What is its general chemical nature? and how is it tested for, free and combined? What salt, containing it, is principally used in medicine; and how is it prepared, and its purity ascertained?

"2. What is the chemical constitution of the fixed oils and fats, and of the volatile oils? How are they usually respectively obtained?

"3. What are the leading sources of the nourishment of plants? What substances are prepared by them, which are afterwards understood to pass into the animal economy, and contribute to nutrition and the formation of the tissues? What substances principally support the function of respiration? and by what substances is the waste matter of the tissues principally carried off from the system?

"4. With what intentions is calomel given? In what doses, and in what combinations, is it prescribed, in order to fulfil such intentions? By what tests could you detect the presence of corrosive sublimate in a sample of calomel?

"5. What preparations of arsenic are contained in the Pharmacopœia? In what doses, and in what diseases, are they given? What are the measures to be taken to counteract the effects of a poisonous dose?

"6. What are the effects of digitalis, colchicum, taraxicum, belladonna, nux vomica, and ipecacuanha, on the system, and what are the average doses of their ordinary preparations?

"7. Write Latin prescriptions (without using abbreviations) for a draught to expel a tape-worm, and for an enema for the removal of ascarides."

After this an adjournment takes place, and at four o'clock you have the

"SECOND EXAMINATION.

"ANATOMY AND PHYSIOLOGY.

"1. Describe the functions of the various cerebral nerves.

"2. Describe the arrangement and distribution of the branches given off by the cœliac axis.

"3. Describe the cavities and valves of the heart, and the nature and causes of its sounds.

"4. Give a sketch of the chemical phenomena of respiration. What circumstances modify the amount of exhaled carbonic acid?

"5. Give a brief description of the coats and humours of the eyeball, and explain how an inverted image is formed on the retina."

At ten o'clock on the following morning comes the

"THIRD EXAMINATION.

"[N.B.—In answering the practical questions, the examiners require every candidate to specify the mode of treatment he is in the habit of adopting, and the doses of the medicines which he prescribes.]

"PATHOLOGY AND THE PRACTICE OF PHYSIC.

"1. By what morbid conditions does lead exhibit its poisonous effects? What is the appropriate treatment?

"2. Describe the physical signs, symptoms, and treatment of acute pneumonia in its different stages, and trace the corresponding changes that are going on in the lungs.

"3. Describe the chief varieties of urinary deposits and gravel, and mention the appropriate remedies.

"4. When a foreign body makes its way into the air-passages, mention the different symptoms to which it may give rise, and the treatment to be adopted.

"5. What conditions of the system give rise to boils and to purpura, and what is the appropriate treatment?"

At three p.m. the

"FOURTH EXAMINATION.

"SURGERY.

"1. Describe the symptoms and treatment of the different dislocations of the ulna.

"2. Describe the symptoms and treatment of the different fractures of the scapula.

"3. Describe minutely the steps and the dangers of the operation of tying the external iliac artery.

"MIDWIFERY.

"4. State the various pathological causes of amenorrhœa and suppressed menstruation, and the treatment appropriate to each.

"5. Enumerate the signs of pregnancy, giving an estimate of their value, and of the sources of fallacy in each."

It being considered by the Examiners that the questions on chemistry may be of a deeper character than some older Practitioners might be fairly expected to answer, such innocent delinquents are invited to a chat with the Professor of Chemistry at 7 p.m., in the Professor's Library; but the incapacity of the candidate is generally determined on after one or more of the four written examinations, and early departures are recognised by those more fortunate.

On the following morning (the third day's division) comes the final, the oral examination. Each candidate in his alphabetical turn goes up for the last heat, and now the contrast of faces is a study for the physiognomist; the unexamined listen with breathless anxiety to the details given by the men just descended from the fire. The last examination is admitted by all not only to be a severe sifting of a man's information, but a kind and courteous opportunity for correcting errors or inadvertencies. My own examination was the following running fire:—

"What is neuralgia?—How distinguished from inflammation?—The causes?—The treatment of each?—Why quinine selected?—Why arsenic?—Hydrated protoxide of iron?—Its mode of preparation, and colour?—How peroxidated?—What nerves chiefly the seat of neuralgia?—The origins of the fifth pair?—Functions and distributions of the two roots and their divisions, and the parts supplied by them?—The diagnosis between chlorosis and anæmia?—What organ particularly affected in the former?—The special treatment of each?—The causes of anæmia?—Emmenagogues: Enumerate them, and give their mode of action, and any additional means or circumstances which may favour their operation." A few other practical questions terminated my examination. On the following day the rector, surrounded by the embryo-doctors—the Professors being seated at a table in the centre—reads in the hall of the Library a Latin prayer; and then, the right hands of us all being held up, he delivers the oath in the same language, then places a folded black cap on the head of each in rotation, and announces by benediction the happy man's reception into the category of Doctors of Medicine.

To any gentleman inclined to take his degree at St. Andrews I would say, Work up your Profession well in all its branches. The examination is fair and gentlemanly, strict and comprehensive. No catch question will break the candidate, and no shuffling nor ignorance will cheat the Professors.

I am, &c. C. B. Garrett, M.D.

Thames Ditton, May 15, 1854.

REPORTS OF SOCIETIES.

MEDICAL SOCIETY OF LONDON.

May 20, 1854.

E. Headland, Esq., President, in the Chair.

HOT-WATER TINS FOR DIAPHORESIS.

Dr. Glover exhibited hollow tin vessels which had been applied to the body with success in the production of diaphoresis, and also in the relief of a case of cholera. On a cross section, they have the form of a truncated triangle, and longitudinally may be so short as to be applied to the feet only, or so long as to correspond with the limbs and trunk. They are filled with hot water, and encased in flannel; and, from their form, the mass of hot water which they contain, and the non-conducting character of the envelope, retain the heat for 36 hours.

Dr. B. W. Richardson laid before the Society specimens of tuberculous deposit in the lungs, liver, spleen, and pancreas. He also referred the Society to a peculiarly well-marked instance of hypertrophy of the muscular coat of the bladder. He had seen this case in consultation with Mr. Henry Hudson, a Surgeon, practising near to Oakham. It was that of a very plethoric gentleman, about 40 years of age, who was suffering from complete retention of urine, the result of stricture in the urethra. The patient had several times before suffered in a similar manner, and although he had been attended by various surgeons, no one had ever succeeded in passing either a catheter or bougie into the bladder. The point of obstruction occurred about four inches down the canal, and an instrument passed to it was so firmly grasped, from spasmodic action, that it was with difficulty withdrawn. The attacks of absolute retention usually followed on excessive indulgence in beer drinking; and on all former occasions, the patient had always been able to pass urine after the use of the warm-bath, and a free venesection, without instrumental assistance. On this occasion these remedies, however, signally failed, as well as opium, and enemata of ether, and henbane; and as he was suffering extreme pain from the distended bladder, and was becoming exhausted, it was determined at once to give relief by operation. Having placed him, therefore, under the influence of chloroform, and having failed in passing any instrument past the stricture while in that condition, a staff was passed to the stricture, and its point having been reached by an incision through the perinæum, the stricture was freely divided. Attempts were then made to pass a bougie from the artificial opening in the urethra into the bladder, without success; but as soon as the effects of the chloroform had passed off, and the bladder recommenced to contract, a large quantity of urine flowed through the artificial opening, which afforded great relief. No blood was lost during the operation. About six hours later the patient became faint and restless, and commencing rapidly to sink, died in a few hours. At the inspection, the muscular coat of the bladder was found to be enormously hypertrophied, the ureters much enlarged, and the pelvis of the right kidney widely dilated. The stricture in the urethra was also found to be general, extending from the anterior point of complete obstruction, where it had been freely divided by the knife, backwards to the neck of the bladder. The canal was so narrowed, indeed, along this part, that an ordinary silver probe, introduced into the neck of the bladder from behind, could scarcely be forced through it. In the right ventricle of the heart there was found a firm and recently-formed fibrinous concretion, which sent numerous long branches into the pulmonary artery. The ventricular portion of the concretion was a semicylinder; the pulmonary branches were solid. (The concretion, with its branches carefully laid out, was here presented to the Society.) In his remarks on this case, Dr. Richardson entered on the questions, 1st. Whether any other operation could have been performed. The patient was so fat that puncturing above the pubes was next to impracticable. The prostate gland was also so enlarged posteriorly that puncturing by the rectum seemed

equally undesirable; and, more than that, these operations would not have given more of temporary relief than that which he (Dr. Richardson) had performed, with a greater prospect of ultimate success. 2nd. Would the result have been different if the patient had been operated on without having been bled previously? This was a very important point to decide, and many Fellows would doubtless criticise the venesection. However, it should be remembered that, to the permanency of the stricture, spasmodic contraction was also added; and that, on several previous occasions in the course of the last eight or nine years, the same severe symptoms had been treated successfully by free and general bleeding alone; so that it would not have been just rashly to have performed a serious operation in the present instance without subjecting the patient previously to the remedy that had so often relieved him. 3rd. The influence of the fibrinous concretion on the result deserved important notice. Dr. Richardson was convinced that the concretion was being laid down slowly for some hours previous to death, and was the ultimate cause of death. Some would say, that the concretion was only the effect of the exhaustion into which the patient was thrown by pain, by the depressing influence of retained urine, and by antiphlogistic treatment. This position he (Dr. Richardson) was ready to admit, but contended that the fact of the concretion being an effect of exhaustion did not, in the least, take from its importance as a cause of death; for might not the patient have rallied from the exhaustion, under the influence of stimulants and food, if this firm mass had not been laid down at the entrance of the circulation, thus preventing any form of nourishment from being received into the pulmonic or systemic systems. The concretion, in this case, commenced, probably, at the terminations of the branches of the pulmonary artery. The author concluded by observing, that the narrowness of the urethra, though first rendered serious by a gonorrhœa, contracted many years before the death of the patient, was, perhaps, in some degree, congenital.

Mr. Clarke inquired if any objection had existed to the performance of puncture of the bladder through the rectum; for, if otherwise, he would have thought it a preferable operation.

Dr. Cogswell reminded the author of the recently proposed operation of perforation of the symphysis pubis.

Dr. Ryan desired to know if there was any inflammation of the neighbouring parts.

Mr. Rogers Harrison considered the bleeding of a fat drunken man, and the administration of chloroform, more likely to have caused the death, than either the stricture or the retention of urine.

Dr. Camps was of opinion, that serious objections might be raised to the author's theory of fibrinous concretions.

Dr. Richardson, in reply, stated, that an enlarged prostate prevented a proper exploration of the rectum, and the great fatness of the patient would have prevented his adopting the operation through the pubes; and reminded Mr. Harrison that he had not recommended the bleeding, and that there had been retention of urine for four days.

Dr. William Camps read a paper on

EPILEPSY.

He concluded by stating, that the remarks he had submitted to the notice of the members of the Society resolve themselves into the four following statements or propositions:—1. That epilepsy has its origin, its anatomical seat, not so much in the brain and in the spinal cord as in the organic system of nerves; although many of its symptoms, or the morbid phenomena which characterise it, are those which, physiology teaches us, belong to those organs; these being, as he contends, the expressions of parts or organs not primarily, but secondarily, affected. 2. That epilepsy, in very many cases, may be regarded as little more than an irregular form of intensified hysteria. 3. That epilepsy, in most cases, is to be regarded more as a disease of debility than as a disease of irritation or excitement, although these may be present as a consequence of debility. 4. Which follows from the last proposition, that epilepsy is to be most successfully treated by tonics and sedatives.

Dr. Semple agreed with the author, that many cases of epilepsy are eccentric and atonic, and are only forms of intensified hysteria; but had no doubt that many others are centric, and require an antiphlogistic plan of treatment. He had lately seen such a case in a dissolute woman, who had been cured by bleeding, shaving of the head, with the application of cold, and the administration of calomel and other purgatives. A second attack occurred some months afterwards, and, under the same treatment, she died. In two other cases, the patients gradually became amaurotic and insane, and he had diagnosed the existence of a tumour, or something like it, along the course of the optic nerve.

Dr. Webster remarked, that epilepsy is increasing among the higher ranks, and already causes more than 2000 deaths annually in this country. He considered the mortality of that affection as evidence that it could not be closely allied to hysteria. He instanced uterine affections as eccentric causes of the disease, but was of opinion that pregnancy usually suspends the attacks. In one case, the mother had been subject to the fits during her pregnancy of boys, and not of girls. He regarded the slowness of the pulse, (in Sir W. Burnett's case only 14 per minute,) with the coldness of skin, and evident exhaustion, as proofs of the atonic character of the disease. The treatment should, therefore, generally be of the tonic kind, although he had seen but little benefit from the exhibition of the best mineral tonics, as those of zinc and iron. But very few cases are met with in which depletion of any kind can be borne.

Dr. Shorthouse referred to the hereditary character of the disease, and mentioned a case in which it had passed through three generations,—mother, sons, and grandchildren. The two latter had frequently had the attacks so violent as to produce dislocation of the shoulder-joint; but yet he had cured the father and the uncle of the grandchildren by sulphate of zinc, in doses of from gr. ij. to gr. xxx. One of the grandsons had also been greatly benefited. In all these cases the disease began with teething.

Mr. Dendy regarded the author's statements as applicable only to the mild and favourable forms of the disease, where it simulates hysteria. There are also many cases depending upon every kind of cerebral lesion. He considered that there are cases included in the latter category which demand depletion to a greater or less extent, and more particularly when the lesion passes from diseased or softened structure to healthy parts of the brain.

Mr. Pott had a case of epilepsy in which each attack was preceded by deranged action of the liver, producing jaundice.

Mr. Hird was of opinion, that the action of the ganglionic cannot be isolated from that of the cerebro-spinal system as the seat of epilepsy; and was assured that there are innumerable cases in which the disease can be directly traced to the brain or the spinal marrow. He considered that many diseases, such as hysteria and convulsions, have been mixed up with epilepsy, but that scarcely any case of pure epilepsy will bear depleting measures. He knew of no specific remedy, and explained that Dr. M. Hall had proposed tracheotomy, not to cure the disease, but to lessen the intensity of the most severe forms of the disease.

Mr. Robarts believed that epilepsy is never confounded with hysteria, but that, while the two may often be observed in the same attack, they alternate with each other, and are distinct affections. In process of time, however, one may lead to the other. In aged people, he had seen epilepsy lead to apoplexy. As a remedy, he preferred the nitrate of silver, although it might blacken the skin.

Dr. Hare was also of opinion, that, however much hysteria and epilepsy may simulate each other, they are not allied diseases. Epilepsy attacks the young and middle-aged and females; leads to the destruction of the intellect and materially shortens life, and in these various respects differs from hysteria. He believed blood diseases, as syphilis, and disease of the kidney, to be a frequent cause. The disease is most common in the debilitated and ill fed, but occasionally it occurs in the plethoric. He commended the employment of the sulphate and oxide of iron.

Dr. Richardson, in reference to permanent lesions of the brain and spinal marrow in cases of epilepsy, could not understand why they should induce only occasional paroxysms.

Dr. O'Connor remarked that permanent paralysis is oftentimes associated with epilepsy. There is no remedy for pure epilepsy.

Dr. Radcliffe, in opposition to the remarks of some of the previous speakers, affirmed, that he had seen the frequent concurrence of hysteria and epilepsy in the same patient, if the latter may be distinguished from the former by the presence of insensibility, prolonged coma, and injured tongue. The disease is also one of exhaustion of vitality, as is evinced by the asphyxia or syncope in which the patient is found during an attack. True general plethora (not mere congestion) is never seen in such cases. The treatment should be not merely a tonic, but a stimulating one, and ought to consist in the exhibition of wine, spirits, turpentine, naphtha, ether, and camphor.

PHYSIOLOGICAL MEETING.

May 8, 1854.

Dr. Snow, Vice-President, in the Chair.

Dr. Winn read a paper

ON THE ELASTICITY OF ARTERIES CONSIDERED AS A CAUSE OF ANIMAL HEAT.

Fourteen years since, he published in the *Philosophical Magazine* some observations which tended to prove, that the elasticity of the arteries formed an important element in the generation of animal heat. About seventeen years since, while making some experiments with caoutchouc, he was forcibly struck with the property it possesses of evolving heat when suddenly elongated, and was led at the time to infer the probability of other bodies being similarly endowed. The elastic coat of arteries, especially, appeared to be one of the substances likely to exhibit this calefactory principle; and, in the event of this being the case, he thought it would not be unreasonable to conclude, that the incessant contractions and dilatations of the arteries during life must form an efficient source of animal heat. Three years subsequently he was induced to resume the subject, and, upon making an experiment with part of the aorta of a bullock, he was much gratified in being able to verify his previous conjecture. The experiment was performed as follows:—Having cut off a circular portion of the descending arch of the aorta, about an inch in length, he laid it open and carefully removed its external and internal coverings. He then pulled it to and fro with a continuous jerking motion, in imitation of the systole and diastole of the artery, for the space of about a minute. Immediately on discontinuing this movement, he placed it upon the bulb of a thermometer, and had the satisfaction of noticing, after the lapse of two minutes, that the mercury had risen as many degrees. On removing the thermometer, the heat diminished rapidly. To be certain that the increment of heat was not derived from any source other than that in question, he took the precaution of covering his fingers with a double layer of flannel, to prevent the communication of heat from the body. He also covered his mouth with a handkerchief, to guard against the warm breath affecting the thermometer while watching the progress of the experiment. It may also be right to state, that the experiment was performed in a room without a fire, the temperature of the air being 55°. There were several difficulties to contend with during the investigation. The chief impediment appeared to be the moisture of the artery, which, by its evaporation, had a tendency to carry off a portion of the heat. However, by carefully drying the artery with a cloth, he succeeded in obviating this difficulty to a considerable extent, and was enabled to perform the experiment twice consecutively in a satisfactory manner. He had also, within the last fortnight, repeated the experiment, in the presence of a Medical friend, with an equally satisfactory result. His attention was often arrested, while conducting the experiments, by other mechanical analogies between caoutchouc and the elastic coat of arteries. Like the former, the latter could be elongated to twice its ordinary length, and, on suddenly stopping the tension, would return to its usual dimensions with considerable force and a snapping noise. Physiologists, after having clearly proved that a great portion of animal heat is the result of chemical changes in the blood, yet confessed that a residuum of heat is not to be referred to this source. This residuum, he considered, arises from the mechanical action of the arteries. It would be exceedingly difficult to determine the precise quantity of heat given off during each beat of the artery; but if we admit the development of only a very small quantity, it necessarily follows, from the circumstance of the action of the arteries being in incessant operation during life, that the heat must quickly accumulate to a great extent; and it is even probable that the body, unless cooled by the functions of the skin and lungs, would, in a short space of time, become preternaturally hot. The following physiological and pathological facts appear to corroborate the views he had taken as to the mechanical source of heat:—1. The minute distribution of the arteries to every part of the system ensures a general and equal distribution of heat. 2. The rigidity of the arteries in old age is a probable cause of the diminution of animal heat at the close of life. 3. The increased warmth of the body after exercise seems to be readily explicable upon the principle of increased force of the arteries. 4. In many diseases of the lungs, where their functions are at fault, and at a time when the arteries are beating with great strength and velocity, the heat of the body is found to be above the usual standard. 5. Medicines which diminish the action of the heart and arteries almost invariably reduce the temperature of the body. 6. The heat of local inflammation, in cases where the constitution does not sympathise to any extent, cannot be satisfactorily referred to any other source, as the arteries immediately in the neighbourhood of the affected part are throbbing violently, when the capillaries (which are supposed to play so large a share in the chemical theory) are generally considered to have their action impeded. Dr. Crisp has hinted that many cold-blooded animals are remarkable for the great elasticity of their arteries. This fact could not affect his theory. The languor of the circulation in this class of animals more than counterbalances any calefactory effect which might otherwise be produced by the resiliency of their arterial structure.

Dr. O. Ward felt that it was impossible to deny the author's assertions if the mode be only subsidiary in the production of heat.

Dr. E. Smith remarked, that while we could not be called upon to prove a negative, we must remember that the author had given a certain amount of positive proof. If further experiments should establish the author's position, it would enable us to account more satisfactorily than at present for increased heat in the occurrence of such phenomena as blushing.

Dr. O'Connor reminded the Fellows that Dr. Burgess had ascribed blushing to nervous influence, and Dr. Snow referred to the increased quantity of blood in the cheek at that moment. The latter also stated that the elasticity of arteries is a mechanical action, and that as the stretching is due to the action of the heart, and that to the influence of food and respiration, the elasticity is really due to the last-mentioned causes.

Dr. Pavey referred to Bernard's experiments of division of the sympathetic nerve in the neck, causing an increase in the heat of that side of the head and neck and fullness of the vessels, as evidence in support of the author's theory.

The Secretary, Dr. E. Smith, then read a paper by Dr. Willis, of Barnes, on

THE FUNCTIONS OF THE SKIN.

showing that the specific gravity of the venous blood was greater than that of the arterial, the sudoriferous glands carrying off the watery part of the blood from the veins, which is thus rendered of higher specific gravity.

Dr. Snow remarked that dogs and birds were believed not to perspire, but he had found birds bathed in perspiration which had been breathing carbonic acid with some difficulty. They retained a temperature 40° above that of the jar in which they were confined.

Dr. O'Connor asserted that dogs in coursing do perspire, while Dr. O. Ward affirmed the contrary. The latter also referred to the fact of absence of perspiration in diabetes to show that the kidney can for a time take on the almost entire functions of the skin.

Dr. Leared then read a paper on the

CONNEXION BETWEEN THE PANCREATIC JUICE AND THE DIGESTION OF FAT,

which will appear among our Original Communications.

Dr. Winn inquired if the fæces had been examined, since in pancreatic disease fat passes off by the bowels.

Dr. Pavey also referred to the same fact, and mentioned Bernard's theory, that the pancreas so divides the fat as to enable the lacteals to absorb it. Dr. Bright had long ago directed attention to the excretion of fat in disease of the pancreas, and a case is reported in "Ranking's Abstract" in which the like result followed from the presence of a calculus in the pancreatic duct.

Dr. O. Ward stated that similar bodies had recently been described by Dr. Lindsay in the vomited matters of cholera patients.

In reply, Dr. Leared explained that he differed from Dr. Bernard simply as to the mode by which the pancreas acts upon fat: he by chemical, Bernard by mechanical action.

DIFFICULT PARTURITION IN THE LOWER ANIMALS.

Dr. Snow exhibited three guinea-pigs. One had died from convulsions, and he had found the ventricles so enlarged and distended with fluid, that the brain was a mere film. It had also a deformity resembling club-foot. Another one, still-born, had been born with the eye protruding, and the bones of the head loose and broken up from the pressure of the uterus. Difficult parturition is not uncommon in these creatures, from the great relative size of the young. He had also lost a cat in parturition, and found the bones of the head of the unborn kitten broken up.

REMOVAL OF HYDATIDS FROM THE BRAIN.

Dr. O'Connor related the particulars of cases of hydatid cysts in sheep, which had been removed after having opened the skull, and the sheep recovered. Dr. O. Ward confirmed the statement.

NEW ACCOUNT OF THE FŒTAL CIRCULATION.

Professor Macdonald, of St. Andrew's, read a short communication on the fœtal circulation, in reference to a paper by Mr. H. Lee, communicated to the Society on March 13, as he considered that these cases fully illustrated the views which he had long held as to the course of the fœtal circulation which he had explained at the last Birmingham meeting of the British Associaciation. The blood in the earliest stage of the fœtus, even before the heart is formed into a tube, flows to the organ, where it is prepared for nutrition before it returns to promote the growth. Hence he supposed that the venous blood of both cavæ, as well as the visceral venous blood through the vena porta, is sent to the placenta by the umbilical vein, which ends in the minute beginnings of the umbilical arteries, convoluted in the placental cells, and bathed in the pure blood, but without any vascular connexion with the maternal system. The umbilical arteries thus formed transmit the arterialised blood by the hypogastrics into the aorta, from whence it is distributed to the head, upper extremities, and rest of the body, in its usual course, only a small part from the valvular obstruction finding its way into the heart, for the purpose of stimulating its action in aid of the circulation. There may be a slight alternating motion of the blood by means of the ductus arteriosus, like what occurs in insects, the valves not entirely preventing the course of the blood into the auricles. The foramen ovale will allow the contents of the left auricle to blend with the venous blood of both the cavæ, as well as the visceral through the porta in the umbilical vein, as above explained, and thus securing the transmission of the whole venous blood when duly hepatised through the purifying organ of the placenta, then playing the part of the dormant lungs. The same relation, therefore, subsists in the fœtus as in the adult between the hepatisation and arterialisation, while the course of the blood in all the main arterial branches is the same, although the course in trunk of the aorta itself may be reversed. The difficulties of this proposed system are surely less than that which has so long been adopted, where only a very small part of the blood can be arterialised, and that is, on entering the fœtus, entirely mixed with the venous blood from the whole body, except what is sent from the superior cava into the right ventricle, to be sent by the pulmonary artery and ductus arteriosus into the aorta beyond the subclavian, to supply the whole lower trunk and extremities and the placenta; while the mixed blood of the lower cava with the umbilical current, crosses the former current in its way to the foramen ovale, to reach the ascending branch and arch of the aorta, to supply the innominata, carotid, and left subclavian arteries. Dr. Macdonald, by means of a diagram, explained his views, as it is not easy to follow the subject without illustrations.

Dr. Snow invited the author to state what vessels in the cord pulsate synchronously with the fœtal heart, and expressed his own conviction, that they were the arteries only. He did not adopt the author's views.

Dr. Pavey had been accustomed to teach views directly opposed to those of the author, and could not see the use of the fœtal heart if the latter were correct.

PATHOLOGICAL SOCIETY OF LONDON.

May 2, 1854.

Mr. Fergusson, Vice-President, in the Chair.

Mr. Hutchinson read a report on a specimen exhibited by Dr. Ramsbotham, a month ago, of

CANCER OF THE VAGINA AND UTERUS.

The cancerous growth had been found to surround, as a broad belt, the whole of the vagina, adhering closely to both rectum and bladder, and projecting into the latter. The thickness of the mass was greatest in the space between the bladder and rectum, where it had a diameter of nearly an inch. Upwards it had attacked the lips of the uterus, which were ulcerated, and affected by the malignant deposit, but the boundaries of the growth were here well defined, and the body of the organ was quite healthy. It was of the soft, medullary form of cancer, and showed very well-marked microscopic characters. (A drawing was shown.) Mr. Hutchinson believed the primary deposit to have been in the vaginal submucous tissue, and that the uterus had only been affected by extension upwards of the growth.

Dr. Ramsbotham said, that the result of his experience inclined him to believe that these growths generally commenced in the follicular structures about the os uteri, and then advanced downwards and laterally.

Mr. Barnard Holt exhibited a

LOBE OF THE THYROID GLAND REMOVED BY EXCISION.

Much difficulty had attended the diagnosis of the tumour, which was about the size of a large egg, and situate in the left side of the neck, beneath the border of the sterno-mastoid. The patient was a woman, under Mr. Holt's care, in the Westminster Hospital. A grooved needle having been passed into it, and no fluid obtained, it was judged to be fatty, and, having grown rather rapidly, and appearing to cause cough, its removal was determined on. In the operation, it was found to dip down behind the clavicle, and also to adhere closely to the larynx, but, with a little care, its separation was safely accomplished. Some bleeding followed, but was restrained by pressure. Mr. Quekett had examined the tumour, and pronounced it to be the left lobe of the thyroid gland.

Dr. Crisp inquired if Mr. Holt believed that the enlargement had been caused by the cough which had been present. He believed bronchocele to be often brought on by straining efforts, and had known several which appeared to follow those of childbirth.

Mr. Holt believed, on the contrary, that the tumour had caused the cough, as the latter had subsided since its removal. The patient was unmarried.

Mr. Fergusson had no idea that bronchocele was ever caused by straining in parturition. The only swellings in the neck which he had ever met with from such a cause were from emphysema following rupture of the trachea.

Mr. Fergusson next brought before the Society some

PARTS OF EXCISED JOINTS.

The first specimen was the articular head, neck, and great trochanter of the femur which had been removed in a case of hip-joint disease now under care in King's College Hospital. The bone had been dislocated on to the anterior part of the dorsum of the ilium. The patient was a girl, aged about 12, and she had done well since the operation. The bone showed simple removal of the cartilage from the entire articular surface, a condition which, Mr. Fergusson remarked, must be ranked as ulceration only, and not as caries. The other parts shown were those of an excised elbow-joint. They exhibited a like condition to the preceding in respect to the ulcerative absorption of the cartilage, but their chief interest was from the circumstance, that death had resulted apparently from shock, within twenty-four hours of the operation. It was the second case in which, the exhibitor stated, death from shock after excision of the elbow had occurred in his practice.

Mr. Fergusson showed also a specimen of

MEDULLARY CANCER OF THE FEMUR.

The tumour, which was very large, had grown from the lower third of the bone, and had been known to exist only seven months. It had spread downwards, overhanging the knee, and giving to that joint the appearance of enormous enlargement. Although from the history of the rapid growth, and from the depraved condition of the patient's health, Mr. Fergusson had from the first felt no doubt whatever as to the malignancy of the disease, yet he had preferred to amputate the thigh through the affected bone, and not to perform the more dangerous operation of disarticulation. The examination of the parts afterwards had proved that the bone, where sawn through, was perfectly healthy, and that the disease did not extend upwards. Mr. Fergusson must, he said, differ from the rule ordinarily laid down in these cases, since he did not believe the removal of the entire bone essential in cases of cancer. His experience went to show that the medullary cavity was very rarely affected by extension of malignant deposit. In the present case the result had been unfavourable, as the man had afterwards fallen into a low condition, which having been aggravated by secondary hæmorrhage on the ninth day, had ultimately ended in death. The *post-mortem* had shown some reproductions of the disease in the lungs. Mr. Fergusson then called upon

Dr. Beale, who read a long and very minute account of the microscopic examination of the diseased parts.

Dr. Markham next brought forward a specimen of

DISEASED HEART.

The interest of the specimen consisted in the fact, that no valvular disease existed, although during life a murmur had

been distinctly heard in a position which rendered it certain that it was not due to a morbid condition of the blood. The organ was large, weighing 23 ounces; all its cavities were dilated, more especially on the right side, and there was extensive fatty degeneration of the muscular structure in all parts. The bruit, which had completely replaced the first sound, had been heard loudest over the lower part of the sternum, and thence to the left side and about the region of the nipple. No murmur whatever could be heard in the course of the great vessels. Dr. Markham suggested that the fatty degeneration of the muscular columns might probably have had something to do with the production of the bruit.

Dr. Hare asked if the orifices were normal in size, or proportioned to the hypertrophy and dilatation of the organ.

Mr. Hutchinson asked if the orifices had been measured.

Dr. Markham replied, that he believed the orifices to be of proper size in relation to the rest of the organ; they had not been measured.

Dr. Bristowe wished to attract attention to the very great hypertrophy of the organ, for which, he should think, there must have been some cause.

Dr. Markham stated that the lungs were extensively emphysematous, which, he thought, sufficiently accounted for the dilatation and hypertrophy.

Dr. Quain remarked, that the occurrence of incompetence in the ventricular valves when the ventricles were dilated was an established fact. In such cases it is reasonable to believe that a murmur may be produced by regurgitation into either auricle. He was ready to admit the probability of Dr. Markham's observation as to the inefficiency of the mitral valve resulting from degeneration of the columnæ carneæ; but he was unwilling to exclude, at the same time, another efficient cause. He thought the murmur due in this case to the operation of this twofold agency.

Dr. Hyde Salter next showed an example of

VASCULAR GROWTH FROM THE DENTAL PERIOSTEUM.

It was, he believed, a unique specimen; and he had not been able to find any account of the disease in books. The tumour had attained, at the time it was removed, the size of a Morel cherry, and was attached by a pedicle to the gum over the second molar tooth. The tooth itself had been loose for some time, and its fang exposed; the tumour had been growing for eight months, and had frequently bled. The tooth being extracted, the tumour came away with it, and the wound left rapidly healed. It was found, on examination, that the growth had sprung from an adventitious membrane, which had formed over the extremity of the dental fang, no doubt resulting from long-continued irritation. It was of true vascular tissue, consisting of tortuous vessels only, and containing no cells.

The President asked if it had resembled an epulis.

Dr. Salter replied, that epulis always had a broad attachment, while this was pedicled.

The President said, he had frequently seen growths of epulis attached by narrow necks; in one case the tumour was as large as a walnut, and grew from so narrow a base, that it broke off into the mouth by the movements of the tongue.

Mr. William Adams inquired if the growth was believed to have originated in an adventitious structure.

Dr. Salter replied, that his experience—which had extended to a very large number of cases—supported the belief, that true epulis had always a broad attachment. He believed that the tumour had grown from an adventitious membrane.

Mr. Ward exhibited a

FRACTURED SKULL ON WHICH TREPHINING HAD BEEN PRACTISED.

The patient had been admitted into the London Hospital an hour after having met with a fall on his head. He could answer questions, but seemed confused. Soon afterwards the symptoms of compression developed themselves, and became extremely well-marked and urgent. There was no apparent injury to the scalp, but, guided by the soft feel of the integuments, and the pitting, on pressure, over the left parietal bone, Mr. Ward cut down and exposed the skull in that part. Blood was found oozing from a single linear fracture in the bone. Mr. Ward applied the trephine, and afterwards Hey's saw, and removed a piece of bone. A large quantity of coagula was found between the skull and dura mater, which having been mostly removed, the man's consciousness somewhat improved. Blood, however, continued to ooze; and subsequently the coma became more profound, and death followed, ten hours after the accident. The *post-mortem* showed a similar fracture on the opposite side of the skull, and an effusion of blood yet more extensive. The skull was unusually thin, and Mr. Ward could only account for the double lesion by supposing that one had been produced by the direct violence, and the other by *contre-coup*.

Mr. Cousins mentioned an instructive case, which had been the subject of a trial at the Central Criminal Court, and in which, although it was proved that but one blow had been given, yet there were three distinct extravasations of blood between the dura mater and the brain. The skull itself was not fractured.

Mr. Holt raised a question as to the prognostic value of bleeding from the ears in cases of injury to the head, and stated that he had under his care, in the Westminster Hospital, a man in whom this symptom, in addition to bleeding from the nose, had been present, yet now, at the end of five days, he appeared to be doing well.

Dr. Ogier Ward said, he had once seen a child who after a fall had profuse bleeding from both ears and all the symptoms of fractured base, but who, nevertheless, recovered. She had been treated by Mr. Hancock, and that gentleman had informed Dr. Ward that just after the accident he had taken away a portion of brain substance which was lying in one ear.

The President said, he had no doubt whatever but that fracture of the base of the skull was an accident from which recoveries not unfrequently take place.

Mr. Thompson showed a specimen of

ABSCESS IN THE PROSTATE.

The man had been intemperate, and had suffered from gonorrhœa. Latterly he had been under Mr. Thompson's care, in the St. Marylebone Infirmary, for symptoms of urinary disease, passing pus, etc. Great relief had been obtained by injections of nitrate of silver. A peculiarity had been noticed in introducing the catheter, which was often required, namely, that urine would flow before the instrument could have entered the bladder. Death had at length been caused by an attack of pneumonia. The autopsy found deposits of pus in one lung. The prostate itself appeared to have been destroyed, or completely excavated, by suppuration, and the cavity extending backwards had involved also one or both of the vesiculæ seminales. The entire abscess had contained about six drachms of pus. The kidneys were large, and dilated.

Some doubt having been expressed by Mr. Gay as to whether the abscess had really involved the tissue of the prostate, or been external to it, at the request of the President, Mr. William Adams undertook to join Mr. Thompson in making a further dissection of the parts.

Dr. Handfield Jones next exhibited a specimen showing

THE SOLITARY GLANDS OF THE STOMACH IN UNUSUAL NUMBERS.

The stomach was that of a young girl; it showed the solitary glands very prominent, large, and thickly scattered. About the pylorus the mucous membrane was even mammillated by the abundance of these bodies. In the intestines it had been observed that Peyer's patches were also, although not diseased, yet prominent and large.

Mr. Barnard Holt exhibited a specimen of

MALIGNANT DISEASE OF THE BLADDER.

The patient from whom it had been removed had suffered from stricture, and had passed pus. Whenever the bladder was empty, he had complained of agonising pain. The growth had been examined by Mr. Brooke, who discovered in it the usual microscopic elements of cancer.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, May 18.

BOARD OF HEALTH.

In answer to Sir J. Shelley,

Lord Palmerston declared his intention to introduce a Bill to continue the Board of Health.

Wednesday, May 24.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

Mr. Bell moved the second reading of this Bill.

Mr. Mowbray did not object to the second reading, but he should at a future stage move for the extension of the Bill to the University of Durham.

Mr. Cowan said, he should claim the same privilege on behalf of the Universities of Scotland.

The Bill was then read a second time.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 19th inst.:—

Barry, James Sarsfield, Royal Navy.
Carpenter, Smithwick, Dublin.
Colston, Charles Kelway, Plymouth.
Grasemann, Christian Edw., Canonbury Villas, Islington.
Haworth, James, Oswaldtwistle, Lancashire.
Pollard, James, Totness, Devon.
Roberts, John, Cricieth, Carnarvonshire.
Rose, Frederick Henry, Preston, Lancashire.
Rowland, Evan, Llangeitho, Carnarvonshire.
Wood, George Jacob, John Street, Bedford Row.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 18:—

Arthur, Joseph, Shadwell.
Halford, George Britton, London.

APPOINTMENT.

St. Bartholomew's Hospital. — At a Special Court of Governors, held on Wednesday, Dr. Baly was elected Assistant-Physician, and Mr. A. M'Whinnie Assistant-Surgeon to this Institution.

VACANCIES.

St. Mary's Hospital.—A Resident Medical Officer is required. Election June 5.

City Dispensary.—The office of Physician is vacant by the resignation of Dr. Habershon. Election June 6.

DEATHS.

Batt.—May 14, at Whitchurch, Hants, — Batt, Esq., upwards of 20 years Resident-Surgeon to the Reading Dispensary, aged 80 years.—(*Chronicle.*)

Cannan.—May 21, in London, Thomas Horatius Cannan, retired Surgeon Madras Native Infantry, aged 47.—(*Chronicle.*)

Cathcart.—At Kohat, Punjab, April 1, of typhus fever, John Edwin Cathcart, M.D., Assistant-Surgeon, 4th Punjab Cavalry, aged 25, deeply regretted by all at the station.—(*Times.*)

Crawford.—May 17, at Kingstown, aged 66, Forbes Crawford, M.D., for more than 40 years Surgeon to the Longford Militia.—(*Chronicle.*)

Darling.—May 17, at Dunse, Andrew Darling, Esq., Surgeon.—(*Scotsman.*)—L.R.C.S. Edin.; Naval Certificated R.C.S. Eng., and Naval Medical Board; late Surgeon R.N. (June 12, 1806.)

Dunkerley.—May 15, in his 48th year, Enoch Dunkerley, Esq., Surgeon, Greenacres Moor, Oldham.—(*Chronicle.*)—F.R.C.S. (Sen.), 1852; M.R.C.S.E., 1829; L.S.A., 1828; Medical Officer to the Oldham Union; Certificated Surgeon under the Factories' Act.

Kimnell.—May 12, aged 42, John Kimnell, Esq., Surgeon, of Warwick. —(*Birmingham Advertiser.*) — L.S.A., 1836; M.R.C.S.E., 1836; District Medical Officer Warwick District of the Union.

Miles.—May 18, after a protracted illness, John Shirley Miles, Esq., Surgeon, late of Sheriff Hutton, Yorkshire, eldest son of John Miles, M.D., of the Charterhouse.—(*Times.*)

Moorhouse.—May 8, in Duke Street, Liverpool, aged 45, Thomas Moorhouse, Esq., Surgeon.—(*Manchester Guardian.*)

Mower.—Dec. 7, at New York, aged 62, after a painful illness of many months, Thomas G. Mower, one of the Senior Surgeons of the U. S. Army.

Russell.—May 11, at Handsworth, after a few hours' illness, Julius Grainger Russell, Esq., aged 26, deeply regretted by all who knew him.—(*Birmingham Advertiser.*)—M.R.C.S.E., 1851; Member of Queen's College Medico-Chirurgical Society.

Dr. Hibbert Taylor's Case.—The following is a copy of the Report of the Committee of the Eye and Ear Infirmary with regard to the circumstances attending Dr. Taylor's resignation:—"In compliance with the Resolution of the general body of subscribers to this Institution, held in these rooms on the 1st of May, your Committee have thoroughly investigated the circumstances connected with the resignation of Dr. Taylor, and have to report as follows:—They have heard the evidence of the patient, Anne Gornall, of the matron, house servant, dispenser, and two of the Medical officers of the Institution, of some of the most eminent members of the Medical Profession in this town, and also of other parties. Maturely weighing that evidence, they are unanimously of opinion that no stain whatever attaches to the moral character of Dr. Taylor. The eminent Medical men whom we have consulted are of opinion that such examinations are necessary in order to ascertain the true causes of disease, and are strictly professional, and requisite both for the public good and the welfare of the patients.—Fras. A. Hamilton, Chairman. Liverpool, May 13, 1854." At the meeting of subscribers, held May 17, this Report was unanimously "approved and adopted;" and thereupon a Resolution was proposed by Mr. John Cropper, and seconded by Mr. F. S. Hull, "That Dr. Taylor be respectfully requested to resume his duties at the Eye and Ear Institution." This was opposed by one member of the Committee on the ground that it cast some censure on the proceedings of the original Committee which accepted Dr. Taylor's resignation; and in order to clear them from any blame, that Dr. Taylor ought to be "re-elected" instead of being asked "to resume his duties." This gentleman contended that the proceedings of that Committee were all legal, and that therefore Dr. Taylor's resignation must hold good. On the other hand it was contended that, as only six members out of a Committee of twenty-two had been summoned, the proceedings of the original Committee of six were all illegal, and that, therefore, the resignation which they extorted from Dr. Taylor was null and void. On the Motion being put it was carried, only four hands being held up against it. Of these four, we are informed that three were of the original six. As the matter now stands, Dr. Taylor occupies the same position which he would have done had he never resigned, and he intends, we believe, to proceed with his duties forthwith. Dr. Taylor's vindication has been most triumphant and complete.

Health of the Troops at Constantinople.—By a private letter we have just received from an Army Surgeon, dated "Constantinople, Scutari Barracks, May 5," we learn that the British troops were very healthy. There were only 3 per cent. on the sick returns, and many were slight cases. The weather was changeable; thermometer 52° at 6 a.m., rising to 68° by 2 p.m., and falling to 54° by 6 p.m. Our correspondent adds, that a good commissariat could obtain any amount of animals which could be required for the wants of the army. Upwards of 200 strong, short, country ponies had been bought by officers at prices from 8*l.* to 25*l.* each, and a supply equal to any probable demand might be obtained from neighbouring districts. Rations good, except sour bread, which the troops are getting accustomed to. The want of beer was felt, as the promised supply had not arrived, and nothing but country wines or bad spirits could be obtained.

Medical Benevolent College.—The First General Meeting of the Governors of this Institution was held on Thursday week, at the Hanover-square Rooms, under the presidency of Earl Manvers, to receive the Report of the Council, to adopt laws for the government of the College, and for general business. Among those present were—the Bishops of Ripon, St. Asaph's, and St. David's; Viscount Newark, Mr. J. Labouchere, Mr. Oliveira, M.P., the Rev. T. Garnier, Sir J. Forbes, Mr. Erichsen, Mr. Churchill, Mr. H. T. Davies, Mr. J. Propert, Dr. Sibson, Dr. Wilson, Mr. N. Clifton, Mr. Smith, of St. Mary Cray; Mr. Roots, of Kingston; Mr. Bottomley, of Croydon; Mr. Paget, of Leicester, etc. The Hon. Secretary, Dr. Sieveking, then read the Report of the Council, from which it appeared, that the cost of the entire plot of ground for the College, consisting of seventeen acres and a-half, considerably exceeded the anticipated outlay. That Mr. Perry's tender for the works, tendered for at 16,307*l.*, had been accepted, and that for the execution of the remaining works he was required to execute a bond for the completion of the whole, or any portion thereof, at the prices mentioned, which correspond with the tender delivered in May last, the gross amount of which is 24,097*l.* At the laying of the foundation-stone, 1,600*l.* was subscribed by a number of ladies. The foundation was now completed, and it was anticipated that in the course of next year the building would be ready to admit the pensioners and scholars. The Council had already received applications for twenty exhibitionerships, sixteen foundation-scholarships, and as many as fourteen pensionerships. The Council, after much deliberation, had determined to enlarge the sphere of the Institution by the adoption of a third object. In proposing eventually to grant annuities, or occasional pecuniary assistance, to duly qualified Medical men or their families, it was

distinctly stated that this would not be entertained until a general meeting of the Governors should decide that the project of the asylum and school had been carried into effect. The Report was unanimously adopted. From the cash statement it appeared that the total amount subscribed from the commencement was 23,606*l.* 11s. 10d., which, since the account was made out, had, the Treasurer stated, been raised to 24,000*l.* The expenditure up to the present time, including 1,200*l.* for the site, was 3,500*l.* The laws relating to the general government of the College having been read to the meeting, were confirmed. The following Resolutions were then passed:—"That the Right Hon. the Earl Manvers be requested to continue his valuable services as the President." "That John Propert, Esq., be elected Treasurer." The members of the Council were appointed for the ensuing year. The Rev. Dr. Laing, Mr. D. Finney, and Mr. W. C. Meats were chosen Auditors; and the meeting separated.

Medical Benevolent Fund.—In the course of the present year the following cases have been relieved:—1. The widow of a Medical man, who formerly resided in the Borough, and who left her in poverty. 10*l.* 10*l.* a-year, for three years, had been previously voted.—2. A poor Medical man, in the south of England, in bad health, and having a wife and two children to support. Relieved twice previously with 15*l.* Recommended by Dr. Harness and Mr. Lawrence, of Launceston. Voted 20*l.*—3. The widow of a Medical man, late of Hereford, who died, leaving his widow and three children destitute. Recommended by Dr. Lingen and Mr. Griffiths, of Hereford. Voted 10*l.*—4. The widow of a Surgeon, in Pimlico, who died in 1826, leaving his widow infirm and in bad health. Recommended by Mr. Self and Mr. Booker. Voted 10*l.*—5. A Surgeon, in Birmingham, who has fallen into a state of poverty on account of his bad health. Recommended by Sir Charles Hastings and Dr. Bell. Voted 5*l.*—6. The widow of a Medical man, who practised at Ruthin, and who died insolvent. Recommended by Dr. Williams and Mr. Griffiths, of Wrexham. Voted 5*l.*—7. The widow of a Medical man, who died many years since; she has since educated her daughter for a governess, and her son as a Medical student. Her friends can no longer aid her. Recommended by Dr. Hull, of Norwich, and Dr. Drosier. Previously aided with 10*l.* Voted 5*l.*—8. The daughter of a Medical man, who is supporting herself by her needle, but is very poor, and in distress. Recommended by Mr. Stilwell and Dr. Cane. Voted 5*l.*—9. The widow of a Surgeon at the East end of London, who died this year in poverty, leaving eight children, of whom five are under eight years of age. The mother is endeavouring to support her family by nursing. Recommended by Mr. Self and Mr. Freeman. Voted 15*l.*—10. The daughter of a Medical man in the North of England. She is poor, and in bad health. Recommended by Dr. Whiteside. Voted 5*l.*—11. The widow of a Surgeon who died some years since, leaving a large family unprovided for. She has hitherto supported her family by keeping a school, but it was recently broken up by scarlet fever breaking out, and she is in extreme want. Recommended by Mr. Brown, of Windsor, and Mr. Ince. Voted 10*l.*—12. The widow of a Surgeon, in great distress, applied for assistance to enable her to open a small school. Voted 8*l.*—13. The widow of a Surgeon in the South of England, who is endeavouring to get a living. Recommended by Mr. Pilcher and Mr. Swayne. Voted 5*l.*—14. The wife of a Surgeon who is imbecile, and with three children. She endeavours to support them by her needle. Relieved several times previously. Voted 5*l.*—15. The widow of a Surgeon in Suffolk, who died, leaving seven children. She is anxious to get a fund to send some of her children to Australia. Recommended by Rev. Mr. Roberts and Mr. Toynbee. Voted 10*l.*—16. The wife of a Medical man, in the eastern counties, who is insane. She has a daughter to support, and no means of getting a livelihood. Recommended by Dr. Ayre, of Hull, and Mr. Grainger. Voted 5*l.*—17. The wife of a Surgeon, who is in Australia, having left ten children in England. She is anxious to obtain 200*l.* to go over to Australia with her family. Recommended by Mr. Fincham. Voted 20*l.*—18. The widow of a Surgeon, who practised in the west of England, and who died lately, leaving his wife and three young children wholly unprovided for. He had been prevented from insuring his life by constant ill health. Recommended by Mr. Haviland, of Bridgewater, and Mr. Glowick. Voted 15*l.*—19. The widow and two daughters of a Surgeon in London, who endeavour to obtain a living by going out as governesses and letting lodgings. In great distress. Recommended by Dr. Walshe and the Rev. R. Power. Voted 10*l.*—20. The three daughters and the crippled son of a Surgeon who practised in the North of London. The father was an invalid for a long time previous to his death. The daughters endeavour to get a living by keeping a school. They are in great distress. Recommended by Mr. Lawrence, Sir B. Brodie, and Mr. Toynbee. Voted 10*l.*—21. A Medical man in the South of England, who has very bad health, a wife and four children to support, and his practice is not more than 100*l.* a-year; has been previously aided. Recommended by Dr. Cullen and Mr. Hodge. Voted 10*l.*—22. A Surgeon in the East end of London, forty years in practice; has a wife and eight children, in ill health, and his practice amounting to about 90*l.* a-year. Recommended by Mr. Self and Dr. Cobb, and others. Previously relieved. Voted 10*l.*—Three additional annuitants were elected at the meeting in April; the number of annuitants now amounts to ten, some of whom are also provided with comfortable homes in the six houses built and given to the fund by Mr. Bailey, of Chippenham.

The African Exploring Expedition.—The steamer Pleiad, by which the exploring will be carried on, has sailed for her destination, Fernando Po. The explorers are all Medical gentlemen of scientific attainments. Dr. Taylor, Mr. Hutchinson, Mr. Crawford, and Mr. Whyatt accompanied the Pleiad from this port; and two more gentlemen in the Admiralty service will join her at Fernando Po. Dr. Taylor is well-known in the African trade, and has been on that coast for several years. Mr. Hutchinson has also followed his profession in that locality for some time, and is the author of a series of instructive papers which have recently appeared in a local Contemporary on the subject of Western Africa. The others are younger men. The Pleiad will explore the rivers Niger and Shadda.

"Puffing and Piety."—The following advertisement, cut out of a country paper, has filled us with a compound mixture, in which disgust and contempt are the chief ingredients:—

"TO WESLEYANS AND OTHERS.

"THOSE Persons who wish to BENEFIT the FUNDS of the BRISTOL ROAD CHAPEL and SCHOOLS, and who may need the aid of a Dentist, may do so by calling upon by Mr. SELVEY, Surgeon Dentist, 109, Great Charles Street, Birmingham, as he would suggest to his friends, that it his intention, during the month of May, to give one-half the amount arising from any one case that may come under his notice, or several cases, to the amount of Twenty Pounds; Mr. S. strictly confining himself, in all such cases, to the last day of the present month. The parties so applying to state the fact on their first visit.

"9738." "JOSEPH SELVEY."

This is certainly a novelty in the puffing business, and appeals through the hollow tooth, as well as the empty head, to the pocket of real or affected piety. The advertiser undertakes to give to a religious and educational object one-half of all he can get, to the amount of twenty pounds, by pulling out, plugging up, or otherwise dealing with, the decayed teeth of all those who like to mix up a little good, or imaginary good, with their own evils. We cannot say how far the arrangement will benefit the chapel and schools, but it will certainly pay the Wesleyan Dentist very well if it gets him all the cases which he evidently has set his heart upon. We can but hope that the religious dodge will not be encouraged among advertisers; for, if it succeeds in one instance, we shall have all the quacks in England giving a pious flavour to their nostrums and their testimonials. It is bad enough to see a large number of the peerage, and a good per-centage of the bench of bishops, quoted daily as high authorities for the painless extraction of corns; but, if the pious element is to become a permanent portion of the daily puff, we fear that we may be often exposed to much additional nausea.—*Punch.*

Law of Population.—The numbers of the population bear a definite relation to the duration of life, or to the mean lifetime. Thus, if the mean lifetime of a population is 30 years, then if the births are 100,000 a-year, and remain uniform, the population will be 30 times 100,000, or 3,000,000. Now, the births remaining the same, let the lifetime be gradually extended to 40 years, then the population will become 4,000,000; or if the lifetime is extended to 50 years, the population, from the extension of life alone, will rise from three to five millions. The deaths, upon this hypothesis, will be equal to the births, and the same in number when the population is five as when it is four or three millions. It is probable that the mean lifetime of the great body of the population did increase from the year 1801 to 1821, when the increase of population was greatest in Great Britain.—*Cheshire's "Results of the Census."*

Mortality Notabilia.—In the week that ended last Saturday, the mortality of London was rather high. The deaths, which had declined to 1093, rose again to 1188. In the ten corresponding weeks of the years 1844-53, the average number was 957, which, if raised in proportion to increase of population, becomes 10 53. The return of last week, therefore,

exhibits an excess of 135 above the calculated amount. The increase chiefly arises from epidemic diseases, some being more than usually fatal. This class numbers altogether 301 deaths, while the corrected average is 212. In the last six weeks the deaths from scarlatina have been consecutively 39, 42, 64, 67, 49, and 66; those from hooping-cough 63, 83, 59, 61, 50, and 72. Typhus was fatal last week in 56 cases, diarrhœa in 17, small-pox in 7; and in Guy's Hospital, on 16th May, the son of a bricklayer, aged 20 years, died with "symptoms of hydrophobia." Seven persons, of whom six were children, died of syphilis. Two deaths from cholera were registered in the week, of which the following are the particulars:—In Spitalfields, at 2, Dales-place, on 15th May, the daughter of a tailor, aged 10 years, died of "English cholera (53 hours), convulsions (12 hours)." At Crown-lane, Fulham, on 19th May, the wife of an Irish labourer, aged 35, died of "spasmodic cholera (15 hours)."

Births.—886 boys and 903 girls, in all 1789 children, were registered; average, 1415.

Meteorology.—The mean reading of the barometer in the week was 29·989 in. Mean daily reading above 30 in. on Tuesday and Friday. The barometer rose to 30·11 in. by 9 h. a.m. on the latter day. The mean temperature of the week was 51·9°, which is 0·9° below the average of the same week in 38 years. The mean temperature was below the average on Tuesday, and three days following. The highest temperature was 70·5°, and occurred on Wednesday; the lowest was 34·8°, on Friday.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending May 20 :—

	Males.	Females.	Total.
Workhouses...	59	63	122
Military and Naval Asylums ...	9	...	9
General Hospitals	16	18	34
Hospitals for Special Diseases ...	4	2	6
Lying-in Hospitals	...	1	1
Lunatic Asylums	5	2	7
Military and Naval Hospitals ...	4	...	4
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	1	2	3
	98	88	186

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May* 20, 1854.

CAUSES OF DEATH.	MAY 20.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
ALL CAUSES	594	383	207	1188	9566
SPECIFIED CAUSES	593	383	206	1186	9512
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	245	41	15	301	1929
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	6	30	12	48	443
3. Tubercular Diseases	78	124	7	209	1936
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	52	40	35	127	1175
5. Diseases of the Heart and Blood-vessels	2	23	15	41	350
6. Diseases of the Lungs and of the other Organs of Respiration ..	88	35	41	164	1458
7. Diseases of the Stomach, Liver, and other Organs of Digestion	29	36	11	76	614
8. Diseases of the Kidneys, etc. ..	1	11	5	17	103
9. Childbirth, Diseases of the Uterus	..	5	..	5	82
10. Rheumatism, Diseases of the Bones, Joints, etc.	2	3	3	8	81
11. Diseases of the Skin, Cellular, Tissue, etc.	1	..	..	1	12
12. Malformations	4	1	..	5	30
13. Premature Birth and Debility ..	32	2	..	34	237
14. Atrophy	29	2	11	42	196
15. Age	..	..	43	43	451
16. Sudden	6	4	3	14	88
17. Violence, Privation, Cold, and Intemperance	18	26	5	51	327
CAUSES NOT SPECIFIED	1	..	1	2	54

TO CORRESPONDENTS.

To the Editor of the Medical Times and Gazette.

SIR,—I am sorry to observe, that Dr. Nevins has been censured, unjustly in my opinion, for having offered himself as a candidate for the appointment in the Eye and Ear Infirmary in this town, which I recently vacated under circumstances with which you are already acquainted. In fairness to him, I beg to make the following statement:—

"On the 20th of March last, when I tendered my resignation, Dr. Nevins intimated to me his intention of becoming a candidate for the office; but, on learning that I had retraced my steps, and considered the question of resignation as still undecided, he at once declined to commence his canvass.

"On the 5th of April, the Committee having refused to re-open the question of my resignation, and I regarding, for the time being, further efforts to be useless to induce them to do so, Dr. Nevins then distributed his circulars, and commenced the canvass of the subscribers."

In all this I see nothing to blame, but, on the contrary, much to commend; and, without adverting to any subsequent proceedings, I would simply remark, that in so far as the commencement and conduct of his canvass is concerned, Dr. Nevins acted towards me in an honourable and straightforward manner.

May I beg the insertion of this letter in the "Medical Times and Gazette" of Saturday next. I am, &c.

R. HIBBERT TAYLOR, M.D.

Liverpool, 1, Percy-street, May 18, 1854.

Dr. G.—Donovan's solution is the liquor hydriodatis arsenici et hydrargyri of the Dublin Pharmacopœia. Each drachm contains 1-12th of a grain of oxide of arsenic, 1-4th of a grain of oxide of mercury, and 5-7ths of a grain of iodine in the state of hydriodic acid. The dose is from 10 minims to half a drachm three times a-day, largely diluted with water. It is used also as a lotion of the strength of a drachm to an ounce of water. Its chief use is in the treatment of chronic scaly skin diseases. It is prepared as follows:—Take of pure arsenic, in fine powder, 6 grains; pure mercury, 16 grains; pure iodine, 50½ grains; alcohol, ½ drachm; distilled water, 9 ounces, or a sufficient quantity; rub together the arsenic, mercury, iodine, and spirit, until a dry mass is obtained, and, having triturated eight ounces of the water with this in successive portions, let the whole be transferred to a flask, and heated until it begins to boil. When cooled and filtered, let as much distilled water be added to it as will make the bulk of the solution exactly 8 fluid ounces and 6 drachms.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your report of my paper "On Lateral Curvature of the Spine, to illustrate a new Spinal Instrument," which was read before the Royal Medical and Chirurgical Society at the last meeting, the name of the inventor of the instrument was omitted.

Will you now do me the favour to state, that Mr. Evrard invented this instrument to unbend a spinal curve by acting on the extremity of the curve? I am, &c. BERNARD BRODHURST.

14, Lower Brook-street, May 23, 1854.

Dr. Taylor's letter was received too late for acknowledgment last week.

Medicus.—The question has not yet been raised in a Court of Law, but the sum defined by the Act has nothing to do with the private arrangements between any Practitioner and his patients.

Mr. Jones's case of Amputation at the Knee-joint shall appear as soon as possible.

We have received a letter from the *Secretary of the Royal British Bank*, stating that they are not the bankers of the "Matrimonial Institution," or of the "Matrimonial Alliance Bureau," as advertised in various papers.

Mr. White, a Medical Botanist, of Leeds, writes:—"I hope Mr. Brady will ask for, and obtain, a return of the quantity of lobelia imported into this country. It certainly will establish the fact that has always been proved by us, viz., that lobelia is not a poison. The quantity imported by Medical Botanists since 1843 will be found to be considerably above 150 tons weight in my opinion. I dispose of upwards of 2 cwts. per annum, and I know parties who dispose of 10, and even 20 times that amount. How can you expect the public to believe it to be a poison when, out of such enormous quantities that is used, you only attempt to establish 6 cases of manslaughter, and out of that 6, not one conviction, simply for want of the proof that lobelia is poisonous?"

Dr. Nevins.—It is unnecessary to insert the letter, after that of Dr. Taylor. It was the opinion expressed by Dr. Nevins at the meeting which we alluded to; and this is not defended in his letter.

We have received a letter from *Dr. O'Connor*, requesting us to publish a communication he had directed to the Editor of the *Association Medical Journal*, in which he complains that the reporter of that Journal had misrepresented Dr. O'Connor's sentiments expressed at the last meeting of the Metropolitan Counties Branch of the Association. It appears that the Editor refused to publish this communication, and made some remarks, in addition, which Dr. O'Connor says were unfounded. He makes various charges against the Editor, but we had rather not enter into a personal discussion.

Mr. Rowdon's letter had better be deferred, in order that he may know if it appear in the publication for which it was originally destined.

Mr. Scott, 79th Highlanders.—The papers shall be forwarded as desired.

COMMUNICATIONS have been received from—

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ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,
AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.
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Lecture X.

ON IRRITABLE BLADDER.

In the last four lectures, I have spoken of different states of the urine, and of the resulting concretions, as sometimes giving rise to irritable bladder; and I have already stated to you my opinion, that, in such cases, this irritable bladder is not an immediate or sole consequence, either of the unhealthy state of the urine, or of the resulting concretion; because, in some cases, the urine may be in the most acid or alkaline state, or a calculus may exist in the kidney, and still no symptoms of irritable bladder may exist; while, in other cases, the same state of urine or kidney may give rise to very urgent symptoms.

On what, then, does this difference depend? It appears to me, that the answer to this question is the same that must be given when the irritation exists in other mucous membranes,—for example, the conjunctiva, the gastric, or the pulmonary mucous membrane. When a small cause of excitement is acting upon these membranes, a state of great irritability may cause intolerance of light, sickness, or cough to result; while, in a less irritable state of membrane, the same cause being in action, no irritation would be produced.

In irritable bladder, as in most coughs, two causes are in action. The irritating water and the irritable mucous membrane acting together, produce the first result; and the irritating air and irritable membrane cause the second result. A consideration of the different remote causes, as well as the immediate cause of cough, may be found to assist us in the comprehension of the corresponding series of actions in irritable bladder. It would be vain for me to attempt to make this comparison complete in one lecture,—to trace the different causes of direct and sympathetic irritation which, acting on the one membrane, cause cough, and, on the other, contraction of the bladder; my object, in this clinical lecture, will be rather to give you some of the most interesting examples which I have hitherto met with, either of direct or of sympathetic irritation of the bladder.

The most simple instance of direct irritation may be observed when some irritating liquid substance, as cantharides, turpentine, or copaibæ, exists in the water, or when some solid body, as a calculus, is lying in the bladder. These act as, for example, chlorine or a foreign body, in the bronchial tubes, would do in producing cough. I need not read you examples of irritation thus produced; I may, however, repeat, that simple excess of acid or alkali in the urine alone, rarely by itself, causes irritable bladder, though most decided instances of their effect may be observed.

Here, for instance, is an example of the effect of acidity. I was sent for one evening to a gentleman who was suffering intense abdominal pain, which came on at intervals of a minute, and which he attributed to indigestion. The fits of pain, on reaching to the greatest intensity, relaxed, soon again to recur. With a full dose of calomel and opium, ether, and sal volatile, in three hours this colic subsided; but he began then to complain of scalding and difficulty of passing the water. During the night he had constant calls, passing only a teaspoonful of urine at a time. For this he took nitre, carbonate of potass, and barley-water. The following morning the irritability of the bladder had diminished very much, and during the day it disappeared. On examining the urine made during the time the bladder was so irritable, I found no trace of blood-globules, mucus, or pus-globules, but only a state of very high acidity, which, in twelve hours, gave rise to a very large deposit of uric acid. I believe this excessive irritability of the bladder arose only from the intensely acid state of the urine.

Sometimes, instead of the direct irritant being applied inside the bladder, it acts from the outside. As examples of this, I may mention the irritable bladder of pregnancy, of abdominal tumours, and even of fæces which have accumulated in the bowels. As this last cause not unfrequently occurs, I will mention a remarkable example.

An officer, 60 years of age, complained of much irritation of the bladder. He was disturbed three times each night, and constantly in the day. The urine was healthy; it contained no blood-globules, no albumen, no gravel of any kind, when examined carefully. He stated that his general health was very good, but that he was troubled with very irregular action of his bowels. His usual aperient consisted of a teaspoonful of powder consisting of two parts of sulphur, two magnesia, and one carbonate of soda. I advised some camphor and henbane at night, with cold water enema, and an aloetic aperient. In ten days I saw him again; the bowels were irritable with the aloetic pill; the pint of cold water had been injected each night. For the three nights previous to his visit he had been disturbed only twice.

After a month I again saw him; he had persevered with the cold-water injection and the pills. He had so much less irritation of the bladder that he considered himself as cured. About a month from this time I was sent for early one morning in consequence of his suffering from extreme pain in the abdomen. At eight a.m. the bowels acted very slightly, (they had not acted previously for three days.) At this hour he felt quite well. He came up stairs from the water-closet, and, after getting into bed, he suddenly felt excessive pain over the pubes, down the penis, and in the rectum. This pain spread over the abdomen chiefly in a line from the pubes above the umbilicus. I saw him at 10·45. He was in an agony of pain, with cold extremities; pulse 50, and very feeble. He had vomited some brownish fluid. I fomented the abdomen, and gave him some ammonia. He passed water about 12; it was clear, not deep coloured, and contained no blood. I then, as the pain continued, gave him calomel with opium, as a severe rigor made me fear inflammatory action. Chloroform was applied externally with very little relief. At 1.30 p.m. an old hernia was examined by a surgeon, but there was no apparent stricture. At 3.30, the pain was rather easier, but still very severe; the calomel and opium was continued. At 7 p.m. the pain was much more severe, and a consultation was held. It was decided that no depletion could be borne, the pulse being very weak. He continued in excessive pain during the night, and died at 9 a.m. the following day, not twenty-five hours from the commencement of the attack.

On examination, the detection of some strangulation or rupture of the intestine was the object of the closest care; but there was no hernia and no rupture of the intestine. The peritonæum was highly injected, and covered with shreds of recent lymph in almost every part; a little thin, purulent matter was effused in the peritoneal cavity. The colon was much loaded with fæces, and multitudes of little nodules of feculent matter, the largest the size of a small marble, protruded through the muscular structure of the large intestine, so that, with the fat, they gave the whole colon a peculiar knotted appearance. The bladder and kidneys were perfectly healthy.

Without doubt the irritable bladder in this case depended on the state of the bowels, and the improvement was not the result of the camphor and henbane, but of the regular evacuation of the lower portion of the colon by the injection of cold water.

I could give you other examples of the removal of irritation of the bladder by clearing the lower bowel; but I must hasten on to the consideration of that direct irritation which depends on the state of the bladder itself, independently of any irritating properties of the urine.

I shall bring this state most clearly and readily to your notice by first making some remarks on inflammation of the bladder. As in inflammation of the lungs, so in inflammation of the bladder, irritation and consequent contraction may occur when the air or water may be scarcely if at all abnormal.

Idiopathic inflammation of the bladder is most common in advancing years, when the prostate gland ceases to be healthy; then some very slight cause is sufficient to determine the commencement of the inflammatory action which gives rise to most urgent symptoms of irritable bladder. Exposure to cold, the fatigues of a journey, inconvenience causing voluntary retention of the urine too long, each of these I have known to be the immediate cause of acute inflammation of the bladder, in consequence of which the water has been passed every hour, and even oftener. At first it is scanty, high-coloured, with blood-globules, and quickly pus-globules are found; and these continue when the inflammation is subsiding, and the frequency and urgency of making water are much lessened. Such an attack I have watched through its whole course; the symptoms rapidly becoming more and more serious, constant hiccup and nausea, producing prostration, which threatened the life of the patient. These symptoms,

however, I have seen yielding after treatment; and in two months no trace of blood or pus remained in the urine, and the patient in all respects entirely recovered. More commonly the acute attack passes into chronic disease, and then with more difficulty is removed; or, after months and sometimes years of suffering, the kidneys become affected, and the patient sinks.

I shall illustrate this irritability of the bladder by cases in which the inflammation of the bladder was produced by injury. At present, the most common example is the subacute inflammation, which results to a greater or less degree from crushing a calculus in the bladder. It is no doubt true that some patients seem to consider this surgical operation as of little more importance than that of the dentist. I have known patients prepare everything for the operation upon themselves, submit to it, and shortly afterwards, the same day, go for a walk, and even on a journey; but the danger of inflammation of the mucous membrane is always imminent, and no precaution should be omitted which can lessen the probability of its accession; for the irritable bladder, which results from the urine acting on the inflamed membrane, will, at the least, add much to the suffering of the patient; and even it alone, by breaking the rest, or affecting the kidneys, may wear out the life of the patient.

Though inflammation of the mucous membrane of the bladder is far more common after crushing than after cutting for the stone, yet occasionally after the latter operation an inflammation and irritability of the bladder is set up, which in intensity and duration is very similar to the inflammation produced by lithotrity.

A gentleman, about fifty years of age, suffered, for six months before lithotomy, with great irritation of the bladder. A small oxalate of lime calculus was successfully removed. After the operation the bladder became more irritable, the purulent urine became ammoniacal and ropy, and at the end of twelve months from the operation a phosphatic calculus had formed, which added greatly to the irritation of the bladder. This was broken by the lithotrite, and the treatment of the inflammation was renewed; but after nine months, when I first saw him, another phosphatic calculus had formed, the urine remaining alkaline and ropy. This calculus also was removed by lithotrity, and then the bladder was washed out daily with half a pint of water and ten drops of strong hydrochloric acid; an elastic catheter was used instead of the metallic instrument, which caused great irritation. He was desired to drink from half a pint to a pint and a-half of strong lemonade daily, and a mineral acid mixture was also prescribed. After persevering with this treatment for sixteen months his condition was most satisfactory. There was still some mucus and a little pus in the urine, but it was healthily acid, and was passed without irritation, and not more frequently than in health. The treatment was discontinued, and a pint of buchu tea with dilute sulphuric acid was substituted. The urine became more healthy, and for many months I have lately been told he has been perfectly well.

I might give you other cases of irritable bladder resulting from inflammation of the bladder after operations; but inflammation proceeding from an external cause will perhaps prove more interesting.

I was requested to examine the urine of a lady who was suffering from constant irritation of the bladder. I found it alkaline, containing blood and pus, and also unmistakeable portions of transverse striated muscular fibre. When I saw her I heard that some months previously she had undergone some uterine treatment, which caused shortly afterwards intense pain in the abdomen, with vomiting and fever. The pain yielded to treatment, but uneasiness remained at the lower part of the abdomen, and the bladder became irritable. After a time gaseous matter was manifestly passed from the bladder, and soon fæculent matter was perceived; the irritation of the bladder was then greatly increased. For a short time the symptoms would improve, and then recur in greater intensity, gradually wearing down the life of the patient. A circumscribed peritonitis had caused an abscess which opened into the bladder and into the bowel; no treatment gave relief, and she very gradually sank.

Let me give you another case, in which the disease of the mucous membrane proceeded from another and more common cause. This, also, at least primarily, was external to the bladder.

A Portuguese gentleman, aged 69, consulted me in August, 1850. Thirty-four years previously he had a bad stricture, followed by urinary abscess in perinæo, and a fistulous opening formed. He recovered from this entirely, the stricture of the urethra being much diminished by the constant use of the catheter. About 1845 he began to perceive increased frequency of making water, with urgency. The urine, I was told, remained neutral, without gravel or mucus. At the end of 1849 he had a chill, which was followed by shivering, with a slight attack of gout and irritation of the urethra. The irritation increased, and acute vesical catarrh with bloody urine came on. His rest was much broken by the frequency of making water. Cough also came on, and during the winter he was greatly reduced in flesh and strength. With the summer these symptoms improved; he regained a little of his former energy. The acute urinary symptoms disappeared, but chronic disease remained. When I saw him the water was passed at intervals of an hour. Rarely two hours intervened. Very frequently the intervals were less than one. Before, during, and after making water, he has a certain sensation of heat and tenesmus at the neck of the bladder. He has occasionally slight pains in the loins. The urine contained some blood and some pus, and a little albumen. It had specific gravity of 1011 to 1012, was very pale in colour, and neutral.

Occasionally the water was seen to be bloody without the microscope; at other times it had no appearance of blood, but contained more pus. He was carefully examined for stone, but none was found. He remained in England three weeks, but obtained no relief here nor in Paris. Shortly after his return to Portugal he died of inflammation of the lungs, the result of exposure to wet and cold. On examination, the bladder, the ureters, and the pelvis of both the kidneys were found excessively dilated and inflamed. The stricture was without doubt the cause of the chronic disease of the mucous membrane.

Corresponding examples of acute disease of the mucous membrane of the bladder, resulting from virulent gonorrhœa, are too frequent to require illustration here, though the irritable bladder which results is usually more painful than when it proceeds from most other causes.

In all these cases, the amount of disease of the mucous membrane was so great, that the irritable bladder would probably have existed, even supposing the urine had been perfectly healthy.

In most cases, as the mucous membrane becomes diseased, the urine gradually becomes so also, and then it also acts on the bladder, greatly increasing the suffering and the difficulty of the cure. Thus the two causes acting together re-act also on one another. The same result is produced when the irritable bladder is caused at first by the state of the urine alone, as, for example, when it is highly acid or alkaline, then it slowly acts upon the mucous membrane, and finally, both the state of the membrane and the state of the urine together hasten on the disease.

In distinction to these cases of direct irritation there are others which I may class together under the head of sympathetic irritation, in which apparently neither the urine nor the mucous membrane of the bladder are perceptibly different from the healthy state.

The most frequent cause of this sympathetic irritation is probably disease of the kidney itself, although it is by no means the fact, that in all diseases of the kidney irritation of the bladder is produced. Most commonly the irritation occurs when some calculus or inflammatory action exists in the pelvis of the kidney; then a small quantity of purulent matter mixed with the urine may indeed pass into the bladder, but this usually bears no proportion to the amount of irritation which occurs. The first explanation of this irritation that presents itself is that the inflammation extends down the ureter to the bladder; but on *post-mortem* examination this cannot usually be proved, and hence these cases must be classed under the head of sympathetic, and not of direct irritation. The following case will show the relief which in this state may sometimes be obtained:—A gentleman, aged 58, consulted me for irritable bladder. He said that he was usually disturbed eighteen times at night, and some nights not less than twenty-four times. He had suffered thus for four months, and, to a less degree, for three years. Three months previous to my seeing him he was examined for stone and prostatic disease, and neither was found. Long since, on one occasion, he passed some blood. The left loin was tender on pressure; the left testicle was enlarged. The urine was highly acid, and contained pus and albumen, and doubtful blood globules. I advised the use of ten grains of extract of henbane, and ten grains of soap and opium pill as a suppository each night.

I saw him again six months afterwards. He said that the suppository had given him immediate relief. The frequency was soon reduced to seven times, and sometimes to six times nightly. The quantity passed each time was under two ounces. The urine was strongly acid, and some infusoria were perceptible immediately after the water was passed. He had used the suppository with benefit every night, but he considered that it caused dryness of his mouth, and obliged him to take three times

as much castor-oil as he used to take. He finds that when the oil does not act on the bowels he passes his water much more frequently than he otherwise would do. From the albumen, blood, and pus, with the tenderness in the left loin, it is probable that in this case the left kidney was affected; and from the acidity of the urine, after the disease had been so protracted, it is probable that the irritation of the bladder was sympathetic. Sometimes instead of the suppository great relief may be obtained by means of an opium injection, but the radical cure must depend on the removal of the cause, and when this is not possible, then palliative treatment may become the means of prolonging life. Hysterical irritation of the bladder belongs to the class of cases of which I am now speaking. In all supposed hysterical diseases, the first thought should be, whether the hysteria is the cause or the consequence of the disease. Is the hysteria idiopathic or symptomatic? Often it will be found that hysteria is but one symptom of a complaint, which, in addition to other effects, produces irritable bladder; but occasionally no other complaint can be detected, and no cause for the irritable bladder can be found except the hysteria itself. The previous history will often assist in giving the true answer to the question which you must ask before you can commence your treatment on reasonable grounds.

Moreover, whatever may be the cause of the irritable bladder, yet in all cases, whether of direct or sympathetic irritation, both in men and in women, a smaller or greater part of the irritability may be always traced to nervousness. This is usually seen in the fact, that in such patients a passing thought will suddenly cause the most urgent desire to empty the bladder, and that while the mind is fully occupied, the irritability will be less distressing. Occasionally not even a passing thought is required, but a recurrence of the circumstances which had on some former occasion preceded the desire to pass the water will be followed by the same effect. Thus, one patient told me that he never could enter his own house without an immediate desire to pass his water, and this desire would become urgent even while his mind was fully occupied with some engrossing subject. Another patient told me, that whenever he went into his dressing-room, it mattered not for what cause or how soon after he had passed his water, immediately on entering the apartment the desire occurred. Another, who seldom could retain the water for an hour when he had an opportunity for passing it, could remain for two hours in church without inconvenience. I am often told, "I could remain in church or elsewhere for two hours without any inconvenience, provided the thought of the impossibility of making water did not occur; but the moment it occurs I am compelled to retire." These instances are sufficient to show how irritable bladder may become a habit. In children we admit this without difficulty; but in adults, where there is also disease, it is more difficult to determine the amount of effect that belongs to each cause. I have known the habit caused by the pressure of pregnancy to last afterwards, and to become a constant annoyance. In young persons, it may be sometimes observed that no remedy is sufficient to overcome the habit, and it is broken only when feelings of shame become most powerful; while in the old I have frequently seen the loss of all feeling of shame fix the bad habit and render it more irresistible.

In irritable bladder, more perhaps than in most diseases, it is requisite that, before any method of treatment is begun, you should endeavour to obtain clearness as to the cause of the disease. It is produced by so many different causes, that specific treatment of the irritation will rarely suffice. You may palliate it as you would a cough by opiates and sedatives; but to effect a cure the cause of the disease must be found, and be capable of removal. Ask yourselves, then, first, Is the irritation direct or sympathetic; if the former, is it simple or compound, internal or external.

While endeavouring to remove the cause, you will often find palliatives of great importance. Of these the most important are camphor and opium. Three grains of camphor and half a grain of opium made into a pill taken twice or three times daily will often prove beneficial; other palliatives I have mentioned in the cases I have brought before you. In some cases, palliatives fail, and cure is impossible. In these mechanical contrivances of the present day do away with much of the discomfort and annoyance which otherwise would have to be endured.

I had intended to conclude this lecture with some observations on unirritable bladder; but my time obliges me to defer what I have to say to my next lecture. I may here only point out to you that the causes of this symptom also may be local or distant.

Among the local causes of partial or complete retention of urine are spasmodic or structural stricture, enlarged prostate, adhesions of the bladder to the surrounding structures, the consequence of simple inflammation or of malignant disease; the pressure of tumours from without; a loss of irritability in the muscular structure of the bladder itself from over distension within.

Among the distant causes are, want of will, as in hysteria; in disease or injury of the spinal cord, or of the brain; in certain general states of the system, as in fevers, and usually in that state which precedes death.

I shall illustrate some of these different causes by examples; but they will not afford you much insight into the treatment which should be followed. This, in fact, except in hysterical retention, almost entirely belongs to surgery, and not to medicine.

LECTURES
ON MALFORMATIONS OF THE HEART.

DELIVERED AT

St. Thomas's Hospital.

BY THOMAS B. PEACOCK, M.D.
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LECTURE IV.

Symptoms.—The symptoms by which malformations of the heart are characterised, are referable to derangement of the circulatory and respiratory functions, and to the secondary disorders of the various viscera so induced. A child, labouring under serious malformation of the heart, generally presents at birth a very livid colour. The respiration is imperfect and difficult, and the heart is observed to beat violently. There may, however, be no unnatural appearance whatsoever at the period of birth, and the symptoms may only present themselves at the expiration of some months, or even years. When once the signs of obstructed circulation have been manifested, they may either be permanent, or they may soon subside and the child may acquire a healthy appearance, and thrive naturally. In either case, however, paroxysms generally occur, in which the breathing becomes extremely difficult, rapid, or gasping; the surface of the body, more especially of the face and extremities, acquires a dark, in some cases, almost a black hue; and the infant indicates by its cries great distress. Not unfrequently it becomes convulsed, and, when exhausted by its struggles, the symptoms subside, and disappear more or less completely, to recur at longer or shorter intervals, and with varying degrees of severity, according to the extent to which the deviation from the natural conformation of the heart, predisposes to embarrassment of the circulation. I find, by a careful analysis of 70 cases of malformation, characterised by well-marked symptoms during life, and in which the period at which they were first observed is reported, that in 52 cases the symptoms were first noticed either at the period of birth or very shortly after; while, of the remaining 18, in 9 they appeared before the expiration of the first year; in 1 at the sixteenth month; in 1 at two years; in 2 at three years; in 1 at four years; 1 at five years; 1 at eight years; 1 at twelve years; and in 1 at fourteen years of age; and the period which elapsed might be still further extended; but, in cases where the symptoms are stated to have been long deferred, it may be doubted whether there were really no indications of any irregularity about the heart. It is more probable that the period at which the signs are said to have been first manifested, was rather that in which they became so much aggravated as to attract attention.

In some cases, in the intervals between the paroxysms, the action of the heart may not be materially deranged; the pulse may be natural, or it may only display some want of power. In others it may be constantly rapid and jerking, and in the paroxysms it frequently becomes intermittent, very irregular in force and frequency, or barely perceptible. The vessels in the neck may beat visibly, and there may be a marked venous pulsation. The impulse of the heart is usually powerful, and an unnatural murmur is generally heard. The condition of the respiration is liable to similar variations. In some cases there may be but little dyspnœa; in others the respiration is at all times rapid and laborious, and it is usually rendered much more difficult by any exertion or excitement. The lividity of the surface may be only slight, so that the lips may be a little purple, and the nails discoloured; or even these symptoms may not be present, the child retaining either its natural appearance or being unusually pallid. In other cases, the surface generally is extremely livid, the lips, hands, and feet, of a deep purple colour; and the congestion of the capillary circulation is shown by the slowness with which the colour returns into the integuments, after they have been blanched

by compression. The peculiar tint of the surface varies from a simply rose or livid colour, to deep purple, blue, or black; the latter being most generally observed in the lips and beneath the nails. The capillary vessels in the cheeks are distinctly marked, and not unfrequently those of the conjunctiva convey dark blood. The duration of the paroxysms varies from a few minutes to several hours; and they may recur very frequently, or only every two or three days, or still more rarely. Sometimes the attacks are only brought on by active exertion, as when the child is washed or dressed, or on exposure to cold; but, in other cases, the slightest exertion, even that of taking the breast, or any trivial transition of temperature, will be followed by increased difficulty of breathing, palpitation, and lividity. The nurse frequently finds out by experience some mode by which she can relieve the paroxysms when they occur, as by patting the back of the child, or laying it across the lap with its face downwards, so as to compress the chest. The disposition of the infant is generally very irritable; and, if it be thwarted, the paroxysms are immediately brought on. Though occasionally the integuments become infiltrated, so as to give the child a gross appearance, more frequently it becomes much emaciated. The abdomen is generally tumid, and the head large. In a case, however, which has been for some time under my care, and in which I have reason to believe that there is some serious deviation from the natural conformation of the heart, the head is remarkably small.

If the child survive the period of infancy, the symptoms continue similar in character. It is habitually short-breathed, and liable to pains in the chest, and palpitation; and usually is more or less livid. The extremities are cold, and it is peculiarly susceptible to changes of temperature, and is liable, on the slightest exposure, to suffer from bronchitic attacks. The paroxysms are brought on by any unusual excitement of mind, by active exertion, by cold, or by any disorder of the stomach indigestible food. Usually the child learns by experience to avoid these causes, so that it does not engage in play with others, and prefers a warm fire-side. In some instances they can arrest the progress of the attacks by lying down, or by compressing the chest in any other way against a resistant body. Not unfrequently they suffer from pains in the head, and occasional convulsive attacks, and they are liable to hæmorrhages. Most generally they are remarkably emaciated; the fingers and toes have a bulbous shape, and the nails are incurvated. They are also liable to unhealthy sores in different parts of the body, more particularly on the fingers and toes, and around the anus.

Cyanosis.—There are few subjects in the range of Medical ci ence which have occasioned more discussion than the inquiry as to the immediate cause of the discoloration of the surface, which forms so marked a feature in most instances of malformation of the heart.

Morgagni, in describing the case to which I have before referred, ascribed the marked cyanosis which had been observed during life, to general congestion of the venous system, caused by the obstruction at the origin of the pulmonary artery. Dr. Hunter, on the contrary, seeing that in the case which he has related, the septum cordis was imperfect, so that the aorta was supplied from both ventricles, and that a large proportion of the blood circulating in the body must have been venous, supposed that the livid colour the boy had presented during life, was owing to the intermixture of the currents of blood. These views have each since met with numerous supporters. The theory which ascribes the production of cyanosis chiefly to congestion of the venous system has been advocated by Ferrus and Louis in France, by Hasse and Rokitansky in Germany, by Joy in this country, and very ably by Stille in America. On the other hand, the view which refers the discoloration to the intermixture of the venous with the arterial blood, has, with various modifications, been supported by Gintrac and Bouillaud in France, by Meckel in Germany, and by Farre, Paget, Williams, and Hope. Corvisart and Laennec appear disposed to adopt the former explanation; and Dr. Chevers, while regarding the cyanosis as chiefly due to congestion, contends for the influence of the venous blood in the arteries, as modifying the intensity of the discoloration.

Gintrac, after a careful analysis of fifty-three cases of cyanosis, in all of which there was more or less intermixture of the currents of blood, inferred that the cyanosis was dependent on this cause, though he admitted that the intermixture was not always productive of cyanosis. Louis and Ferrus have dwelt more fully on the absence of any constant connexion between the intermixture of the currents and the existence and intensity of cyanosis. Dr. Stille, after a careful examination of a very extended series of cases of different forms of malformation of the heart, has shown that cyanosis may exist without the intermixture of the currents of blood; that there is no just proportion between the intensity of the cyanosis and the degree in which the blood is mixed; that complete intermixture of the blood may take place without cyanosis being produced; and that the variations in the extent, depth, and duration of the discoloration are inexplicable by the doctrine of the intermixture of blood. Of 77 cases which he has collected and carefully analysed, he finds the condition of the pulmonary artery reported in 62; and that in 53 of these, it was contracted, obstructed, or impervious; while, in the remaining 9 cases, there were other conditions present which would give rise to congestion of the venous system. He was therefore led to adopt the view of Morgagni and Louis, and to infer that cyanosis is dependent either on obstruction at the pulmonic orifice, or some other cause, giving rise to venous congestion. Congestion, he contends, not only satisfactorily accounts for the discoloration of the skin and the dyspnœa, but that it is always present when cyanosis exists, and is never found without the occurrence of cyanosis, unless there are satisfactory reasons for its absence.

In the previous lectures I have alluded to various cases which bear out the inferences of Dr. Stille. I have mentioned the case of a girl in whom an abnormal septum was found in the right ventricle, without any other malformation of the heart, and who was markedly cyanotic during the several months she was under my observation, affording striking proofs that cyanosis may exist without mixture of the currents of blood. Cases of this kind are, however, much less frequent than those which display a want of just relation between the intensity of cyanosis and the amount of intermixture. In the other case of abnormal septum which I have mentioned as having fallen under my own notice, you will remember that the aorta arose in great part from the right ventricle, so that a very large proportion of the blood circulating through the body must have been venous; yet there was no evidence that the boy had presented any material degree of cyanosis till shortly before his death; indeed, he had been an inmate of the Royal Free Hospital, for an accident, about twelve months before, and nothing unusual in his appearance had then been observed, the occurrence of cyanosis having apparently been manifested after the pulmonary artery became the subject of disease, by which its capacity was still further diminished. In the case of Dr. Hale, in which there existed only one ventricle; and that of Dr. G. A. Rees, in which the pulmonary artery gave off the descending aorta, not the slightest lividity was observed; so that these cases evince that the freest intermixture may exist without giving rise to cyanosis.

The fact that cyanosis is not always observed where abnormal communications exist between the two sides of the heart, has been admitted by the supporters of the theory of intermixture, and various reasons have been assigned for its absence; and especially it has been contended, that, provided the pressure on the two sides be equal, no intermixture will take place, though either septum be defective. To this it may, however, be answered, that the cyanotic symptoms are by no means always congenital, though the freest intermixture of the currents of blood must have existed from birth.

Lastly, cases frequently occur in which the variation in the degree of lividity cannot depend on any corresponding variation in the amount of intermixture. I recently saw an infant which suffered at intervals from the usual symptoms which attend malformations of the heart. While the child was quite quiet, there was no appearance of cyanosis, but the paroxysms were readily brought on by exposure to cold, and a loud systolic murmur was heard over the whole front of the chest, and most distinctly to the left side of the middle of the sternum. Under a mild alterative treatment, the paroxysms became less frequent, and had, indeed, ceased entirely, when the child, then three months old, took hooping-cough attended with bronchitis, when they recurred with much greater severity. On examination after death, the folds of the tricuspid valve were found somewhat adherent together, much thickened and indurated, and studded with recent fibrinous deposits; the right ventricle was hypertrophied and dilated, and the pulmonary artery of large size. At the base of the septum of the ventricles there existed two apertures, leading from the left ventricle, immediately below the origin of the aorta, into the sinus of the right ventricle. These apertures were larger on the left than on the right side, so that it was evident that the current of blood which had passed through them must have flowed from the left ventricle to the right; and, from their small size, they could neither have given passage to a large current, nor, from their hard and unyielding edges, could the quantity transmitted have been liable to material variation. The cyanosis could not, therefore, have been owing to the venous blood entering the left ventricle, and so

being circulated through the body. Neither could the variations in its intensity, have been due to any corresponding variation in the amount of intermixture. The different degrees of congestion of the venous system consequent on the increased difficulty in the transmission of blood through the lungs, could alone explain the recurrence of the paroxysms. In this case, also, the left arm and hand were at all times very livid, and somewhat swollen; and no other explanation of the fact was afforded by the examination, than that the venous trunks, on that side, had been compressed by enlarged glands at the root of the lung and in their course.

In cases in which, notwithstanding that the intermixture of the currents of blood must always have existed, the cyanosis does not appear till comparatively late in life, the period of its accession may generally be traced to the occurrence of disease either in the heart or lungs, by which the original source of obstruction is aggravated; thus, during a slight attack of rheumatism, inflammation may attack valves previously malformed, so as to curtail still further the size of the opening into the pulmonary artery, or right ventricle; or the aperture may be so rigid and unyielding, as not to expand sufficiently to transmit the increased current of blood, required with the progress of growth; or an attack of bronchitis, by adding obstruction in the lungs, to that which already existed in the heart, may cause the aggravation of cyanosis, if previously present, or create it, where it had not before been observed.

From these considerations, we are, I think, correct in inferring, that the cyanosis is due to congestion of the venous system. I cannot, however, concur in the opinion of Laennec, that the lividity, in cases of malformation, differs in no degree from that which attends ordinary disease of the heart or lungs; and that, in some forms of affection of the lungs, the discoloration of the skin is as considerable, and as general, as in cases of malformation. The cyanosis of malformation, when very marked, is much more intense than that from any other cause; but, occasionally, the lividity which attends pulmonary and cardiac disease is quite as intense as in some cases of malformation. In support of this, I may instance the case of a boy, 17 years of age, who was a patient of mine at the Royal Free Hospital in 1847, and had presented marked cyanosis from early life, yet in whom the discoloration was dependent on imperfect expansion of the lungs, connected with curvature of the spine, and the right ventricle was very greatly hypertrophied and dilated. That in cases of pulmonary and ordinary cardiac diseases the cyanosis is generally so much less intense than where the heart is malformed, must be ascribed to the amount of congestion being also less; for, in cases of acquired disease, were so small a proportion of blood submitted to the influence of the air, as in many cases of malformation, life could not be maintained. In cases of disease, also, the integuments generally become more or less œdematous, so that the lividity is masked.

Dr. Stille's observations point too exclusively to contraction of the pulmonary orifice, as giving rise to the congestion on which the cyanosis is dependent. In the previous lectures, cases have been adduced in which the obstruction was caused by an abnormal septum in the right ventricle. An instance has just been mentioned in which it was dependent on the tricuspid valves; and, as before stated, it is sometimes caused by imperfect expansion of the lungs.

On the other hand, Dr. Chevers has shown, by reference to a case under the care of Dr. Lloyd, that great contraction of the orifice of the pulmonary artery, when it occurs in adult life, is not necessarily attended by any lividity. The case of Dr. Hamilton Roe, before mentioned, shows that cyanosis is not necessarily dependent on even great congenital contraction of the pulmonary orifice; while that described by Dr. Craigie, and one of my own, also, evince that the cyanosis, when present, does not always bear a strict relation to the amount of obstruction. In all exceptional cases of this kind, however, I believe it will be found that the right ventricle has acquired such an increase of power, as to enable it to overcome the difficulty in transmitting the blood through the contracted orifice. In my own case it is probable that the lividity had become less with the gradual diminution, during the progress of phthisis, of the amount of blood circulating in the body.

The inference to be drawn from the facts brought forward appears to be, that while obstruction to the flow of blood through the lungs, or from or into the right ventricle, giving rise to general venous congestion, is the essential cause of cyanosis, the intensity of the lividity, and its peculiar colour, are modified by other circumstances.

1st. It is probably necessary to the production of intense cyanosis, that, as suggested by Dr. Chevers, the obstruction to the circulation should either have been present before birth, when the capillary vessels are naturally more capacious than in the adult; or, that it should have existed before the full development of the body was attained, and while the entire vascular system was more readily dilatable; or, at least, that it should have been of long duration, so that the capillary vessels may have become greatly expanded.

2nd. The peculiar tint presented by persons labouring under malformation appears to depend in some degree on the condition of the integuments. Where the peculiar blue or black colour is observed, the skin is usually very thin, and the body generally emaciated. Where the discoloration is rather of a deep rose tint, the patients are not much emaciated, or are even, in some cases, tolerably well nourished; and, where the skin is pallid, there is either no material congestion, or it is masked by the œdematous condition of the integuments.

3rd, and lastly. I cannot but think that the intensity and peculiar tint of the cyanosis must be much affected by the colour of the blood in the vessels; so that where a very small proportion only is submitted to the influence of the air in the lungs, and the whole mass must therefore be of an unusually deep colour, the general discoloration of the surface will be proportionably dark.

Viability of Persons Labouring Under Different Forms of Malformation.—After the description which has been given of the various malformations, you will readily understand that there is considerable difference in the influence they exert upon the duration of life.

Where there is only some slight irregularity in the development of the heart, so that small openings exist in the septa of the auricles or ventricles, the defect is of very little importance; indeed, it is by no means uncommon for such openings to be found in the hearts of persons who have died at advanced periods of life, and have never presented any signs of cardiac disease. On the other hand, where the arrest in the development of the heart is more extensive, and is combined with some form of obstruction, it becomes a source of serious suffering, and the duration of life is necessarily limited to a comparatively short period.

In those cases in which there is moderate contraction of the trunk of the pulmonary artery, without any imperfection in the septa, and the heart is otherwise well developed, the increased power of the right ventricle may so far overcome the difficulty in transmitting the blood through the lungs, as to maintain the balance of the circulation, and a considerable amount of health and vigour may be enjoyed for many years. This was well illustrated by the case related at the Pathological Society, by Dr. Hamilton Roe, in which the patient lived to the age of 30, and had been noted for his performances as a pedestrian. The patient under the care of Dr. Graham, in the Edinburgh Infirmary, survived to the age of 44, and had been able to follow his employment of a navigator, working on one of the railways, till six weeks before his death.

Where the foramen ovale is open, the obstruction at the pulmonary orifice is generally greater than in the class of cases just mentioned, and the duration of life is less. Instances, however, have occurred in which the patients have survived for many years. Of 12 persons presenting this form of malformation of which I have notes, 8 are recorded to have lived to the age of 15 years and upwards, four of these having died at the ages of 29, 34, 40, and 57; and you will recollect that my own patient lived to the age of 20.

Where, with contraction of the pulmonary orifice, the septum cordis is imperfect, so that the aorta has a more or less direct communication with the right ventricle, and where, consequently, the obstruction must have occurred at an early period, the duration of life is still further curtailed. Of 49 such cases, 12 only survived the age of 15; and of these, 2 died at the age of 16, 1 at 18, 2 at 20, 3 at 21, 1 at 22, 1 at 23, and the remaining two at 25 years of age. In the two cases related in the previous lectures, death took place at 17 months, and 2 years and 5 months. In cases of this description, the open state of the foramen ovale and the imperfection in the ventricular septum, so far from adding to the danger, really afford means of relief to the overcharged right auricle and ventricle, without which life could not be prolonged for any considerable time; and it does not appear, that, provided the septum of the ventricles is imperfect, the closure of the foramen ovale materially affects the prospects of longevity. The mean duration of life in 35 cases in which the septum of the ventricles was imperfect and the foramen ovale open, and in 13 cases in which an aperture existed in the septum cordis and the foramen was closed, having been equally 10 years. In only 3 of the 49 cases was the ductus arte-

riosus open, and in these the patients died at the ages of 17 months, 3 years, and 9 years and 11 months.

Where the pulmonary artery is entirely impervious, the usual duration of life is still less than in the latter class of malformation. Of 20 such cases, in which the patients survived for a longer or shorter period after birth, 9 died before the age of 3 months, 2 between 3 and 6 months, 3 between 6 and 12 months, 3 between 12 months and 2 years, and 2 lived to the age of 10, and 1 of 12 years. Dr. Hare's patient survived 9 months, and my own 11 months and 2 weeks. In the case reported by Dr. Ramsbotham as one of absence of the pulmonary artery, but in which that vessel, though completely rudimentary, does exist, the patient survived to the age of 16.

Where the arrest of development is still more complete, so that the heart consists of only one ventricle with one or two auricles, the period for which the patients survive is usually very limited. Of 11 cases in which the heart consisted of one ventricle and two auricles, 1 died soon after birth, 1 at 2 days, 1 at 11 days, 1 each at 6 weeks, 10 weeks, 4 months, and 21 weeks; but what is very remarkable, 4 persons who presented this condition attained the ages of 11, 16, 23, and 24 years. Dr. Hare's patient survived to the age of 20 months. Of five cases in which the heart is said to have consisted only of a single auricle and ventricle, the infants survived 78 hours, 79 hours, 7 days, 10 days, and 10½ months: but, in the two latter cases, I have before mentioned that the development of the heart was much further advanced than in the others. I have not thought it necessary, in speaking of the age of patients presenting these extreme forms of malformation, to allude to the cases of Pozzi and Lanzoni, for, as previously stated, they are too imperfectly reported for their nature to be distinctly understood. Neither can I regard the statement here given of the duration of life in the published cases, as showing the ordinary viability of persons labouring under such malformations; for the circumstance of any one surviving for several years, with a heart which was found to present any of these conditions, would be regarded as so remarkable as to secure the case being placed on record; whereas it is probable that similar malformations may have been frequently met with in infants, without attracting much attention. The inference to be drawn from the fact is rather, that the curtailment of life generally bears reference to the degree of impediment to the circulation of the blood; but that there is scarcely any amount of arrest of development which is not compatible with the occasional prolongation of life for many years.

Of the next class of cases, that in which the development of the heart or bulbus arteriosus and branchial arches is irregular, the duration of life depends on the nature of the malformation. Where an abnormal septum exists in the right ventricle, the viability of the patients bears reference to the degree of obstruction which it occasions, and corresponds very closely with that which obtains, where the impediment is situated at the pulmonic orifice. Thus in the cases in which, in addition to the obstruction caused by the septum, there was a communication between the two ventricles, the patients survived to the ages of 9, 10, and 14, and the subject of my first case died at the age of 15. In these instances the pulmonary orifice also was contracted, though the impediment thus created was much less than that caused by the septum. In Mr. Clark's case the openings through the septum were very small, but the pulmonic orifice was not contracted, and the boy lived to the age of 19. In Dr. Thompson's case the septal obstruction was moderate, and the pulmonary orifice enlarged, and the patient died at the age of 38. In Mr. Hutchinson's patient the obstruction was greater than in any of the others, and the heart was otherwise very imperfectly developed; yet she survived to the age of 12. In the case in which the heart was naturally formed except as to the septum, the patient died at the age of five years of hæmorrhage from the throat or stomach during an attack of scarlatina.

The transposition of the main arteries appears to be a form of malformation which is incompatible with the maintenance of life for any considerable period after birth. Of sixteen cases of this description, three proved fatal within the first week, one in the second, and one in the third week; two at 2 months, two at 10 weeks, one at 5 months, one at 7 months, and one at 10 months; and four others at 15 months, 2 years and 6 months, 2 years and 7 months, and 2 years and 9 months. The existence of defect in the septum of the ventricles, though of rare occurrence in this class of cases, appears, as would be expected, to be favourable to the prolongation of life. Of four such cases, three survived from 7 months and 8 days to 2 years and 9 months. The closure of the ductus arteriosus, when the septum of the ventricles is entire, would, on the contrary, appear to add so greatly to the difficulty in transmitting the blood to the lungs, as to be scarcely compatible with the maintenance of life; yet in two cases in which this condition is stated to have existed, and the only communication between the two sides of the heart, was through the foramen ovale, the patients died at the ages of 15 months and 2½ years.

The duration of life in the form of malformation in which the aorta distal to the left subclavian artery is contracted, and the descending aorta is chiefly supplied through the pulmonary artery, is frequently very limited. In the two cases which occurred to Sir Astley Cooper, the infants lived two days, and eight months; Dr. Reece's patient survived ten weeks. In the more aggravated form of this malformation, described by Steidele, the infant died shortly after birth. In M. Gibert's case the child lived twelve days, and the subject of the case related by Mr. Greig, was still-born. It is probable, that in these cases the ready outlet for the blood from the pulmonary artery into the abdominal aorta, prevents the free entrance of blood into the lungs, and so interferes with the full expansion of those organs. In the cases, so closely allied to these, in which, with more or less obstruction in the aorta distal to the left subclavian artery, the ductus arteriosus is either greatly contracted or entirely obliterated, life is capable of being prolonged to the full period. Of 19 such cases collected by Dr. Leeuween, all but 3 were adults, and 4 attained the ages of 50, 50, 57, and 92. I have, however, before stated, that, though in these cases some degree of contraction of the aorta must be present at the time of birth, the obstruction most probably becomes greatly increased in after life.

When the heart is well formed, its malposition is not necessarily productive of such serious inconvenience as to interfere with the duration of life. Instances are on record in which the heart, with the other viscera of the body, have been transposed in persons who survived to advanced ages, and had never presented any evidence of embarrassment of the circulation. A case of this kind is mentioned by M. Bosc, in the "Bulletin de la Société Anatomique," of Paris, in which the patient lived to the age of 84. The patient mentioned by Deschamps, in which the heart occupied the position of the left kidney, was a soldier, who had served for many years in the army. Where the heart is situated entirely external to the cavity of the chest, there is most generally some serious defect in the organ, or other viscera of the body, so that life is usually only maintained for a very limited period; but, in the case mentioned by Dr. O'Brian, in which the organ was situated partially externally, the child survived three months.

ORIGINAL COMMUNICATIONS.

A CASE OF RHEUMATIC GOUT, WITH REMARKS.

By Dr. SPURGIN,
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I would here advert, for an instant, to the subject of materia medica, not merely as it is appointed for such specific purposes as refer to the maintenance of health, the removal of disease, or the alleviation of bodily suffering, but also as including the privilege of moral counsel, and the duty of human sympathy; for these form a most important part of the Physician's mission, perhaps the most essential qualification of his high calling; and they impart a claim upon mankind for such confidence, respect, and support, as it is the mark of civilisation and intellectual enlightenment to bestow. Materia medica is placed in our hands, we have been trained to the trust, and though bounteous nature has supplied us with an overflowing store, yet it is but in accommodation to the discriminating power with which the healing art must be ever exercised.

This discrimination, while it notices the sources of disorder and disease, selects readily the remedies suited to every emergency and requirement. Well, then, may the study of medicine, and of all its co-ordinate sciences, stimulate the love of light and liberty in our breasts. Well may we be jealous of empiric rivalry when we know how debasing its influence is on the minds of its victims; when we see its wings, vampire-like, hovering over the doubting intellect, that doubts to the point of persuasion, because the promised good is so unreasonable or so questionable, both in its origin and effect; well, I say, may we be jealous, almost even to contempt, both of agent and patient, when we are conscious that the very comprehensiveness of our

studies elevates us out of the mere semblances of knowledge, while we can still bow to the circumstance of death, as a law of nature which skill would labour to postpone, and with which honesty would scorn to tamper."—("Six Lectures on Materia, Medica and its Relations to the Animal Economy," Lecture II., p. 40.)

The following case, which required the "moral counsel" adverted to in the above quotation, was treated also by the administration of

℞ Sodæ bicarbon. ℥i.; sodæ tartratis, ℥ss.; pulv. gum. acaciæ, ℥ii.; vin. colchici ♏ lxxx.; aq. destillat., ℥vss. M. ft. mist. A fourth part to be taken every six hours. Mitte liq. plumb. diacet. dilut. ℥ iss. To be used as a fomentation. Linim. camphoræ comp., linim. saponis co., aa. ℥ii. M. ft. linim. (P. I., 17th Feb., 1854.)

On the 24th, the patient himself remarked, "how well he should be were it not for the trouble on his mind;" and, truly, nothing could have been more efficacious than the medicines prescribed for him on the 17th February, the day I was first called to see him. I found him flushed in face, with a restlessness of eye and body, moving about his bed-room, but drawing his right leg along, with the knee excessively swollen, red, hot, and painful, and the ankle, foot, and toes, affected with darting shoots of pain, that made every other part of his body cold to my touch, as well as to his own sensation; his pulse was 100, throbbing, hard and full; the tongue was white with great thirst; head aching across the forehead, and over the left temple more especially; he had passed several nights wakeful and miserable, harassed by fears, and thoughts of distress and ruin; he had returned from Brighton two days before, having gone there with the hope of obtaining quiet, and keeping off an attack of gout. Brighton, however, failing to benefit him, he returned with little faith in, or wish for, medicine, and would have remained hopeless and comfortless, but for the interference of his wife, who solicited my assistance.

The heat of his body seemed to have concentrated itself about his knee, which was extremely hot as compared with every other part; the other knee, indeed, was quite cold. The patient was wishing for a decisive attack of gout, under an impression that he could not get well without it. He persisted in the mixture every six hours; he applied the lotion warm to his affected knee and foot, and occasionally applied the liniment as the pain became more active, and when the fomentation was not employed. For three days the upper part of the foot was red, swollen, and tender; but the knee, though red and swollen, could at length bear being rubbed with the hand; harder pressure, however, over the knee-cap would cause acute pain, insomuch as to suggest the application of a few leeches to relieve capsular inflammation; but, as his general condition improved considerably, I relied on the abundant secretions from his liver and kidneys that were produced by the mixture removing the capsular tenderness and inflammation also. In this case I looked at the urine but once, being satisfied with the patient's report regarding its quantity and appearance; and the same observation applies to the alvine discharges, which were abundant, yellow, and of easy expulsion. Speaking of these vesical and alvine discharges, I am amused at the painstaking of many persons, in regard to the former more especially, by tests and re-agents, to obtain light upon the nature of the disorder they are called upon to treat. Investigators of this sort are springing up in numbers in the Profession—long treatises wearying the reader by the endless repetition of descriptions and suppositions in relation to this excretion—the ever-recurring "maybe," which is but a mere inanity in reasoning, usurping the place of strict and definite conclusion—the excretion itself is borne away from the bedside of the patient to his infinite satisfaction; for his hopes are strengthened, that the nature of his complaint will be detected, and its cure speedily effected. The doctor obtains popularity by this special application of his chemical acumen; the popularity is so tempting a bait, that many of the Faculty are caught by it. The serous effusions which come of disorganising, or degenerating, or congested, or inflamed kidney, are productive of apprehension and alarm, as if their existence constituted the essence itself of the disorder; and an importance is claimed for the "specialist," as the phrase is, to the disparagement of the Physician of more enlarged views. A part of his art is hereby taken for the whole, and the Profession itself is charged with a special redundancy that imparts to it the air and appearance of charlatanism, sufficient to justify the pretensions of the urine doctors of the last century.

But the human frame is not all kidney, nor all liver, nor all stomach, nor all lung, as some doctors would seem to regard it; nor is the animal economy all excretions. What would Hippocrates, of Cos, think of his disciples of England, were he to see them obtaining their reputations, or founding their claims to public confidence, on the study of feculence and urine, or on signs so variable and shifting, so inconstant and uncertain? On these *ultima signa* writers may write without end, and yet remain totally ignorant of the origin and nature of disease. Monographs on the excretions are of the nature of monopolising puffs. Chemistry is the sole science on which they stand; it is made to bear a responsibility for which it is not fitted, to sustain a weight that crushes it in the effort, and to impart a light that is, at best, but flashy and delusive. I have adverted to Professional reputation, and it grieves me to see so large a share of it derived from disquisitions on incurable diseases. The Profession, taken as a whole, is greatly damaged by the prevailing deference to a delusive system, seeing that the curable diseases which are more than usually intractable, chronic, or obscure, are strongly attracted towards the popular magnet, where they are either not understood, or they prove too troublesome, or they do not pay for the trouble they occasion. The subjects of them, consequently, drop into the hands of the quacks as their only resource, popularity having done its best on the professional side. The quacks cure them by the agencies of time, of diet, of globules, of wet sheets, of rubbings, of abstinence, and many other devices. Praise immeasurable follows the cure. Quackery is lauded beyond all legitimate desert, and the Profession is defrauded of its legitimate influence as well as of its rewards, by which alone we can maintain its position of utility and consequent dignity. Truly, indeed, may it be said of some of these devices, "that, as modes of treatment, they are either extensions of legitimate practice, beyond legitimate grounds, or they are distortions of order, monstrous births from the fruitful womb of art, or intrusions upon the privileged ground of the experienced Physician."—("Six Lectures on Materia Medica, and its Relations to the Animal Economy," p. 164, Lecture V.)

For my Profession, I would assert a wider basis for its foundation than chemical science can supply, and I would thence caution it against occupying such ground with so much confidence as it of late years has shown an inclination to do. Chemistry wrongly applied supports quackery better than chemistry rightly applied supports legitimate practice; for in the former case it sanctions the appeal to the evidence of effete matters, and of such things as are foreign to the subject; and even affords encouragement to compounds rendered patent by advertisements, or characterised by falsehood, dishonesty, and indecency, disgraceful alike to the age and to the press which disseminates them.

That I may not be misunderstood upon the estimate I assign to the science of chemistry, I will adduce my observations upon it in my Lectures, p. 42, Lecture II.:—

"The Physician, indeed, takes all the advantages possible of the science of chemistry; and the last thirty years are remarkable for the investigations which have been pursued by a great phalanx of chemical philosophers, by whose labours almost a new science has been established. The science of organic chemistry, for instance, as contradistinguished from that of general chemistry, while both minister to that of medicine, though some of its votaries would accord it a paramount position and bearing. Were the animal body, and, indeed, the animal fluids, similarly circumstanced with other forms of matter, or could the properties of the organic substances be attributed to atomic relations and proportions, I should be most ready to rely on chemistry as a sure guide in the treatment of disease. But it is general experience that must direct our employment of medicine. Our Materia Medica is founded upon this secure basis, and from it derives all its value. The experienced Physician, therefore, must surely be the best qualified to render materia medica most efficient in combating disease."

But to revert to my case. On the 26th, the patient was much better, and had derived great benefit from diligent friction of the affected limb; the swelling subsided rapidly, the effused fluids, and the fluids with which the vessels were congested, were thrown back into the circulation, and, as might have been expected, the tongue, as an admitted index of health, did not exhibit the satisfactory appearance it had done two or three days previously, whereupon I prescribed Pil. hydrarg. ext. colocynth co., pulv. scam. co., saponis, sing. gr. ii., to be taken at bedtime, and a mild dose (two drachms) of Cheltenham salts the following morning. On the 27th, the bowels were thoroughly acted upon, and the first prescription was discontinued altogether; but my patient was annoyed by the appearance of a large phlegmonous swelling in the left groin, and, also, by frequent fits of coughing, with expectoration of a greyish phlegm, and hoarseness; the friction of the pad of his truss, he thought, produced the former, and his sitting in his dressing-room with

the window open, the latter condition; but evidently the susceptibility to be affected in this manner was the predisposing circumstance, while the friction and the cold were the merely exciting causes. Poultices to the one, and a repetition of the pills, I deemed sufficient for this new condition of things. How much the removal of a quantity of fluids from his affected limb into the general circulatiou acted in the production of this susceptibility, it is difficult to say; it is not improbable, but that the blood of my patient was vitiated to a greater or less extent by the fluids so removed, and that these fluids were of a vitiating quality rather than compatible with health; and it therefore became a question whether the forcible displacement of such fluids was a judicious measure on my part, and whether it would not have been better to suffer their absorption to proceed according to a more natural course of action, and so under circumstances more favourable to the animal economy, when it could dispose of or rectify these fluids in a manner to render them less obnoxious to the system. But to this questioning it may be replied, that the exercise of the same art by which the removal of these fluids was effected, would also expel them from the system as and when they were in a situation favourable for the action, as and when also they were circulating in the blood-vessels. To this end, indeed, the secerning and excreting orgaus could be roused into greater activity. The pills and the salts effected this purpose to a considerable extent, and in this way tended to expedite cure.

I was satisfied by the abatement of the great disorder that had existed in the limb, and also by the reduction of the general excitement and disturbance that prevailed at the outset of our treatment, and satisfied also to leave the phlegmon and the cough to the healing powers which were at work within him with diminished obstruction to their influence. In this case, therefore, art was assisting nature in the curative process, and so greatly expediting the cure.—*(Vide* Lecture V., p. 164.)

On the 28th, the pills had produced the full effect expected from them. The cough was better, and the phlegmon much softened and relieved by the linseed-meal poultice, in which I had advised a small quantity of lead ointment to be mingled during its preparation. This kind of poultice helps the dispersion of these hard phlegmonous tumours, aud lessens the pain of them very satisfactorily.

Altogether, the patient might be considered convalescent. I had some conversation with him in regard to the customary examination of the excretions. He is an eminent practical chemist. His observations were to the effect, that such examinations were too much confided in, but that the urine did certainly, to some extent, indicate the state of the health; he candidly admitted, nevertheless, that the signs presented by it were variable and uncertain; to which I subjoined, that the laying so much stress upon evidence of this nature was something like the institutiou of a chemical examiuation of the sewerage of London, at the outfalls, to determiue the health and the dieting of its inhabitants.

Reflecting further on this case, I asked myself, how it was that the osseous, cartilaginous, tendinous, and ligamentous structures, could swell so much under inflammatory attacks of this nature; the softer parts had lost their tumefaction altogether, but they covered bone, cartilage, ligameut, and tendon, that were evidently larger than those of the other limb: was it infiltration of their textures with fluids? or how could they swell in commou with the softer tissues? In this case, there was no heat or tenderness remaining, but simple enlargement. About the same time time, a young lady complained of the consequences of a hard blow upon her knee-joint, which were tumefaction, heat, and tenderness of the whole joint. I advised her to rub iu some soap liniment frequently, fearing it would prove troublesome if neglected, but a few days afterwards all the above affections had disappeared, and this without any assistance by treatment. The congested vessels and infiltrated structures constituting the swelling had been relieved by their own actions, and effused fluids removed at the same time. The same actions would doubtless operate in this case also; but a great difference in age would render extraneous aid indispensable towards the accomplishment of the cure. My patient, for the last forty-eight hours, had neglected my directions about rubbing the limb with the soap liniment, as well as my precautions about quietude; otherwise I believe even the tumefaction of the bones and ligaments would have been more quickly and completely reduced. In a case like this, I should be curious to watch the effect of galvanism in dissipating this kind of enlargement, on the failure of common measures more especially; for I remember, as a studeut, when experimeuting with an electric machine, it used to be a pleasing thing to me to witness the difference in the freedom of the passage of water through a capillary tube electrified, as when compared with what took place when not electrified. In the electrified state, the water would issue from it iu a continuous stream, while in the latter state only by drops. It is to be inferred from this circumstance, that the whole vascular compages of the several structures above adverted to as swollen and occupied by viscid fluids, might be stimulated to increased action by galvanic or electric agency, and assisted thereby in getting rid of the oppression and consequent tumefaction. To this end, it appears to me, it ought to be applied in a mild way, and for a considerable length of time. Frictions, however, with or without liniments, may answer the same purpose. But it is difficult in private practice to induce our patients to submit to a persevering course of treatment of this nature. It is only wheu they are forced away from the cares of business, to betake themselves to watering-places, shampooing baths, and other health-working establishments, that these chronic disorders give way, bringing credit to these, to the discredit of the Profession, though unjustly so in both respects, more especially as there is no doubt but that cure would be much more expeditious under a fair and full employment of the means at the commaud of the legitimate and accredited Medical Practitiouer. I have had long experience and many opportunities for observation upon this matter; aud I can most truly state, that hundreds of pounds are expended by families which might have been spared to them and their estates; that, for the most part, the cases which are cured abroad are equally curable at home at less expense of money and time; that many diseases and disorders are aggravated by the removal; that the failures are seldom heeded, and scarcely ever made known, though they occur much more frequently than is supposed; that the successful cases too often indicate want of care and attention on the part of the regular Medical Practitioner at home; and, lastly, that the popular doctor may be cousulted, and even then his measures but half carried out, owing to his own hurry-scurrying mode of action; when, if the case had been treated by a man of equal skill with but half the popularity, it would have done credit to the Profession, instead of being made the unfair occasion of scandal against it, or of disparagement of its power.

On the 4th of March my patient reported himself to be well, with the only exceptiou of a little stiffness or rigidity about the front of the knee. He had taken only oue of the pills at bedtime, which was all the medicine he required.

11, Great Cumberland-street.

ON THE PANCREATIC JUICE,

IN RELATION TO

THE DIGESTION OF FAT.

By ARTHUR LEARED, M.B., M.R.I.A., ETC.

Physician to the Royal Infirmary for Diseases of the Chest, and to the Metropolitan Dispensary.

[Read at the Physiological Section of the Medical Society of London, May 8, 1854.]

THE remarks I have to offer on the uses of the pancreatic fluid were suggested to me by a case that I attended lately with Mr. Southwood. It will therefore be necessary to premise them by some details from my notes of that case.

Mrs. S.—at her death 49 years of age, and the mother of three children—was a woman of stout make, and stated to have originally enjoyed excellent health. Her circumstances were comfortable, and her habits unusually active. More than ten years previous to my first seeing her, she was one night seized with violent epigastric pain. It continued some hours, and then completely subsided. This she regarded as the first indication of the disorder she was labouring under. Subsequently she had similar attacks, at intervals of some months; theu much more frequently, until at last the pain became continuous. She described the epigastric pain as of a burning nature, and as being at times perfectly agonising; but she had also occasionally a shooting pain immediately under the ribs of the left side. For five months previous to death, vomiting occurred more or less constantly, generally soon after drinking, but sometimes at night, when she had not taken anything for hours. The fluid ejected was generally small iu quantity, and there was some straining with it. She was not troubled with gaseous distension. The tongue was variable, but never much coated. Pulse full and regular. Bowels extremely constipated. They were scantily

and with difficulty acted upon once a-week by enemas; the motions presented no unusual appearance. She had for years habitually used purgatives, but they had latterly proved quite ineffective.

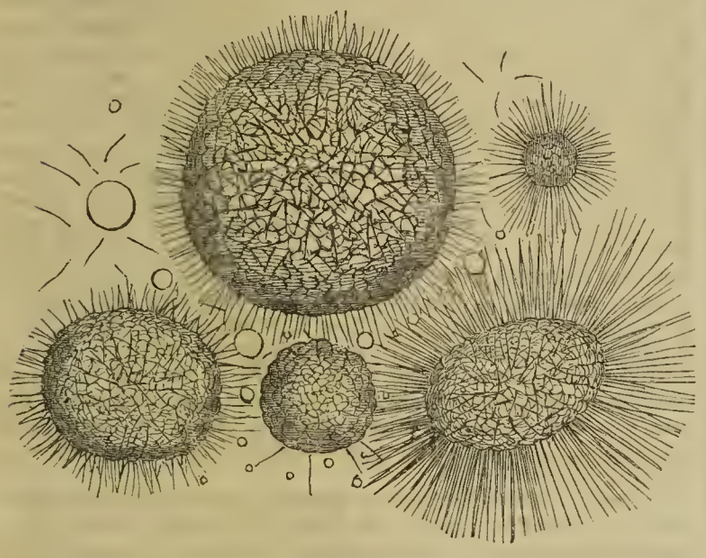
The urine was scanty and high-coloured, towards the last very dark, from the presence of bile. I examined it several times; it was acid, free from deposit on cooling, of moderate specific gravity, and contained neither albumen nor excess of urea.

Jaundice supervened three weeks previous to death. Its intensity was variable. Œdema, which had previously affected the legs, now extended to the right thigh, which became tense and greatly enlarged, the left one remaining nearly natural.

For the last five months, she existed on fluids, chiefly milk and beef-tea. On a few occasions she was persuaded to swallow a little mutton-chop, and once an oyster or two. These attempts invariably so aggravated her sufferings, and she felt such a loathing of solid food, that they were soon abandoned.

There were the following evidences of tumour in the epigastrium at the seat of pain :—Dulness on percussion, sensation of resistance, and tenderness over a space of about three square inches, with marked *bruit de soufflet*, probably from pressure on the aorta. The vomited matters presented very different appearances from time to time. A portion of them set aside in a bottle separated into an upper opaque creamy stratum and an under transparent one, the proportion of one to the other in different specimens varying considerably. The colour was at first white, but changed to various shades of yellow and green, and finally to a grass-green.

I carefully examined many specimens under the microscope. Sarcinæ were never discovered in them, nor torulæ when fresh; but singular objects were seen, which will be best understood from the engraving from a drawing by Mr. Lens Aldous under a power of 250 diameters.



Note.—Dr. Leared has communicated to us, that, on referring to Mr. Lindsay's paper, he found Dr. O. Ward to be in error in stating that the above appearances had been previously described by Mr. Lindsay, as occurring in the vomited matters of cholera patients. (See discussion on paper, page 555) Mr. Lindsay does not refer to free crystalline masses. Dr. Leared also asserts that the objects above described and figured are very different from the ordinary stellar crystals of fat, free or otherwise, sometimes found in vomited matters. Pancreatic juice, according to him, has a specific influence, as regards the form of certain resulting crystals, as well as on the separation of fat into its elements.

These objects were very numerous in some specimens, those that were whitest affording the largest examples, and those having the longest spines, as seen in the drawing; while in proportion as the colour indicated an increase of bile, the nuclei became smaller and the spines shorter, and in the very green specimens none were to be found.

Interspersed among them were oil-globules, starch-cells, occasional muscular fibres, and epithelial scales. My first impression of these objects was, that they were animal organisms, as they closely resembled certain ova, the slight effect of ether upon them not tending to remove it. Professor Quekett, who was kind enough to examine them, found, however, that they disappeared on boiling in ether,—thus proving them to be of fatty origin.

It then became clear that they originated in the fat of the ingesta,—from that of the beef-tea most probably,—and consisted of one or both of its crystallisable elements.

In the plates to MM. Robin and Verdeil's Chimié Anatomique crystals are figured, some of which closely resemble the objects referred to, and in the work itself I find these observations in reference to them :—

" Lorsqu' à un mélange de bile et de suc pancreatique on ajoute de la graisse de bœuf ou de mouton, l'oléine, la margarine se séparent au bout de quelques heures. Cette dernière (stearine) est facilement reconnaissable par ses aiguilles roides jaunâtres, implanteés sur une masse centrale, sphérique, allongée, mamelonnée qui a aussi la couleur jaune des corps gras et leur mode de réfracter la lumière."—*Op. Cit. Vol. III. p.* 105.

Considering this statement, and the resemblance alluded to, and coupling both with the clear evidence of tumour, as well as the great constipation and loathing of solid food, I diagnosed obstruction of the duodenum from pressure below the outlets of the pancreatic and biliary ducts. I concluded, in fact, that the result of the above experiment made out of the body had been produced pathologically by regurgitation of the same fluids into the stomach.

The presence of bile was evident, and that of pancreatic juice was reasonably inferred, because the transparent portions of the ejected fluid occasionally exhibited several of its characteristics, and because the proximity of the outlets of the ducts of these secretions made regurgitation from the same cause extremely probable. In our treatment, we gave a great number of medicines a fair trial; nothing, however, but large opiates seemed of use, if we except chloroform, which, in doses of ℿxx., restrained the agonising pain and vomiting for a time.

A week previous to death she became comatose, and remained so for 76 hours. She then rallied, and continued comparatively free from suffering until her death, which occurred apparently from exhaustion.

I regret to say, that our efforts to obtain a *post-mortem* examination of the body proved ineffectual. I had hoped thus to verify my diagnosis, and conversely to establish a new aid in the future diagnosis of duodenal obstruction, from microscopic examination of the contents of the stomach.

Although assisted by the work of MM. Robin and Verdeil in the way mentioned, I observed a discrepancy between their statements and my own experience. A mixture of bile and pancreatic juice with fat is stated by them to be requisite for the production of the crystals in question. I found, however, that they were most fully developed when the vomited fluid appeared quite free from bile, the liver being then probably inactive; that they became smaller in proportion to the presence of bile in it, and were no longer to be discovered when this had reached a certain point.

I took this mode of testing the matter by experiment: From the pancreas taken from the body of a man who died of pneumonia I obtained sufficient juice for the purpose, the contents of the gall-bladder of the same subject being also employed.

Some bile was placed in a test-tube.

In a second tube, pancreatic fluid with bile in excess.

In a third, pancreatic fluid, with a very small quantity of bile.

In a fourth, pancreatic fluid without any bile.

A few grains of fat of beef were introduced into each tube, and all were placed in water warm enough to melt the fat; and, having been afterwards separately shaken up, were replaced so as to cool gradually.

On examining their contents under the microscope, after some hours, I observed as follows :—

In those of the first tube there was nothing resembling the forms referred to.

In the second, free crystals, resembling those of the darker specimens of the vomited fluid.

In the third, the same, but larger, approaching those of the lighter specimens of vomited fluid.

In the fourth, some quite identical in appearance with those of the white specimens of vomited fluid.

Other crystalline masses (margarin?) were also observed in those of the three last tubes.

It was plain from the foregoing, therefore, that the pancreatic juice is of itself sufficient to elicit the crystals in question from fat; and that its mixture with bile, so far from contributing to their formation, has a contrary tendency.

Considering the resemblance of pancreatic juice to saliva, I made the same experiments, only substituting the latter for the former, but with negative results.

Bernard's assertion, that the pancreatic juice combines with

the fat of the ingesta, has been denied by several observers. That it forms a sort of emulsion when agitated with oil, is true; but this appears simply due to its viscidity, owing to which the particles of oil are mechanically reduced to a state of minute sub-division. Other viscid fluids, as mucilage of gum arabic, possess the same properties; but, as Lehmann remarks, the oil soon separates again on the surface; and in my experiment with pancreatic juice and fat, the elements of the latter were seen to be perfectly isolated under the microscope. Of the digestion of fat little is positively known. It seems certain that it undergoes no essential changes in the stomach, and that the action of this organ is chiefly confined to azotised substances. When we look to the intestines, however, we have previous clinical evidence that the pancreatic secretion bears an important relation to the digestion of fat.(a) In certain cases of diseased pancreas this substance has been observed to have been discharged with the fæces. My inference, therefore, is, that besides the conversion of starch into sugar, one of the true offices of this secretion is the separation of fatty bodies into their immediate principles. Thus viewed, this function is supplemental to that of the stomach. The action of one being directed to azotised, and that of the other to non-azotised aliments, both being thus prepared for further elementary changes. It is possible, however, that olein is taken up by the lacteals unchanged; and the readiness with which animal oils, in which this principle is in excess, as compared with solid fats, are digested and assimilated, lends support to the idea. If, on the contrary, M. Bernard's explanation of the absorption of fat in immediate combination with pancreatic juice be received, as the expenditure of this fluid would always bear a direct relation to the combining fat or oil, the opposite effects might be expected from unusual proportions of these substances with the food.

It has occurred to me also that margarin and stearin are excrementitious. Their crystallisation, on being set free by the action of the pancreatic fluid, and their melting points being much higher than the heat of the body, would seem to indicate, that, not being available for nutrition, they are got rid of in that form. It is true that these principles, margarin especially, are found in the fat of the body. May not a re-arrangement of elements explain this? If in the production of animal heat, combustion of non-azotised bodies occurs in respiration, may it not be that pending the decomposition of part of the olein by this process, a new arrangement of ultimate elements occurs, margarin and stearin being thus reproduced?

I think, however, I have established, that pancreatic juice of itself decomposes fat into its proximate elements. It may be useful, also, for other observers to find the nature and cause of similar appearances in the egesta of the stomach, here described.

21, Finsbury Circus.

(a) Dr. Bright, in "Medico-Chirurgical Transactions," Vol. XVIII., and Mr. Clarke, in *Lancet*, 1851.

JERSEY HOSPITAL REPORTS.

By G. M. JONES, Esq.
Surgeon to the Jersey Hospital.

(Continued from page 516.)

AMPUTATION AT THE KNEE-JOINT.

John Stokes, aged 35, a strong, muscular, and healthy-looking man, was admitted into Hospital on the 8th of October, 1853, in consequence of a comminuted fracture of both bones of the right leg, occasioned by a kick from a horse; there was a considerable lacerated wound about three inches above the internal malleolus, through which near two inches of the tibia protruded. The hæmorrhage at the time of the accident was very profuse. Taking into account the man's strength and previous good health, and his sober and regular habits, it was considered, that, although immediate amputation might be the most prudent course to follow, not only on account of the nature of the fracture, but also from the injury the soft parts had sustained, still that it was a case in which an attempt to save the limb was nevertheless justifiable. The projecting portion of bone which completely opposed reduction was, therefore, sawn off, and small fragments removed. This allowed the fibula to be more carefully examined; it was fractured obliquely, and presented several loose splinters. These were removed, as also others partly imbedded in the surrounding soft textures. The leg was then placed in position, and the fracture reduced, the external wound closed as much as possible, moist lint applied, and only just sufficient appliances as were absolutely necessary to keep the limb in position. For the first four days there was but little constitutional disturbance; on the fifth, several shivering fits came on, attended with considerable restlessness and pain, much thirst, and coated tongue; pulse 110. Phlegmonous erysipelas had evidently set in from the fracture to the knee. Constitutional remedies, local applications, incisions, &c., were had recourse to. On the 16th, the suppuration was of a most unhealthy and offensive character, and escaped through the wound in immense quantity; the whole leg, every here and there, had a purple appearance, and was covered with livid vesications. On the 17th, there was great suppuration of the cellular tissue. On the 18th, the subcutaneous and intermuscular suppuration of the upper part of the leg was more abundant than ever; several sinuses, running in various directions, were discovered by means of a bougie. A counter-opening was made in one, half-way up the other side of the leg, and which evidently communicated with the others. From the 18th to the 22nd, the appearance of the leg had become much more unsatisfactory, the swelling flaccid and quaggy, ill-conditioned pus welling out of the original wound, and from the counter-opening, in a stream when the parts were pressed on. Sinuses had extended from the counter-opening full four inches above the popliteal space. Notwithstanding this immense drain on the system, and the unfavourable aspect of the fractured limb, the constitutional symptoms did not by any means keep pace with the local affection; the pulse numbered less than 100, remained soft, and moderately strong; tongue moist, and but little coated; bowels regular, and urine natural. Under these circumstances, it was deemed advisable to lay the entire sinus open,—a similar procedure (on a former occasion, and in a case not very dissimilar to this one) having proved of essential advantage. It was, therefore, opened throughout its entire extent. The wound thus made measured upwards of two feet; more than a pint of fetid pus was by this means evacuated; it flowed from all parts. There was considerable hæmorrhage, and one small vessel was secured, a fragment of bone removed, and some sharp splinters taken from the upper part of the tibia. The patient, during this part of the operation, became excessively weak, and was almost pulseless. From the 20th to November the 8th the slow but gradual improvement which took place gave rise to the hope that a favourable termination might be expected; there was a healthy granulating surface throughout the wound; the suppuration, since opening the sinus, had been very trifling, and of a healthy character, and the limb remained in a very fair position. Under these circumstances, however, diarrhœa set in, together with well-marked hectic symptoms. The original wound became dry, and its surrounding parts assumed an ashen colour; the foot was œdematous, and the whole of the integuments of the leg appeared completely detached from the bones. As amputation below the knee was not warranted, on account of the state of disintegrity the soft parts were in, the removal of the limb at the joint was determined on.

Operation, Nov. 10.—As the greater portion of the integument covering the patella had suffered materially from erysipelatous inflammation, it was thought advisable to remove as much of it as possible; consequently an incision, which commenced just over the internal condyle, was carried, in a semilunar form, over to the opposite one, where it joined, in a transverse direction, a part of the sinus laid open three weeks before, and, for the reason just mentioned, its concavity was made to touch the superior edge of the patella, the upper attachment of which was next divided while the knee was bent. The knee was again straightened, and the knife, introduced at the point where the first incision commenced, was carried downwards a considerable way along the edge of the tibia, then brought across the calf in a lunated form, and carried upwards along the side of the fibula until it met the extreme point already mentioned; the knee again forcibly bent permitted the different ligaments of the joint to be easily divided. The fore-finger and thumb of the left hand were then used as retractors for the already divided integuments, while the palm, thrust through the soft textures of the under part of the joint, followed them, and thus completed the flap. The cartilaginous surface was next removed, and other portions pared off. But two vessels required ligature. The parts were now brought together, and kept so by means of sutures; and pledgets of lint moistened with cold water were applied to the stump.

The hæmorrhage during the operation was very trifling. The patient was, however, removed from the operating table in an alarmingly weak state, and continued so for several hours after, so that powerful stimuli had frequently to be given, and hot-water bottles applied to the extremities.

During the recovery, which was both tedious and protracted, the same plan of treatment was, with slight deviations, followed out. The local treatment consisted principally of the water-dressing and moderate pressure applied either by adhesive plaster or bandage. The system was supported throughout by the most nutritious diet. For two months the patient was allowed one bottle of port wine and two pints of porter per day, and had quinine, etc., given in large doses. For upwards of a fortnight after the operation, the patient's extreme debility gave rise to well-grounded fears that death would soon terminate his sufferings; and, as may well be supposed, the appearance of the stump during this anxious period was anything but satisfactory; the stomach, however, never once rejected the food given, even when most disinclined to take any. This one happy feature in the case was naturally soon followed by an improvement in his health, so that at the expiration of six weeks all fear with regard to a favourable termination was at an end. On the 20th February the stump was healed (it might almost have been considered so some time before), and the patient was able to move about on crutches.

Remarks.—Although amputation at the knee-joint has occasionally been performed on the Continent, and recommended by Velpeau, and other eminent Surgeons, it does not appear to have met with the approval of British Practitioners. In proof that such was, at all events, the case very recently, Mr. Fergusson, in his second edition of "Practical Surgery," published that year, while speaking of this operation, states, "Amputation at the knee-joint has never, to my knowledge, been performed in this country." And on referring to the works of Skey, Miller, Druitt, and others, I find no mention of the operation, either as approved of or condemned; although Mr. Fergusson, in a later edition (his last, 1852), speaks of cases which have since come under his own practice, in which the results have been so satisfactory that he is disposed to consider the operation worth the attention of Surgeons. I have not been able to find that the recommendation of this celebrated Surgeon to carry out the views of Mr. Syme, to whom the Profession is certainly indebted for that which may almost be regarded as a revival of Hoin's operation, has been attended to by Practitioners in general.

The entering so fully into the details of this case prior to the operation, may at first sight appear unnecessary. My motive is to show, that the low, debilitated state the patient was in would in all probability have retarded recovery quite as much had amputation been performed through the continuity of the thigh as at the knee-joint. The time taken in effecting a cure must not, therefore, be considered as prejudicial to the operation.

The principal aim of surgeons of the present day is to avoid amputation if possible; and, failing this, to retain as large a portion of the limb as may prove of the greatest use and comfort to the patient. My endeavours to effect the first were, unfortunately, unsuccessful; not so the second, as the present state of the patient will, I think, satisfactorily prove.

The man has now a most serviceable stump, upon which he can bear the weight of his trunk in progression. A good firm cushion of muscular and integumental structures covers the extremity of the femur; it can be manipulated without the least pain. The posterior flap, formed out of the muscles of the calf, and which was brought up to cover the condyles, has united to the anterior one, and the line of their union is two inches above the extremity of the bone. The internal condyle is abundantly covered with soft structures, the external not so completely, the greater prominence of this part being in some degree apparent through the cicatrix; with this exception, the stump may be considered a perfect one; practically, I have no doubt it will, in time, prove such.

This case proves that great advantages result, as far as concerns progression, in this mode of amputation; there is not such an amount of lateral and outward motion required; the limb does not in walking describe the semicircular curve which one so commonly remarks in amputations higher up; the gait is more that which follows on anchylosis of the knee-joint; the limb is brought more directly forwards and backwards by the rectus and posterior extensors; the walk is consequently more firm and assured, and, as far as the trunk is concerned, there is not the same demand for compensating muscular power in steadying and balancing the body, such as one finds in a greater or less degree in different persons. The deduction, therefore, to be drawn from this case is, that a patient is evidently benefited by preserving as great a length of femur as possible.

[To be continued.]

CASE OF SUPPRESSION OF URINE.

By JAMES DICKSON, Esq., Surgeon 57th Regt.

Private Samuel Kelly, 57th Regiment, aged 48; service ten years; a man of powerful make, and very dissipated habits; has seldom been in hospital, and never suffered from any serious illness. He came under treatment on the 14th of December last, complaining of want of appetite, nausea, pain on pressure over the epigastrium, great thirst, and constipated bowels; skin cool, tongue clean, pulse 114.

10 grains of calomel being administered, warm poultices were ordered to be applied to the abdomen during the entire day.

On the 15th, no improvement having occurred, six leeches were applied over the stomach, and the cataplasms ordered to be continued. The bowels previous night freely opened, but vomiting continuing. Pulse 110; skin still cool; tongue clean.

On the 16th, the vomiting being still obstinate, a blister applied, and ordered to be dressed with strong mercurial ointment. Bowels to-day loose; tongue clean and pulse 116.

On the 17th, the purging continuing and being rather severe, the usual chalk mixture was employed, and with advantage; the vomiting and purging less troublesome; pulse, however, still upwards of 100.

On the 18th, the diarrhœa is reported as ceased, but vomiting again severe. No pain complained of; pulse 100; patient's countenance getting anxious. Effervescing draughts, with 5 or 6 drops of Battley's solution, to be taken every third or fourth hour.

19th.—Vomiting less troublesome, patient expressing himself much relieved; otherwise same in appearance. Draughts to be continued.

20th.—Patient was found this morning in a semi-comatose state in bed, having all the appearances of a drunken man, from which state he was aroused by cold water being dashed over the face and chest. During the day, all irritation of the stomach disappeared, and the patient continued to walk about the ward according to instructions, but retained throughout a stupid, sleepy look, although answering questions quite intelligibly when loudly spoken to. Pulse still upwards of 100; bowels still costive, and skin clammy with a cold moisture. Was ordered some castor-oil, which was repeated at 5 p.m. with 2 drachms of turpentine.

On the 21st, the patient having become much worse, requiring great shaking before he could be roused, anxious inquiry was made to find a cause for the symptoms. The head was examined, and a catheter passed into the bladder, but only a small quantity of urine obtained, and of a high colour and disagreeable odour. On questioning the patient and attendants we had reason to believe that but a small quantity had been passed for some days. During the day the body became anasarcous. The hands and feet became puffy and of an unnatural colour. Blisters were ordered to the nape of the neck and to the inside of each thigh. During the same day, the patient became at times violently delirious, particularly when the catheter was passed, and this was done several times during the day and night, but no urine obtained. Pulse during the day fell to 80. Pupils found contracted; skin found cool and clammy, and emitting an offensive urinous odour; bowels constipated. Ordered a dose of calomel and jalap, and have an injection of castor-oil in olenm terebinthinæ, which during the day brought away a large quantity of dark fetid matter. Fomentations and turpentine cloths ordered to the abdomen.

On the 22nd, patient reported rapidly getting worse. Abdomen tympanitic, and patient's appearance closely resembling that of a person found drowned. The odour from the skin still offensive. Bowels opened three times during the night, and found still black and fetid. They were passed involuntarily. No urine obtained. Pulse 90; pupils dilated. Patient evidently sinking fast. As the temporal arteries appeared laboured in their action, being full and firm to the touch, a dozen of leeches were applied to the head, and bled freely. The injection of castor-oil and turpentine repeated, and $\frac{1}{4}$ grain of elaterium with 2 grains of calomel, given every third hour till an entire grain was taken.

About noon, the patient had a copious stool of a black, fetid, watery nature. About 4 p.m., another of the same nature, but he gradually sank, and died at 7 p.m. No urine could be obtained during the whole day, and strict watch was kept that none was passed involuntarily.

Sectio Cadaveris Seventeen Hours after Death.—1. *General Appearance*—Body anasarcous, and entire surface stained here and there yellow. 2. *Head*—Brain natural in colour; vessels not

congested, but slight softening was found on the surface of the anterior lobe of the right hemisphere. About half an ounce of serum was found in the ventricles. Membranes not adherent. 3. *Thorax*—Lungs found congested, but otherwise healthy. No adhesions. The heart enlarged; weight 1 lb. 4 oz. Aortic valves covered with a warty looking growth, firm to the touch, and the artery itself was deeply covered with an atheromatous deposit, extending upwards of an inch along its course. The colour of the lining membrane was changed to a deep yellow. The pericardium contained 6½ ounces of serum of a urinous odour; specific gravity 1025, and found after evaporation, and examination by the microscope, to contain numerous crystals of uric acid, as delineated at page 502 of Druitt's "Vade Mecum."—4. *Abdomen*.—Liver enlarged; weight, 4 lbs. 5 oz.; brittle and fatty. The portal vessels much congested, and the bile-tubes filled with a green fluid; gall-bladder distended, and containing 2½ oz. of a dark-coloured, tarry-looking bile; stomach covered with ashy patches; intestines slightly congested; kidneys enlarged, and weighing 8 oz. each; cortical portion hypertrophied, and whole organ gritty and unusually firm, feeling almost like a bullet to the touch; the tubuli uriniferi appeared nearly obliterated, and in the pelvis of each kidney a considerable portion of pus was found. About 1½ oz. of urine was found in the bladder, the inner coat of which was congested. I may remark, that the kidneys had not the slightest appearance of inflammation.

Corfu, Feb. 15, 1854.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

THE LOCK HOSPITAL.

DEATH FROM CHLOROFORM.

The following particulars as to the case of death from chloroform, to which we alluded two weeks ago, are taken from notes kindly furnished to us by Mr. Lane, the House-Surgeon to the Lock Hospital. The case deviates from what is usual in these accidents, in that, subsequent to the first collapse, the patient made an effort at rallying, and, for upwards of ten minutes, continued so much improved as to lead to the hope that he might be restored:—

Walter Hollis, aged 18, was admitted into the Hospital on account of congenital phymosis, with concealed sores beneath the prepuce. He was by trade a tailor, had been of very dissolute habits, and exhibited the pallid, cacheetic appearance so frequent in that occupation. After he had been under treatment some little time, and the sores were healed, it was determined to operate for the phymosis, and it was in order to this operation that the chloroform was exhibited. The inhaler used was a simple mouth-piece by which the nostrils are left uncovered. About two drachms of the fluid were poured into the instrument. After about six minutes' inhalation, insensibility appeared to be coming on, and at this moment the pulse was ascertained to be of good volume. Nothing whatever had occurred to indicate the impending danger, when, after a few more inhalations, the pulse suddenly failed, became quite imperceptible, and the countenance assumed a pale and leaden hue. The inhalation was immediately stopped, and attempts to resuscitate, by means of striking the chest sharply with a wet towel, applying ammonia to the nostrils, and by artificial respiration, were at once commenced. These were employed for three or four minutes before any signs of life were perceived; but, subsequently, the pulse was again to be felt, and spontaneous respiration was renewed. Artificial respiration was desisted from on the occurrence of these signs of returning life, and for upwards of ten minutes the chest continued to fill regularly, and the pulse beat at a rate of from 40 to 50 in the minute; the countenance of the patient also much improved, and even assumed a slight flush. After the expiration of, perhaps, a little more than ten minutes, however, these indications of returning vitality again disappeared, the pulse and respiratory efforts simultaneously ceased, and the countenance became death-like. Artificial respiration and the other means were again adopted, but this time without the slightest success, and, after they had been persevered with for a considerable period, they were abandoned, the case being plainly hopeless. *Post-mortem* examination on the next day showed great venous congestion within the cranium; the lungs were also somewhat congested. The heart was slightly enlarged, and the ventricular parietes were thinned; in the muscular fibres the microscope detected decided fatty degeneration. The blood was universally fluid, not a single clot being found in any organ; it had also an unusually dark colour.

It will be observed that, in this case again, there was nothing in the condition of the patient, prior to the inhalation, to excite suspicion as to the safety of such a measure. He was young, had been used to stimulants, and exhibited no signs of organic disease, being probably in better health than the majority of those who are called on to submit to severe surgical operations. With regard to the fatty degeneration of the heart discovered at the *post-mortem*, we must avoid placing too great a stress on such a frequent morbid condition. It has carefully been looked for in most of the instances of death under the influence of anæsthetics, and it has been found in a considerable majority; probably, however, had it been as well searched for in some other classes of cases, it might have been discovered with nearly, if not quite, as great a frequency. A degeneration perceptible only to the microscope, and not sufficiently advanced to make the change in texture apparent to the naked eye, is, there is good reason to believe, to be met with very often. It has been shown to be almost constantly present in those dead of delirium tremens, and, as it may no doubt take place very rapidly, it is not impossible but that the presence of chloroform in the blood may sometimes induce it as a *post-mortem* change. The chief practical suggestion founded on the consideration of the above case, seems to be as to the propriety of continuing artificial respiration even after the spontaneous efforts have recommenced, if those efforts are unduly feeble. It is, we admit, fair to expect, that when a patient, poisoned by so volatile and transient a medium as chloroform, has continued respiratory efforts for upwards of a quarter of an hour subsequent to the cessation of its exhibition, he will recover. In a great majority of instances such, no doubt, would be the result, but the case in question proves that it is not always so. No reflection can, of course, attach to those who had charge of the patient, since the condition of very feeble respiration after inhalation of chloroform is one of frequent occurrence, and for which, mostly, no special treatment is resorted to. With the lesson of the above before us, however, we should, in any future instance of similar character, be quite inclined to suggest the more prolonged employment of artificial respiration. It must be remembered that it is mainly by exhalation from the pulmonary membrane that the poisonous vapour is got out of the system.

ST. BARTHOLOMEW'S, GUY'S, THE LONDON, AND THE MIDDLESEX HOSPITALS.

CASES OF NECROSIS OF BONE.

(Under the care of Mr. PAGET, Mr. BIRKETT, Mr. CURLING, Mr. MOORE, and OTHERS.)

Operations for the removal of dead bone are among the most frequent that come under our observation in the London Hospitals, and constitute a very important class. From their number, sameness, and the length of time each individual case usually remains under treatment, we have been unable to introduce into our Monthly Statistical Reports more than a mere mention of them. To supply this omission, it is proposed, on the present occasion, to pass in review some of the more important ones which have occurred during the last year, and to couple with their narration a few practical observations on the disease. For the reader's convenience, it may be well to arrange the subject in the following divisions:—

Necrosis of Special Bones—of the Femur—of the Short Bones.—By far the majority of the cases of necrosis are undoubtedly those in which the tibia is affected, but, in the course of a few months of Metropolitan practice, examples of the disease may be seen in almost every bone in the body. The femur, by some authorities, has been said to be very rarely so affected; but, if such were ever a rule, of late a vast number of exceptions to it have occurred. In a case, about a year ago, under the care of Mr. Simon, in St. Thomas's Hospital, a boy had almost the entire shaft of his right femur successfully extracted. In one in St. Bartholomew's Hospital, under Mr. Wormald's treatment, after amputation of the thigh in the lower third, the remaining shaft, as high up as the great trochanter, died, and had to be subsequently removed. The patient was a man a little beyond middle age. The bone was so firmly encased, that great difficulty was found in removing it. An exactly parallel case to the last was operated on by Mr. South, in St. Thomas's Hospital, about eighteen months ago. Necrosis after amputation has been

recently extremely common, and has retarded the healing of many stumps. It has not appeared to be especially connected with any roughness in sawing, splintering of the end, etc., and has occasionally occurred to almost all operators. When cancellous tissue is cut through, it is most prone to follow; and this circumstance affords a strong argument against the plan of cutting away the cartilage in cases of amputation at joints. We have heard Mr. Critchett, of the London Hospital, remark, that he has never seen a case of Syme's amputation at the ankle, where the articular surface had been sawn away, in which necrosis and exfoliation of a portion of the cancellous bone did not follow; and the assertion is one which our own observation almost literally supports. Death of cancellous bony structure is, in fact, more common than has been generally supposed, and the short bones reputedly prone to caries only are often affected by true necrosis. We reported in the *Medical Times and Gazette* for Oct. 30, 1853, p. 437, a case then under the care of Mr. Bransby Cooper, in which almost the entire os calcis had been found dead, and enclosed in a wall of new bone. A similar one occurred recently to Mr. Cock. One in which the ossified centre of the same bone had necrosed in a young child and was removed, is now under Mr. Birkett's care. In a case in St. Bartholomew's, under Mr. Stanley, a small fragment was found quite loose in a cavity almost in the centre of the left os calcis of a young man. Mr. Hancock, in the Charing-cross Hospital, removed, a few weeks ago, almost the entire scaphoid bone from a young man in whom it had suffered death and become loose. These are but a few of the many examples of necrosis of the short bones of which we have preserved notes. It is needless to remark, that in such instances operations are attended by much greater prospect of success than in true caries, the latter being for the most part curable only by constitutional treatment.

When should an Operation be Undertaken?—This question is often a very difficult one. It is not enough to feel a roughened surface, or to know that dead bone exists. The point is, Can the whole diseased portion, or nearly the whole, be extracted? for, if not, an operation will probably yield no benefit. We have several times seen extensive incisions made, and no detached bone, or but the smallest fragments, found. On the other hand, we have in not a few instances seen operations undertaken when no loose bone had been felt, rewarded by the discovery and removal of large portions. Not unfrequently the dead shaft is so firmly wedged in its surrounding shell, that it cannot be ascertained to move on pressure. In these the question of operation must be decided chiefly by the duration of the symptoms, the enlargement of the shaft, and the health of the patient. If the disease have lasted over several years, if the bone be greatly enlarged, and if, despite the patient having regained his health, sinuses remain open, through which rough bone may be felt, it may be deemed almost certain that the bone is detached, even though it cannot be made to move on pressure. We figure (half-size) an improved form of probe which has recently been made, at Mr. Hilton's direction, by Messrs. Bigg, and which is especially intended for these examinations. It is made of steel, has a broad handle, and tapers small towards the end. Its advantages, as an instrument of touch, become apparent on taking it in the fingers. The density of its material prevents its yielding in the least itself, as a silver probe is apt to do; while its broad handle allows of its being much more easily held, and also of the impressions communicated to it being more accurately estimated by the large surface of the fingers with which it is in contact. It is very useful as a director as well as a probe, and may be planted firmly in the diseased bone, and then held by an assistant, so as much to help the operator's procedures.

Sight versus Touch.—It is very rare that the eye can be made available for the diagnosis of necrosed bone, the disease before the incisions are made being usually too deeply placed to be seen. In the course of the operation, after the integuments have been dissected up, and the cloaca enlarged, much information may, however, be derived by looking into the cavity. It is of course necessary to sponge away the coagula as perfectly as possible, and also to prevent bleeding, by compressing the edges of the wound; but, if these precautions be carefully adopted, it is probably practicable to look fairly into the diseased part in a large majority of instances. This practice was suggested to us by a very instructive case, which was operated on in the London Hospital a few weeks ago by Mr. Curling. The patient was a muscular man, and the necrosis was within the lower part of the femur. After a somewhat prolonged operation, in the course of which an opening of considerable size had been made, but no dead bone found, excepting some mere detritus, it was on the point of being decided to desist, when, after sponging out, Mr. Curling accidentally observed the whitened edge of a dead portion. The cavity having been more carefully cleared of blood, a detached portion several inches long was plainly seen. It had been so firmly fixed in its bed, that no perceptible motion had been discovered either by the probe or the finger. Several Surgeons, besides the operator, had made careful examinations with the finger, and had been equally unable to detect evidences of loose bone. It was a conclusive triumph of the eye over the finger, since, without the assistance of the former, the patient would have been sent back to bed unrelieved of his disease, and the operation would have been an entire failure.

Case in which Necrosed Bone had remained Unabsorbed for upwards of Thirty-seven Years.—The subject of the operation just alluded to afforded an interesting illustration of the great length of time which dead bone may remain without being entirely removed, either by disintegration or absorption. The following are its facts:—William Amos, an intelligent countryman, aged 47, was admitted into the London Hospital, under Mr. Curling's care, on March 20. He was a stout, muscular man. At the age of fifteen he had, he stated, suffered from a severe inflammation of the right thigh (acute osteitis). For this he was bled in the right arm, and the same affection afterwards involved the upper arm and shoulder. He was confined to bed for more than three months, and recovered ultimately with great thickening of the parts which had been inflamed, and in each several sinuses leading down to bone remained. During the whole interval between that and the present time (37 years) the sinuses had continued to discharge, and he had been liable to attacks of pain in the diseased parts. He had led a laborious life. The use of his arm had been imperfect from the stiffness of the shoulder, but his thigh had hindered him so little that he had scarcely limped in walking. It was on account of an unusually prolonged attack of inflammation in the parts, attended by much pain, that he applied to know if any operation could be attempted. On examination, Mr. Curling found the right shoulder-joint stiff, and the upper two-thirds of the humerus thickened to at least three times its ordinary breadth. There were sinuses in the axilla, and on the inner side of the middle of the arm. The arm was about an inch shorter than the left one; its muscles were very large, and well developed. The right femur was much thickened in its lower two-thirds, and several sinuses there existing communicated with roughened bone. Neither in the arm nor thigh could the dead bone be felt to be loose. The duration of the disease, and the great enlargement of the affected shaft, however, made it all but certain that detached bone must exist, and the recurrent attacks of pain made it desirable that some operative procedure should be at once adopted. On March 31, Mr. Curling cut down upon the humerus, applied the trephine, and removed from within a cavity, surrounded by very thick walls of new bone, a fragment of discoloured and worm-eaten bone, about an inch long, which was all that could be discovered. So great was the relief to pain from this operation, that on the following night the man slept fairly, which he had not done for almost two weeks. Six weeks later, when he was brought into the theatre again, to have a similar operation on the thigh performed, the sinuses in the axilla were quite closed, and, with a very little exception, the wound also. To the chief point in the second operation we have already adverted, and need not do so again; it will be sufficient to say, that a fragment of about three inches long was successfully removed, and that the wound is now fast closing.

As far as practical surgery is concerned, cases like the above may be held to prove that dead bone cannot be removed by absorption. They do not, however, speaking correctly, show so much, but only that its absorption or disintegration is a very slow process. In all probability, judging from the disproportion between the fragment removed and the enlargement of the enclosing shafts, the portions which originally died had been very much larger than those remaining at the time of the operation. That in the humerus was reduced to a very small size, and in the lapse of another dozen years might possibly have disappeared. The history of the patient's life was full of interest; how, with large dead fragments in the most important bones of two of his extremities, he had yet been able to follow a very laborious occupation with only occasional detriment.

Removal of a Necrosed Portion of the Crest of the Ilium.—Ellen Meadows, aged 20, a moderately healthy-looking young woman, was admitted on May 10, under the care of Mr. Birkett, into Guy's Hospital. Several sinuses opened to the left of the

sacral spine and in the left buttock, and there was some general swelling about the part. Her history was, that about seven months previously, without known cause, an abscess had formed with considerable deep-seated pain, and had, after six weeks' continuance, broken spontaneously. The pain had not been severe since it opened, but there had been continued discharge. The direction taken by the sinuses favoured the belief that the disease was rather about the crest of the ilium than in the spine, and Mr. Birkett accordingly determined to make an exploratory incision. Having opened up the largest of these sinuses, he introduced his forefinger into the wound, and passed it to the full depth, when a fragment of loose and dead bone was felt. This portion was easily extracted by forceps, and careful examination afterwards failed to discover any other exposed surface. The portion was flattish in shape, and about an inch long. Since its removal two of the sinuses have healed, and the wound is now fast closing. The case is from its simplicity worthy of attention, since a little carelessness might easily have mistaken the case for one of spinal abscess, with the result of neglecting to attempt the removal of its cause.

Acute Osteitis of the Tibia followed by Large Deposit of New Bone, and but Imperfect Death of the Old Shaft.—A very interesting specimen, exemplifying the condition alluded to in the above heading, was recently removed by amputation by Mr. Paget in St. Bartholomew's Hospital. The patient was a strumous lad, aged 14, who gave the history of an acute inflammation of the right leg subsequent to a slight injury. The illness had been very severe, and the pain had worn him down extremely. The whole tibia was perceptibly much thickened, and over its upper part there were several large open sinuses, through which roughened bone might be felt. The knee-joint was inflamed, and such was the exhausted condition of the lad's general health, that after a few weeks' treatment it became apparent that nothing short of amputation through the thigh could be thought of. This was accordingly done, and the boy recovered without a bad symptom. On examination of the leg it presented the following appearances:—The original shaft of the tibia was whiter than natural, but still distinctly vascular; it was surrounded in all parts by a sub-periosteal deposit of new bone, about a third of an inch in thickness. This new shell adhered to the old bone, but might be torn from it by a little force; it consisted of vascular, but firm, bony tissue. In several parts of the shaft, more especially in its upper third, were cavities containing portions of detached bone and collections of dirty pus. One of these, in the head of the tibia, communicated by a small channel with the knee joint, and the latter contained pus. The upper extremities of the old shaft were in close union with the cartilages of the epiphyses, and the shaft itself very evidently not dead. It contrasted well with the portions of really dead bone which were enclosed in the abscesses within it. The explanation of the appearances probably was that inflammation similar in character to that which so often causes necrosis of the shafts of long bones had here existed, but had been arrested at a point just prior to the complete death of the whole. The extraordinary amount of new bone deposited was a very curious feature. Had the limb been allowed to remain, and the death of the patient been sufficiently delayed, the most probable conjecture, perhaps, is, that some second inflammation would have occurred in which the death and separation of the enclosed shaft would have been rendered complete.

Secondary Syphilis.—Periostitis of the Radius and Enormous Enlargement of the whole Bone, with Necrosis of Portions.—The attacks of periostitis which occur during the course of constitutional syphilis are almost always local and confined within a very limited area instead of involving an entire bone. The following case is one of the very few exceptions to this rule which have fallen under our notice. The actual condition of the affected bone may, perhaps, be conjectured to be not very dissimilar from that described in the preceding case, the circumstance of a syphilitic history adding, however, very much to its interest:—George Deane, aged 33, formerly a soldier, was admitted into the Middlesex Hospital, under the care of Mr. Moore, on September 21, 1853. He had contracted primary syphilis three years previously, and had suffered most severely from secondary symptoms almost ever since. For the original sore no specific treatment had been adopted, but on account of sore throat a year subsequently he had been severely salivated. The left eye was lost from bygone inflammation, and the pupil of the right was, to a considerable extent, blocked by lymph. He had the cachectic appearance and earthy complexion of a person affected with constitutional syphilis. The radius of his right forearm was very much enlarged, so as to constitute, in fact, the great bulk of the extremity. The swelling felt firm, was but little tender, and above and below gradually tapered off to the articular extremities of the bone. It had commenced to swell about six months previously, and its subsequent gradual enlargement had been attended by severe nocturnal pain. About a fortnight prior to his admission he thought the swelling had somewhat diminished, and the pain also in like degree. Mr. Moore ordered the iodide of potassium in three-grain doses, with sarsaparilla, and under this medicine the man's health much improved, the nocturnal pain quite ceased, and some diminution in size ensued. About two months ago, suspecting some detached bone, Mr. Moore cut down over the middle of the shaft, and succeeded in removing some dead fragments; it did not appear, however, that there was any general necrosis. Since the operation, the treatment by the iodide has been persevered with, and much decrease in the swelling has resulted. The wounds are now almost healed. Mr. Moore, we believe, considers that there are some small portions of exfoliated bone yet to be removed, but does not think that the entire shaft has lost its vitality.

Removal of a Necrosed Portion of the Transverse Process of one of the Vertebræ.—This case is of interest simply on account of the unusual locality of the disease. A very strumous girl, one of whose arms had previously been amputated on account of diseased elbow-joint, was admitted into Guy's Hospital, under the care of Mr. Birkett, on account of disease over about the middle of the dorsal spine. Mr. Birkett laid open some sinuses, and exposed and removed a necrosed fragment which had been separated from the transverse process of one of the vertebræ. Since the operation, most of the sinuses have closed; and, from the healthy appearance of the small wound which yet remains, it may be fairly inferred that the source of irritation has been entirely removed. No other diseased bone can be felt; and the girl has now left the Hospital.

Small Danger generally Attending the Operation. — Although operations for the removal of necrosed bone are often very prolonged and difficult, require great mechanical skill and dexterity on the part of the operator, and are of necessity attended by large incisions and much violence to the surrounding parts, yet they are almost invariably easily recovered from. Our note-book does not furnish us with a single instance in which a fatal result ensued. In some few cases, from injury done to the shell of new bone, necrosis and exfoliation of parts of it has followed, and now and then a little solughing of the edges of the wound has ensued; but even in these the reparative processes have generally rapidly succeeded. It can, perhaps, scarcely be considered usual for a single operation to be effectual in removing the whole diseased bone, and not unfrequently several successive ones are required. In the treatment during the intervals, but more especially in the conduction of the operations, a very large demand is made on the Surgeon's patience; but, if this virtue be in sufficient abundance, an ultimately successful event may be anticipated in almost every case.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	June 3.	—Royal Institution. *Subject:*—"On the Importance of the Study of Physiology as a Branch of Education for all Classes." By James Paget, Esq. Three o'Clock.
——.	——	Royal Botanic Society. Four o'Clock.
Monday,	June 5.	—Royal Institution. *General Monthly Meeting.* Two o'Clock.
——	——	Epidemiological Society. *Subject:*—"Remarks on Plague and Yellow Fever in their Relation to Quarantine." By Sir William Pym, Superintendent-General of Quarantine. Eight o'Clock.
——	——	Chemical Society. Eight o'Clock.
Tuesday,	June 6.	—Royal Institution. *Subject:*—"Vibrations of Heated Bodies." By Professor J. Tyndall. Three o'Clock.
——	——	Linnæan Society. Eight o'Clock.
Wednesday,	June 7.	—Geological Society. Eight o'Clock.
Thursday,	June 8.	—Royal Institution. *Subject:*—"On Botany." By M. T. Masters, Esq. Three o'Clock.
Friday,	June 9.	—Royal Institution. *Subject:*—"On Magnetic Hypotheses." By Professor Faraday, D.C.L. Half-past Eight o'Clock.
Saturday,	June 10.	—Royal Institution. *Subject:*—"On the Importance of the Study of Economic Science as a Branch of Education for all Classes." By W. B. Hodgson, LL.D. Three o'Clock.
——	——	Royal Botanic Society. Four o'Clock.

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Medical Times & Gazette.

SATURDAY, JUNE 3.

THE APPROACHING ELECTION AT ST. BARTHOLOMEW'S.

WE have repeatedly directed the attention of our readers to the changes going on in St. Bartholomew's Hospital, and have long insisted that a considerable increase in the Medical Staff was imperatively demanded, in order that the wants of the sick and the education of the student might be alike satisfactorily supplied. The evils of the existing system were too glaring to be persisted in, and it was proposed, therefore, to add a Physician and a Surgeon to the Staff. This measure, by leading to the promotion of the senior of the three Assistants, would have caused a vacancy for one Assistant-Physician and one Assistant-Surgeon. It seemed strange to some, that if there were thus to be four Physicians and four Surgeons, there should not also be as many Assistants; and the question was pointedly asked of the House Committee, whether it would not be better to proceed at once to the election of two Assistant-Physicians and two Assistant-Surgeons, so that each of the senior officers might have his own Assistant. It was answered, that the matter had been considered, and for various reasons decided against; and it was in full reliance on the unalterableness of this decision that the contest began.

For the Assistant-Surgeonship thus created, four candidates declared themselves. For the vacant Assistant-Physicianship three candidates appeared, of whom one—Dr. Kirkes—immediately retired, being unwilling to endanger the success of Dr. Baly by seeming to oppose him. A warm contest was accordingly carried on by the two remaining candidates—Dr. Baly and Dr. John Hue—and continued for about three weeks, by the end of which time it became evident that Dr. Baly had received a large majority of the promises of the Governors. It was now, and only now, first whispered, and then gradually declared, that two Assistant-Physicians should be elected, and elected on the same day. No reason for this sudden change of plan was given; it was simply declared that so it should be. The effect of this, if carried out as proposed, would of course have been to leave the Governors no choice, but to proceed at once to the election of the only two candidates who were at this time canvassing, viz., Dr. Baly and Dr. John Hue. The unfairness of the scheme was so palpable, that a large number of the Governors immediately resented it, and, at a General Meeting, resolved that, in justice to Dr. Kirkes, the two appointments should be filled up on separate days, and that an interval of a fortnight should be allowed between the two elections. Dr. Kirkes now made himself a candidate for the second election. Shortly afterwards, Dr. John Hue, finding that he had no chance of success against Dr. Baly, retired from the first contest, and made himself a candidate for the second election, against Dr. Kirkes. Dr. Baly was accordingly elected without opposition, on the 24th of May, and the contest now stands between Dr. Kirkes and Dr. John Hue; the latter having the advantage of more than three weeks' canvass, in which every possible interest had been made for him to gain promises of second votes if another vacancy should occur.

We have here omitted all allusion to the third candidate, Dr. Martin, as, we presume, he merely comes forward to announce his intentions before some future election.

So much for the state of the canvass. We must now pass to the consideration of the merits of the rival candidates. As to Dr. John Hue, the son of the present Senior Physician of the Hospital, he received his education at Cambridge, where he graduated as a senior optime, and obtained a degree as Master of Arts; he was elected two years ago to be Physician to the Dreadnought Hospital-ship, for which office he was deemed qualified by several men of station, and the duties of which he is considered by the Committee of the Hospital to have discharged efficiently. He is said to be an amiable, gentlemanlike, popular, young man. But with regard to his fitness for the duties of Assistant-Physician to St. Bartholomew's Hospital, there is not a particle of evidence, even in his own testimonials, beyond a formal testimonial from the President of the College of Physicians. There is no mention of any Medical distinction, or of any work done, or of any service rendered to the Hospital, or to his Profession. Of Dr. Kirkes, on the other hand, it is stated, that many years ago, and long before Dr. John Hue commenced his studies at St. Bartholomew's, he was the most distinguished student of his time, that he has worked at St. Bartholomew's ever since, that for the last six years he has held the double office of Demonstrator of Morbid Anatomy and Registrar of Cases at the Hospital, and that he has performed the duties of these offices to the complete satisfaction of the Physicians, by whom he was appointed to the first, and of the Hospital Authorities, under whom he holds the second of these appointments. Moreover, it is shown that he is the author of a well-known work on Physiology; of numerous papers on practical subjects, many of which appeared in this Journal; and of an important essay, published about two years ago, on the connexion of certain obscure Diseases of the Brain and other parts with Affections of the Valves of the Heart. In addition, it appears that a declaration of his fitness for the office has been signed by upwards of 160 Physicians and Surgeons of Hospitals, in the Universities of Oxford, Cambridge, Edinburgh, Dublin, Aberdeen, and many of the chief towns and cities in the United Kingdom; and that he has just received a most complimentary testimonial, signed by nearly every student now at St. Bartholomew's Hospital.

We need scarcely say, that the issue of this contest is looked forward to with extraordinary interest, not only by the Profession, but by the Public. About 100,000 persons come under treatment every year at St. Bartholomew's. The annual income of 30,000*l.* to 40,000*l.* per annum is expended for good or for ill, according to the ability of the Medical men. In its Medical School a very large number of students learn their profession. Upon the efficiency of the Medical staff depends, not only the welfare of the sick within its walls, but the competency of a large section of the rising generation of Medical Practitioners. It is really, therefore, a matter of great public, we may say of national, importance, that, when the merit of a candidate is really pre-eminent, his claims should be heard,—that no secret or family influence should gain success for a less meritorious rival.

The electors who are to decide this question are the 330

Governors of the Hospital. Of these, thirty-six hold office by Charter, the remainder by donations of 50*l.* or 100*l.* As a writer in the *Times* well observed, these Governors are the "trustees of the piety and munificence of past ages." This trust cannot be betrayed by indifference, unconcern, or thoughtlessness, without the most disastrous consequences. The responsibility is most serious. The duty to be discharged is sacred; and if the decision be erroneous, negligence or a good-natured desire to oblige an old friend will be no excuse before God or man. We may say to the Governors, in the words of the *Times*, "If they have any one whom they wish to oblige, let them oblige him in some other manner than by appointing him to be Physician of St. Bartholomew's, to the injury of a more competent candidate, and, consequently, of the Hospital patients." * * * "Job what you will, but do not job the mangled limbs, the diseased organs of life, the bodily infirmities of the poor; let there be no suspicion as to the capacity of those who are named to educate the young men who are, in after-life, to be the Medical Practitioners of the country." Let the Governors reflect upon all this; let them pause before they discourage the efforts of those young men who are striving onward, in the hope that patient labour must attain its reward; let them carefully consider the merits of the rival candidates, put aside all other claims to their notice, obtain competent and disinterested Professional advice, and we have no doubt that their decision will be satisfactory to the Profession and the nation.

EQUIPMENT OF OUR SOLDIERS.

While the Newspapers have been filled with accounts of the preparations for the care of the wounded of our Army in the East,—the construction of hospital-carts, the organization of a corps of Sergeants and Orderlies, the abundant supply of medicines, lint, bandages, etc., the appointment of a numerous and well-qualified staff of Medical Officers,—little or nothing has been said of that far more important branch of military medicine,—the prevention of disease. Yet the loss from wounds in an army bears but a very small proportion to that from disease. For instance: in the Walcheren expedition, out of an aggregate strength of 38,861 N. C. Officers and Soldiers who embarked for service on the Scheldt, in the month of July, 1809, only 99 were killed, but 2052 died from disease on service, and 1895 fell victims, after their return home, to the effects of that ill-fated expedition. Again, it is stated in Sir G. Ballingall's Outlines of Military Surgery, on the authority of Sir D. Stewart, that the 92nd Highlanders lost more officers and men in four months from the *climate* of Jamaica, than by the hand of the enemy in an active warfare of 22 years, in the progress of which it was 26 times in battle.

It becomes, therefore, an important subject of inquiry whether any means have been adopted to obviate recognised causes of disease in our Army. Let us first look to the dress of the soldier. In this, scarcely any change deserving the name of improvement has been made during the forty years of peace with which we have been blessed. We still have the hard, heavy black schako, very slightly modified, which disfigured the heads of our soldiers at Waterloo. On a recent visit to Woolwich to examine the hospital carts, we were particularly struck with an absurdity connected with this piece of dress. The men under orders for embarkation had their schakos cased in a *black* glazed oilskin cover, the effect of which in absorbing heat must be obvious. Common sense would have dictated *white*, but the military authorities ordered *black*, we presume, because it was the "regulation" cover.

Another article of dress which cannot fail to prove most injurious, and is undoubtedly most uncomfortable, is the hard, stiff military stock. At the Camp at Chobham last summer, we witnessed an instance of this. A gallant corps was ordered to charge up a hill, but before reaching the top of it, upwards of twenty men had fallen out, winded. They were immediately directed by the Surgeon to remove their stocks and to slip them under their coats, and in five minutes were all again in their places in the ranks. In 1827, the 43rd Light Infantry, which formed part of the expedition to Portugal, had five men struck down dead in the ranks at Santarem in one morning; and the casualty was attributed by the Surgeon (the late Dr. Gilkrest) in a great measure to the obstruction to the circulation caused by the stock. In 1845, in compliance with the urgent recommendations of the Medical Officers, a more pliant and elastic description of leathern stock was introduced; but in 1847, "having from its flexibility been found to lose its form, and not being sufficiently durable," it was given up, and the old stock again taken into use. Thus, for the mere sake of appearances the lives of the men are risked, and their efficiency is impaired, by being sent on service with these absurd garottes round their necks, in spite of the repeated remonstrances of the Army Medical Officers. In addition to the constant injurious effect, there is a special risk attending the use of these stocks which seems to have been overlooked by the military authorities. A soldier overcome with liquor (and, unfortunately, temptation and opportunity are often too strong for him) runs no inconsiderable risk of being strangled, unless a more sober comrade or a benevolent passer-by happen to be at hand to remove his stock. We have no doubt that many of the casualties reported as "found dead" arise from this cause. There seems no good reason why the soldier should not be allowed to wear a black ribbon round his neck instead of a stock; and, when the Prussian collar is used, even this is not required. Lord Frederick Fitzclarence has abolished altogether the use of the stock in Bombay; and we trust soon to hear that Lord Raglan, with his characteristic good sense, has followed the example.

Among the very few improvements which have been introduced in the dress of the army, may be mentioned the abolition of the cross-belt for the bayonet, and the substitution of grey for white trousers. It is true the Guards are still allowed the privilege, if it may be so called, of wearing the latter; but, however smart they may look in Pall Mall, they must prove an abomination to men on service. We trust one of the good effects of the present campaign will be to get rid of this and many other pipe-clay absurdities.

Among the great desiderata in the Army may be specially noted the introduction of a light cap instead of the heavy schako; the abolition of the stiff stock; and a reduction in the weight to be carried by the soldier. The last could to some extent be effected by getting rid of some of those unnecessary articles misnamed "necessaries." It is much to be regretted, that in issuing new arms to the troops, the Minié rifle, in itself the heaviest weapon, and requiring the heaviest ammunition, should have been adopted. It is generally supposed in the Army, that some of the other patterns, considerably lighter in weight, would have been found more efficient. We have heard it rumoured that the highest military authority could not make up his mind which was the best; and when the sudden demand consequent upon getting ready the expedition to the East came, he adopted the Minié because it had already been issued to a few regiments. Thus, thanks to his indecision, the soldiers have several additional pounds of weight to carry in this campaign.

Another relic of olden times, which is pertinaciously adhered to, is the wooden canteen. Various substitutes have been proposed for this, which combine the advantages of lightness, durability, and cheapness, but the same indecision and procrastination which have operated in other instances have also done their work here, and the soldier has to carry a small water-cask, fit

only for a beast of burden, instead of a light gutta percha canteen.

We have noticed these points from a conviction that the fatigue arising from overloading the soldier is one of the great causes of sickness and inefficiency in the field, and we would press upon those in authority the necessity for reform on these points. There is no one, we believe, who does not feel interested in the welfare of the gallant men who have gone to fight their country's battles in the East; and there are few who have not friends or relatives whose success must depend, in a great measure, on the efficiency of the force. Let each of us, therefore, exert himself, through the Members of the House of Commons, and the medium of the public Press, to cause such an amount of pressure from without as will compel the military authorities to introduce common sense into their arrangements, and adopt such improvements as the advance of science has placed at their disposal.

The more closely we investigate this subject the more thoroughly we become convinced that the evils to which we have alluded are mainly attributable to the authorities at the Horse Guards, who are too apt to neglect representations proceeding from the Medical Department. We have already given some instances in which this was the case. It would be easy to multiply them.

THE UNIVERSITY AND TOWN COUNCIL OF EDINBURGH.

A case has lately been argued in the House of Lords between the Senatus Academicus of the University of Edinburgh and the Lord Provost, Magistrates, and Town Council of the same city, and a decision has been pronounced in favour of the latter body. From the very imperfect accounts which have hitherto reached us, we are at present unable to enter into the merits of the case at such length as its importance demands; but it would appear that, while the Senatus of the University claims the right to make such regulations as it may deem proper for the education of candidates for the degree of Doctor of Medicine, the Town Council, on the other hand, under the provisions of a Charter granted by James I., take to themselves the power of controlling or altering the Statutes adopted by the University authorities. The immediate circumstances which gave rise to the present suit were certain alterations proposed to be made by the University as to the qualifications necessary to obtain the degree of M.D. These alterations were disapproved by the Town Council, and modified in such a manner that the Senatus Academicus applied to the Court of Session in Scotland to protect its rights against the Town Council; but the Scotch Judicature decided against the University. The suit was then removed to England, and brought before the House of Lords, who confirmed the decision of the Scotch Courts, and ratified the proceedings of the Edinburgh Town Council. It certainly seems at the present day exceedingly absurd and anomalous that a number of persons belonging to the laity, and composing a Town Council, should control and direct the regulations of a University in the granting of Medical degrees; and although reformers believe that some supervision is necessary over the acts of our Universities, no one can suppose that the controlling power is most appropriately vested in the hands of the worthy burgesses who compose the Town Council of our Scotch cities; and we hope that such an absurdity will not long escape the attention of the Government.

FESTIVAL OF THE MEDICAL BENEVOLENT FUND.

We have great pleasure in calling the attention of our readers to the approaching Biennial Festival of the Medical Benevolent Fund. By a reference to our Advertising Columns it will be seen that it is announced for the 14th of this month, under the Presidency of Lord Ashburton, and supported by members of our Profession, of the highest position, from all parts of the country.

It appears almost unnecessary to say that this Fund deserves the most cordial and generous support. It is now, and long has been, in active operation, affording constant relief to the distress of unfortunate members of our Profession, as well as to their widows and orphans. No Charity is more economically managed, or more circumspectly administered. Its funds are so distributed as to be enjoyed in quiet gratitude amid all the dear associations of *Home*. The capital has now nearly reached 3500*l*., the income from which amounts to 128*l*. a-year, and is distributed, as an annuity, among eight recipients.

"In many instances the Benevolent Fund has extended its aid to those suffering from temporary difficulties, and has enabled such to regain their position in society, either in this country or by emigration, and has thus rescued whole families from destitution, replacing them in a position of comfort and respectability.

"Since its commencement in 1836, the Benevolent Fund has relieved upwards of 390 cases of casual distress, at a cost of nearly 4,500*l*., besides the above-mentioned annuities.

"In the last twelve months it has extended its aid to 71 cases of urgent distress, comprehending 27 Practitioners under varied forms of suffering; 3 of these were supported during the last months of a pitiable existence, 12 were relieved from present emergencies, and 9 were reinstated in their professional employment. Under this class should be added 25 individuals, comprising the wives and children of the above-named Practitioners. Relief has also been given to widows and orphans. These several classes comprise 337 individuals, who have been relieved at a cost of about 654*l*."

These facts speak for themselves more forcibly than any appeal we could make. We may ask for them, however, an attentive consideration, feeling convinced that the charity only requires to be known and examined to secure for it earnest and effective assistance.

REVIEWS.

Epilepsy, and Other Affections of the Nervous System which are Marked by Tremor, Convulsion, or Spasm; their Pathology and Treatment. By Charles Bland Radcliffe, M.D., Licentiate Royal College of Physicians, Assistant-Physician to the Westminster Hospital, etc. etc. 8vo. Pp. 144. London. 1854.

This is an original work, containing an exposition of Dr. Radcliffe's own views and opinions in regard to the diseases treated of in it. The work is divided into two parts; the first part is headed, "Preliminary Considerations respecting the Physiology of Muscular Contraction." It occupies 44 pages.

In this part it is Dr. Radcliffe's object to prove, that the generally received opinion, that muscular contraction is the result of stimulation, is erroneous, and that the reverse of this is true. For the purpose of attaining his object, Dr. Radcliffe considers muscular contraction as manifested in its three principal forms, —in ordinary muscle, in the coats of vessels, and in the heart.

"Ordinary muscles," says our author, "are of two kinds: voluntary and involuntary; and each kind is endowed with a very remarkable faculty of contraction. This faculty is supposed to be called into exercise by certain stimuli, but such a supposition does not bear the test of examination."—P. 6.

That nervous influence is unnecessary to contraction is shown, Dr. Radcliffe thinks, by the fact, that "Involuntary muscles are far more sparingly supplied with nerves than voluntary muscles, and yet their power of contraction, as measured by its duration, is indefinitely greater;" and that in the lower animals, whose nervous centres are sparingly developed, muscular contraction is a more marked phenomenon than in animals "more liberally endowed with these organs." So also "the power of contraction,

as measured by its duration, is related in a similar inverse proportion to the supply of blood."

The physical agencies which have the power of inducing muscular contraction are—irritation by simple contact, electricity, cold and heat, light, and certain chemical and medical substances.

The mode in which each of these agents is supposed to act, and the mode in which each of them in his own opinion really acts, is then considered by Dr. Radcliffe.

If a muscle be irritated by the point of a needle it contracts. Dr. Radcliffe's "impression is, that the needle does not excite or irritate the muscle to contract, but that it procures an electrical discharge similar to that which takes place from the battery of the torpedo under similar circumstances; and this impression," he says, "receives strength from the fact, (which has been fully demonstrated by M. Dubois Raymond,) that electricity is present in the muscles before contraction, which departs during contraction. "It is an easy supposition, and one quite in conformity with the established laws of induction, that the needle may have furnished a channel for the escape of such electricity; but it is not so easy to believe, that it may itself have been an active stimulus."

With reference to the opinion here expressed by Dr. Radcliffe, we would remark, that a dry glass rod is as efficient an agent in exciting muscular contraction as a needle, and, surely a glass rod cannot constitute "a channel for the escape of electricity."

The experiments of MM. Dubois Raymond and Matteucci are altogether inexplicable in our author's opinion, "on the supposition that muscular contraction is excited by electricity." P. 20.

The experiments of Dubois Raymond prove that "contraction is accompanied by the disappearance of the innate electricity of the muscle and nerve;" and those of Matteucci, that "artificial electricity induces contraction by diminishing or neutralising, and not by intensifying this innate electricity."

After considering the influence of heat and cold, light, and chemical agents in their relation to muscular contraction, Dr. Radcliffe concludes, that

"Physical and vital agents exert a similar kind of action upon ordinary muscles, and that they stimulate the reverse of contraction if they stimulate anything. It appears, indeed, as if this action antagonised the ordinary molecular attraction of the muscle so long as it lasted, and that contraction took place by means of the molecular attraction when the action ceased." P. 23.

Speaking of "muscular contraction as manifested in the coats of the vessels," Dr. Radcliffe observes, that "heat must exercise an expansive influence on the vessels." In this way he thinks "a *capillary force*," which is independent of the heart, is generated. The progress of the blood through the vessels of the living animal is facilitated by heat, "in precisely the same way as the warm bath co-operates with the injecting syringe of the anatomist, in procuring the admission of the melted wax into the vessels of the dead animal."—P. 27. For our part, we have always placed the subject (when about to fill its vessels with melted wax) in warm water, with the intention of raising it to such a temperature as should prevent the wax setting before it had reached the finer vessels, and not with any idea of expanding the vessels.

Dr. Radcliffe continues:—

"It would be different if the vessels acted upon were composed of ordinary solids, for then heat would cause a greater degree of expansion in the fluids contained within the vessels than in the vessels themselves; but, in reality, the vessels are gases, *coerced* into solidity for the time, rather than ordinary solids; and, being so, they may be expected to be more affected by heat than fluids whose chief constituent is water." Surely we have as much reason to regard water as "gases coerced into" fluidity, as we have to hold the walls of the bloodvessels to be "gases coerced into solidity," and therefore as much right to say of the fluids, as Dr. Radcliffe has of the solids, that they "remember and obey the law of expansion which belongs to their constituent gases as gases."—P. 27.

But it must not be forgotten that the experiments of Poisseulle proved that warmth favours the entrance of fluids into capillary glass tubes, which latter cannot by any flight of imagination be regarded as "gases coerced into solidity."

Our author maintains, in the same page, that there are grounds for believing that heat causes so great expansion of the bloodvessels, "as to leave certain *vacua* between the vessels and the fluids contained within them, and that these vacua will, as it were, constrain the blood to enter into the vessels."

With reference to muscular contraction, as manifested in the heart, Dr. Radcliffe observes:—

"A short examination of the heart is sufficient to show that there is an active power of dilatation in this organ; and this is, to some extent, a presumptive argument that contraction is a passive phenomenon."

The following is Dr. Radcliffe's explanation of the "mystery of the heart's rhythm:"—

"The heart contracts and sends a flood of blood to the great sources of innervation. There the blood originates a gush of nervous influence, which, passing along the nerves to the heart, causes the diastole. The diastole cuts off the arterial stream, and the blood sets in from the auricles and veins. The cutting off of the arterial stream interrupts the development of nervous influence, and this interruption, re-acting upon the heart, removes the influence which had caused the diastole, and the systole returns. And so round the circle."

In answer to this we must observe, that physiologists tell us, —and he who has watched for an instant the circulation in the web of the frog's foot knows that what they tell us is true,—that by the time the blood has reached the capillary system, its flow is continuous; consequently we are unable to comprehend what our author means by "a flood" of arterial blood being sent to the great sources of innervation during the systole of the heart, or by the assertion that "the diastole cuts off the arterial stream;" that there is a "gush of nervous influence" at one instant, and an interruption of "the development of nervous influence" at another.

The nervous centres are nourished and stimulated by the blood flowing through their capillaries; the flow of blood through the capillaries is continuous; *ergo*, the development of nervous influence, so far as that depends on the flow of blood through the capillaries of the great centres of innervation, must also be continuous.

Dr. Radcliffe's conclusion is—

"That all stimulants, vital and physical, antagonise muscular contraction, and that contraction happens from ordinary molecular attraction when the muscle is not stimulated."

With reference to the pathology of epilepsy, Dr. Radcliffe maintains, that the convulsions "depend upon want of vital stimulation, which want allows the molecular attraction of the muscles to come into play, and gain the ascendancy."—P. 61.

That epilepsy cannot be caused by any excitement of the muscles consequent upon the excessive supply of nervous or any other stimulus, our author proves, by a consideration of the state of the vascular, the nervous, and the muscular systems, in those suffering from epilepsy. All indicate, he says, want of vital stimulation. On the eve of a fit the skin is paler, and the pulse more feeble than usual. "In the fit itself, the state of the circulation is virtually one of syncope or asphyxia."—P. 53.

The condition of the pulse, during and after the convulsions, must not be confounded. The signs of want of vital stimulation of the brain are, Dr. Radcliffe considers, very unmistakeable, both during life and after death. "It would appear, further," he says, "that the medulla oblongata, the spinal cord, and the sympathetic ganglia, are in the same condition of inactivity as the brain."—P. 59.

The condition of the muscular system agrees with that of the vascular and nervous systems, as shown during life by "the remarkable inadequacy to exertion, in the slowness with which the system rallies after fatigue," and, after death, by the "pallid and soft condition of the muscles." As to the treatment of epilepsy, "it will have to be cured by strengthening and stimulating the system."

Among tonics, Dr. Radcliffe prefers quinine and iron. "The remedy, however, which stands foremost among the remedies which have rendered unequivocal service in epilepsy, is turpentine."—P. 127. Its nauseous taste is a strong objection to its continuous employment; naphtha, in doses of half a drachm to a drachm, is as useful as turpentine, but "scarcely less disagreeable."

Camphor, in doses of two or three grains, has, in Dr. Radcliffe's hands, proved as valuable as turpentine, and at the same time free from all objection grounded on taste, irritation of the urinary organs, etc. Chloric ether, in doses of half a drachm, has "proved to be a very favourite and effective remedy, particularly in children."—P. 128.

Of counter-irritants Dr. Radcliffe has had no experience; "because I have not yet been able to decide upon the best locality for exciting the artificial inflammation."—P. 129. On *à priori* grounds, he thinks they may prove beneficial. Of hot baths he speaks in very high terms. "I invariably try to persuade the rich epileptic to have a hot bath fitted up in his

house." "If the circumstances are favourable, I recommend a hot bath every day, and an additional one whenever any unusual depression leads to the apprehension of a fit."—P. 130.

In addition to these remedies, Dr. Radcliffe allows a liberal supply of dietetic stimulants; tea and gin, being diuretics, are to be avoided; coffee and brandy may be given freely. Epileptics, in his opinion, should take but little exercise.

We are unable, from want of space, to follow the author in his interesting chapters on the affections allied to epilepsy. From the notice we have given of Dr. Radcliffe's work, our readers will see, that its author's views, from their very originality, invite discussion; and, if they only lead those who differ from him in theory or practice to re-consider their theories, and the result of their practice, good service will have been rendered by him to practical medicine.

Psychological Inquiries: In a Series of Essays Intended to Illustrate the Mutual Relations of the Physical Organisation and the Mental Faculties. Pp. 264. London. 1854.

We have read this little work with much pleasure, and whoever the author may be he clearly possesses great powers of mind, and exhibits remarkable facility in investing a somewhat abstruse subject with powerful interest. Probably he is a medical man, or at any rate has received a medical education; for the facts of anatomy, physiology, and pathology are frequently and aptly introduced in illustration of the views advocated by one of the speakers. We can recommend this work to the numerous readers who desire to trace the connexion between the operations of the mind and the healthy and morbid conditions of the physical frame. That this species of knowledge is still in an imperfect and fragmentary state is no reason why it should be neglected altogether; and the pages before us communicate in a pleasing and condensed form a great amount of information connected with psychology.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

UPON THE PNEUMONIA OF THE INSANE.

By Dr. GAYE.

THE author remarks how often in the bodies of the insane circumscribed morbid changes are found in the pulmonary tissue without there having existed during life any indication of diseased action. The difficulties attending physical investigation, and the peculiar course of the pneumonia; the frequent absence of subjective symptoms in such patients, afford some explanation of the fact. According to Carmeil, hepatization of the lung occurs once in every five bodies. According to Thore, the proportion is 1 in 7; according to Lechler, 1 in 9; according to the author, 1 in 6. In 134 autopsies, the author found 22 instances of pulmonary hepatisation, 3 instances of extravasation of blood in the tissue, 1 instance of pulmonary gangrene. In many cases there were present co-existent pleuritic effusions. The histories of the patients present nothing worthy of remark. Of 7 cases, 5 had long suffered from deep-seated cerebral disturbance. The author accounts for the frequency of pneumonia in the insane by a lessening of energy or a paralysis of the filaments of the nervi vagi distributed to the lungs; and he refers to the experiments of Majendie, who proved this connexion by poisoning animals with medicines whose action is especially exerted upon this nerve (ipecac.; tart. stib.; digit.); inflammation of the lungs ensued in each experiment. He brings forward the experiment of Volkman, who proved that division of the nervi vagi produces congestion of blood in the lungs. According to Griesinger, pneumonia occurs especially in those cases of typhus where the patients have long lain in a state of sopor. The author also remarks upon paralytic patients, in whom hepatization of the lung ensues after long sopor. Finally, the excessively rapid exudation indicates that inflammation in these cases arises from paralysis of the pulmonary capillaries.—*Damer. Ztschr., x.* 4.

RUPTURE OF AN ANCHYLOSED KNEE-JOINT—AMPUTATION.

By M. MORALES.

A man, aged twenty-nine, well formed, had been the subject for nine years of an incomplete anchylosis of the knee, consequent upon inflammation supervening upon an accident. The patient put himself under the hands of a practitioner, who effectively broke through the anchylosis by violent manœuvres. But the leg remained luxated backwards, the femur projecting anteriorly about four fingers' breadth. Four fistulous passages formed; tumefaction of the joint, severe pains, and loss of power in the limb, accompanied by hectic fever, came on to such a degree, that amputation of the thigh was performed, to save the patient's life. The case did well. Examination of the limb proved that the ligaments of the knee were destroyed; and the whole of the cartilages had been removed by ulceration.—*La Cronica de los Hospitales,* 1854.

EFFECTS OF INTRODUCING PUTRID MATTER INTO THE BLOOD.

By Dr. STICH.

M. Meyer (of Berlin) has endeavoured to prove, by means of experiments published in the "Archives of Pathological Anatomy," by Virchow, the contagious character of cholera. The proofs which M. Meyer brings forward in support of his opinion, are inoculations performed on dogs with the blood or evacuations of cholera patients; these inoculations, it is said by M. Meyer, may produce in the animals symptoms identical with those of cholera. M. Stich undertakes to demonstrate experimentally, that the symptoms observed in the dogs should be attributed, not to the inoculation, but to the introduction of putrid matter into the blood. M. Stich introduced putrid protein substances, both directly into the blood and also into the digestive canal, the substances having been previously filtered, so as to avoid all possibility of vascular obstruction. The symptoms produced by the introduction of these substances into the circulating fluid were chiefly vomiting, debility, dyspnœa; more rarely, convulsions and involuntary evacuations. The weakness made rapid progress; pulse and respiration became feeble; and death ensued in two to six hours. At the autopsy, there was always found lesion of the mucous membrane of the digestive tube, even when the symptoms during life gave no reason of suspicion for such a change; the blood-vessels of the membrane were congested; so also those of the spleen, kidneys, and other abdominal glands. When the putrid substances were introduced directly into the digestive tube, the symptoms were produced more slowly; diarrhœa supervened; the evacuations gave a deposit not very unlike rice, such as is seen in cholera patients; but the effects were identical, whether one injected the matter of the evacuations of cholera patients, or fæces kept some time in water.—*Annals der Charité, Third Year.*

ANTI-CARBUNCULAR PLASTER.

By M. BENAVENTE.

Recommended by the author as a specific in carbuncular inflammations. This plaster is prepared after the following formula:—

℞ Corrosive sublimate, gr. xv.; basilicon ointment, gr. xxx.; powder of the scabiosa hirsuta, q.s.

A bit the size of a fourpenny-piece is spread upon linen to be applied to the pustule, beyond the border of which it should extend. It is, however, first necessary to make a crucial incision into the pustule, or tubercle, not deep, and to wait until the flow of blood has ceased. Four-and-twenty hours after the application of the plaster the effect is produced. A circular black eschar is formed, with loosening of the epidermis at the circumference. The consequences are very simple, and the cure is quick. The same remedy is recommended by the author in cases of malignant pustule and carcinomatous ulceration. It is simply an active caustic.—*El Heraldo Medico,* Feb. 1, 1854.

FOREIGN CORRESPONDENCE.

HEALTH OF THE BLACK SEA FLEET.

THE following extracts from a private letter from the Surgeon of one of Her Majesty's ships in the Black Sea, dated May 5, 1854, will be read with interest:—

"I know of little Medical news to give you. I should say the Fleet is decidedly healthy, the Sunday morning signal generally showing a small average on the list, and, I fully believe, correctly so. There is a good deal of fever, however, in the ships; that is to say, fellows are every now and then having the 'shakes,'—the remains of the ague contracted and re-lit at Besika Bay last summer and autumn, which, by the way, was very much exaggerated in some of the papers.

"Of course there is a large consumption of quinine; and, fortunately, and most judiciously, no restriction is placed on the supplies from Malta. We get what we demand with every promptitude; and our deputy-inspector has made arrangements for having a 'present use' store by him, on which we shall draw as required, to keep us going between our demands and receipts.

"Few men, I fancy, are on the list more than three days at a time with an attack, the third being a day of grace, to meet, or see that the paroxysm does not come on on the alternate day, as the fever was chiefly of the tertian type. Of course a good deal of quinine is expended as a prophylactic, with the best possible result.

"In anticipation of fighting, and the consequent mutilation, we all (by Commander-in-chief's signal) made an extra demand for chloroform, double the annual allowance; and it came up in the Terrible.

"I fancy a great deal is owing to Dr. Rees for his forethought and energy. He will, I hope, be confirmed in his appointment as deputy-inspector; for, although there are several other men in the Fleet equally entitled to advancement, from length of service and professional talent, as he has got the step, and is undoubtedly a very clear-headed, energetic, and practical man, I should be glad to see him confirmed; and I hope that the others will get the reward of their deserts also.

"I have rejoiced to see that our brethren in the army (I talk now as a warrior strictly) have been provided with a Medical staff so numerically efficient, at any rate; and, if the majority, or all, be as efficient as one of the deputy-inspectors (Linton), who is a most excellent Surgeon, a man of large experience, and devoted to his Profession, as I know from personal acquaintance, I am glad to say, and still more from undoubted authority in the West Indies, they will be as fortunate as their best friends can wish. Let them have lots of quinine, to be given freely in any fever that attacks our gallant fellows, and all things will go well in that way in camp or bivouack.

"You know, I presume, that we have a hospital at Thérapia. I hope that it will be prepared, without delay, for enlargement—for increased accommodation, I mean; for it would be an immense thing to have it in our power to send our fellows to, instead of being obliged to dispatch them on at least a four days' longer passage to Malta.

"Before concluding this professional part of my letter, I must mention, that we have received from the Director-General a most admirable "Recommendation" of arrangements to be made before going into action. It is a concise, clear, and excellent paper—the result of the actual experience, as you know, of an able and estimable chief.

"I have heard of only one death in the Terrible from the affair at Odessa, caused by a splinter-wound of the vessels of the neck. Death was almost instantaneous."

GENERAL CORRESPONDENCE.

THE SALINE TREATMENT OF CHOLERA.

[To the Editor of the Medical Times and Gazette.]

Sir,—At the present time, when the cholera is hovering about, and threatening another onslaught, I conceive it my duty to forward you a few facts, in addition to those I formerly gave, in reference to the saline treatment of Dr. Stevens. It is still as evident as it was in 1832 that no good can possibly be expected from astringents, stimulants, or opiates; but a wide series of facts can now be brought forward to show that the salines, if properly administered, are capable of arresting the disease in almost every instance. Their happy effects in my own practice in 1849 made me resort to them in the present visitation with the greatest confidence; and though I have had at present but seven cases of thoroughly developed cholera, the readiness with which the disease yielded to the treatment greatly assures me of their efficacy as a specific. Happily, on this occasion, none of my patients had received stimulants or opiates at any stage of the disease; and to this I attribute the rapidity of the recovery which was so remarkable in every case. I may state, generally, that friction, warmth to the extremities, and mustard poultices to the stomach and abdomen, were in every instance vigorously resorted to. The following are the details of my cases, the correctness of which has been attested by the patients and those who were present, and for which I hope you will find space.

I am, &c. A. Leckie, C.M.

Bonhill, Dumbartonshire, May 22, 1854.

Case I.

Bonhill, January 26, 1854.

Mrs. John Grant, aged 50, residing in the village of Bonhill. Felt yesterday a little pain in the arms and bowels, was seized in the evening with diarrhœa and vomiting, and during the night with cramps.

I visited her this morning about seven o'clock, when I found her purging and vomiting a gruel-like fluid, devoid of smell; the extremities cold, and very severely cramped; face had a leaden hue; eyes sunk in their sockets; great thirst; pulse very feeble; and had passed no urine for fifteen hours.

Treatment.—Salines, as recommended by Dr. Stevens.

Recovered.

Case II.

Bonhill, February 2, 1854.

Peter Clark, shepherd, Ballagan, aged 25, was seized yesterday with diarrhœa and vomiting, and during the afternoon with cramps.

I visited him yesterday, about five o'clock p.m., when I found him purging and vomiting a gruel-like fluid, devoid of smell; extremities cramped; eyes sunk in their sockets; great thirst; pulse weak; tongue moist; had passed no urine for twelve hours.

Treatment.—The saline plan, as directed by Dr. Stevens.

Recovered.

Case III.

Bonhill, February 3, 1854.

Janet Wallace, aged 24, residing in the village of Bonhill, was seized three days ago with diarrhœa, and this morning with cramps and vomiting.

I visited her at twelve o'clock noon, when I found her purging and vomiting a fluid resembling rice-water; extremities cold and cramped; lips blue; great thirst; pulse feeble; had passed no urine for about fourteen hours.

Treatment.—Salines.

Recovered.

Case IV.

Bonhill, February 11, 1854.

Margaret M'Gown, aged 63, residing in the village of Bonhill, was seized with diarrhœa about eight days ago, and with vomiting this day, about five o'clock p.m., and cramp about eight o'clock.

I visited her at eleven o'clock p.m., when I found her vomiting and purging a fluid resembling rice-water; extremities cold and violently cramped; face had a leaden hue; great thirst; pulse feeble; had passed no urine for ten hours.

Treatment.—Salines.

Recovered.

Case V.

Bonhill, February 17, 1854.

Mrs. Jenkins, aged 25, residing in the village of Bonhill, was seized with vomiting and cramp about two o'clock p.m.

I visited her about seven o'clock p.m., when I found her vomiting a rice-water fluid, and suffering much from severe cramps in the abdominal muscles and extremities. She had had no evacuation for two days, nor passed any urine for ten hours; extremities coldish; great thirst; pulse feeble.

Treatment.—A Seidlitz powder and three teaspoonsful of Epsom salts. The Seidlitz powder operated freely, and the mustard poultice over the abdomen gave her considerable relief.

After taking some saline powders, she gradually recovered.

Case VI.

Bonhill, February 21, 1854.

Mrs. C. Loag, aged 70, residing in the village of Bonhill, was seized three days ago with diarrhœa, and this morning with vomiting and cramps.

I visited her at eleven o'clock p.m., when I found her vomiting and purging a gruel-like fluid, devoid of smell; extremities cold and cramped; lips blue; eyes sunk in their sockets; great thirst; pulse feeble; had passed no urine for eight hours.

Treatment.—Salines.

Recovered.

Case VII.

Bonhill, March 18, 1854.

Mary Ward, aged 23, residing in the village of Bonhill, was seized with diarrhœa nine days ago, and with vomiting last night, and cramps this morning.

I visited her at twelve o'clock noon, when I found her vomiting and purging a fluid resembling rice-water; extremities cold and cramped; lips blue; eyes sunk in their sockets; great thirst; pulse feeble.

Treatment.—Salines.

Recovered.

REMUNERATION OF MEDICAL OFFICERS.—AN EXCEPTION.

[To the Editor of the Medical Times and Gazette.]

Sir,—It is so unusual to find the Governors of Medical Charities exhibiting any liberality towards their Medical Officers, that it is pleasing to record an instance evincing a different spirit. The salary of the Resident Medical Officer of the Stamford-hill, Stoke Newington, and Clapton Dispensary is, according to the original laws, one hundred guineas. It has gradually been raised to 130*l.*, in addition to which the Committee, owing to the large amount of work required have, for some years past, allowed an Assistant, and have annually voted the Resident Officer an extra gratuity of 15*l.* 15s. In the Report for the past year, which has just come to hand, we find the following among the Resolutions agreed to at the Annual Meeting:—

"The Committee's Report having borne evidence to the additional duties imposed upon Mr. Denny, the Apothecary, and his zealous discharge of them, and afforded testimony to the insufficiency of the remuneration, made to him for the cost of his Assistant's maintenance, this meeting, upon the Committee's recommendation, authorises an additional allowance of 10*l.* per annum on account of his Assistant's board, and the payment of 25*l.*, instead of 15*l.* 15s., as heretofore, to Mr. Denny, as a special gratuity in recognition of his long and efficient services. Your Committee also recommend, that a gratuity of 5*l.* 5s. be presented to Mr. James, the Assistant, in consideration of the satisfactory manner in which he performs his duties, and of the extended period he has continued in his present office."

I will not disturb the pleasing impression of such a Resolution by a disagreeable contrast, but remain, Sir, &c.

A Fellow of the College of Physicians.

May 30, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

May 23, 1854.

Dr. Barker in the Chair.

OBSERVATIONS OF MORBID CHANGES IN THE MUCOUS MEMBRANE OF THE STOMACH.

By Dr. HANDFIELD JONES.

[Communicated by Dr. BENCE JONES.]

The first part of this communication comprised a description more particularly of the minute glandular structure of the mucous membrane of the stomach, in which the author corroborated the account given by Kölliker. On first commencing his researches into this subject, he was not aware that lenticular or solitary glands had been seen in the mucous membrane of this viscus. The author, not imagining they could be normal structures, had at first viewed them as simply nuclear deposits, supposing they were of new formation. Kölliker had observed that these lenticular glands did not constantly occur in the stomach of adults, even though they might be possibly always present in those of children. In very many cases he had met with no traces of them; in others they were seen to be extremely numerous, covering the whole surface of the stomach; yet the thought could hardly be excluded, that the morbid conditions of the part, which were always present, had not had something to do with their formation. The author thought it difficult to fix any exact limit to the healthy development of these glands. He considered the gastric tissue in its most normal and efficient state when there were but few of these glands or nuclear masses, and when those that existed did not encroach materially upon the tubular or gastric glands of the stomach. He thought great individual varieties might exist; that they were naturally larger and more numerous in some individuals than in others. He ventured to think that these solitary glands, and their groups in the intestines (Peyer's patches), had really no use, and fulfilled no function in the human body, but existed in a rudimentary state, in obedience to the law of unity of type. They might be regarded as portions of undeveloped embryo substance, existing in inverse ratio to the surrounding specially organised tissues, and with this view their simple nuclear structure, so common in embryonic parts, was very accordant. The author thought that the epithelial contents of the tubular glands were thrown off during digestion, and formed an important constituent of the gastric juice, probably the so-called pepsin. The evidence of this rested on examination of the stomachs of animals killed while digestion was proceeding, and of a man who died suddenly soon after a meal. The following deviations from the typically healthy condition of the stomach were mentioned as examples of morbid changes:—

1. *Nuclear masses.*—It was doubtful what degree of development of these was to be considered as surpassing the physiological limit; but observation proved that they became both hypertrophied and atrophied, and the latter seemed to take place by a kind of liquefying, so that a cavity was formed containing a clear fluid and some nuclear corpuscles.

2. *Diffused nuclear formation.* The effect of this was, that the tubes became more or less atrophied and obscured by interstitial deposit.

3. *Intertubular fibroid formation.* The tubes became atrophied by the presence of a fibroid or granular deposit, in which some altered vestiges of the tubes might be brought into view by acetic acid.

4. *The tubes appeared to decay spontaneously,* but not from the presence of new fibroid tissue.

5. *Black pigmentary deposit,* occasionally within the tubes, more often between them; sometimes yellow pigment was found; both might be regarded as altered hæmatine.

6. *Cystic formation,* produced in one of three ways:—First, a nuclear mass liquefied and left a cavity; secondly, while atrophy of the tubular glands was going on, a portion of one became distended; thirdly, a cyst was produced as a large vesicle, a true new formation.

7. *Mammillation,* usually affecting the pyloric region.

8. *Gathering up of the lower parts of the tubes,* so as to form a group of convolutions like the acini of a conglomerate gland.

9. *Unhealthy condition of the epithelium of the tubes,* occasionally exhibiting the characters of a fatty degeneration.

10. *Self-digestion* was of frequent occurrence, and mostly confined to the splenic region; the mucous membrane was more or less deeply coloured, thinned, smooth, and semi-translucent. In extreme cases the nerves and vessels were seen altered, as when treated by strong acetic acid.

11. *Small dark-red circumscribed spots,* manifestly the result of hæmorrhage; ulceration often took place in these.

12. *The tenacious adhesive mucus of gastric catarrh.* Its microscopical characters were very clearly described.

The author had observed torulæ in the mucus of the stomach of a diabetic patient. The paper was accompanied by a Table of 100 cases of *post-mortem* examinations, in which the morbid changes in the mucous membrane of the stomach were fully and minutely described, together with an analysis of these cases, in which the influence of age and sex, habit of life, etc., were considered, as well as the frequency of the several morbid changes already enumerated. Eight drawings, executed by the author, illustrated very intelligibly the diseased conditions which the microscope had revealed.

A number of questions were afterwards proposed to Dr. Jones by Dr. Mayo, Dr. H. Bennett, Mr. Streeter, Dr. Sibson, and Mr. Simon, upon the connexion between these morbid alterations and the symptoms observed during life, their connexion with albuminuria and phthisis, their pathological importance, and their dependence upon inflammatory action.

Dr. Handfield Jones replied to each gentleman something to the following effect:—That the changes he had described as occurring in the stomach were for the most part latent, and not apparently due to inflammation; that they might be looked upon in some measure as belonging to the same class as cirrhosis of the liver, Bright's disease, and stenosis of the cardiac orifices, without previous known endocarditis; that the essence of these diseases consisted in the development of low fibrous tissue in the parts affected, causing in many cases contraction and wasting; that, at present, the existence of these morbid changes was scarcely observed until their secondary effects began to be produced, by which time the original lesion was beyond the reach of curative effort; and, lastly, that it might be hoped that, when we were better acquainted with the frequency, time of life at which they occurred, and general pathological relations of these diseased states, we might be able to anticipate them, or detect them and arrest them in their earliest stages.

MEDICAL SOCIETY OF LONDON.

May 27, 1854.

E. Headland, Esq., President, in the Chair.

BILIARY CALCULUS, PRODUCING INTENSE AND LONG-CONTINUED PAIN.

Dr. Crisp exhibited a gall-stone, with microscopic drawings of the viscera of a patient whom he had seen in consultation with Mr. Southwood, of the Metropolitan Dispensary. The man, 62 years of age, and by trade a carpenter, of temperate habits, had enjoyed a tolerable state of health until about sixteen or eighteen months before his death, when he was attacked with pain in the epigastrium and region of the gall-bladder. He was confined to his bed for ten months, was much emaciated; the skin was yellowish, but never jaundiced; the pain in the epigastrium was nearly constant, and at intervals very acute; he died apparently worn out by pain and exhaustion. Mr. Southwood and others had tried various modes of treatment, but only temporary relief was obtained, and this of short duration. *Autopsy Ten Hours after Death.*—Heart small and flabby; lungs sound; the substance of the liver normal, but its peritonæal coat thickened; kidneys small and healthy; the pancreas, which weighed 1 ounce 220 grains when first examined, was hard and scirrhus-like, but the day after the examination it was comparatively lax and soft; the spleen weighed 2 ounces 380 grains, its capsule much thickened, apparently from old inflammation; the capsule readily peeled off, leaving a red, pulpy substance below; the substance of the organ contained numerous small white spots, probably the Malpighian corpuscles disorganised; in the right cavities of the heart was a fibrinous clot, from which extended into the cavæ a string of fibrin eighteen inches long; the blood corpuscles were remarkably small, not more than half their natural size; the mucous lining of the duodenum, on microscopic examination, presented a number of minute spots of black pigmentary matter, like those in some reptiles and fish; in the gastro-splenic omentum was a hard, white, cylindrical tumour, two inches in length, and probably one of the absorbent glands, which presented, when microscopically examined, some of the characters said to pertain to malignant disease; the gall-bladder was of large size, and it contained four ounces (by measurement) of thick, yellow bile, which, on mixture with water, had a more saponaceous appearance than usual; close to the orifice of the gall-bladder was a globular tumour, which contained a black, irregular-formed calculus, consisting of numerous rough angular projections, and bearing a great resemblance to a cinder; it was of light specific gravity, and measured, in its longest diameter, seven lines; all the ducts (pancreatic, hepatic, cystic, and common) were pervious, but the neck of the gall-bladder was so twisted by the calculus as to afford a partial obstruction to the flow of bile; the branches of the par vagum on the smaller curvature of the stomach were unusually large; the nerves of the hepatic plexus normal; the absorbent glands of the spleen enlarged, and of a dark colour. Dr. Crisp said, that some difference of opinion might exist as to the cause of the intense pain in this case, but he thought, taking into account the form and situation of the gall-stone, that it was occasioned by the presence of this body, and not by the enlarged gland. In a paper on gall-stones which he (Dr. Crisp) had read at the Society many years since, he narrated the case of a woman, from whose gall-bladder he had taken five or six calculi, but these being of a rounded form, occasioned but little inconvenience. In another specimen in his museum the calculus was 1 inch 10 lines in length, and 3½ inches in circumference, but in this instance, also, there was but little suffering, the rough angular calculi being more likely to occasion pain and spasm, more especially when fixed at the neck of the gall-bladder, or when in the duct.

Dr. Rogers, Dr. Camps, and Mr. Rogers Harrison, asked questions.

Mr. C. Clarke, in illustration, referred to a case in which violent periodic pains had continued for seven years, and, after death, seventy-two sloe stones were found loose, but congregated together, at the pylorus. The patient had worked on the roads, and there had eaten of the sloe, and the pyloric orifice had become too constricted to permit them to pass out of the stomach.

Dr. Risdon Bennett then read a paper on

PARACENTESIS THORACIS.

which we shall publish entire as an "Original Communication."

Mr. Dendy considered mercury as a sheet anchor in inflammatory, but injurious in asthenic cases. He did not think the operation of paracentesis was a formidable one, and, as to the introduction of a little air within the pleural cavity, he had repeatedly seen its occurrence followed by absorption long before the absorption of the exuded fluid. He had operated upon a gentleman, at Bayswater, who had disease of the heart, and also effusion into the pleural cavity to so great an extent as to threaten immediate death. He used a large trochar, and drew off five pints of serum at once without giving pain or producing syncope. The canula was accidentally displaced, and much air was admitted, but the patient lived five months, and died from the heart disease. In reply to the query as to the propriety of early operations, he expressed an opinion that, until the comfort of the patient is seriously disturbed, the operation is not justifiable.

Dr. Snow inquired as to the mode in which the author's operations had been performed, as no air had been admitted, and yet a fistulous opening had been maintained for some time. He had had an instrument made, ten years ago, to prevent the introduction of air, and it had been used with success. The trochar was so fitted to the canula as to act as a piston to a cylinder. After the trochar has been introduced into the pleural cavity, it is withdrawn to a certain point, and then a tap is turned, which cuts off the communication between the external air and the cavity of the chest. The trochar is then entirely removed, and a flaccid tube is placed upon the end of the canula, and the fluid allowed to pass through it. The canula may be cleared by a probe, and a syringe may be adapted to the extremity of the canula.

Mr. Spencer Wells exhibited a trochar invented for the same purpose by Professor Schuh, of Vienna. When the trochar is withdrawn a small circular trough, about an inch long, and two-thirds of an inch in depth and breadth, is placed upon the end of the canula, and the exit from it is so arranged that the fluid in the trough remains at a higher level than that in the canula. There is also a valve between the trough and the canula. Various sizes are in use. The canula may be cleared by a probe. The contrivance is very simple, and effectually prevents the possibility of the entrance of air, without complicating the operation.

The Author explained that he had not affirmed that air was entirely excluded. He had used a moderate-sized canula, and the entrance of air was usually prevented by the application of the finger; but, in some cases, Mr. Hutchinson had, with that view, adapted a wash-leather valve to the end of the canula.

Mr. C. Clarke inquired if, in the author's case, the introduction of air was presumed to have converted serum into a purulent fluid; and the President called attention to the great importance of being able to diagnose the two kinds of effused fluid.

Dr. O'Connor remarked, that the author's practice confirmed that of Drs. Green and Macdonald. He had seen a case in which large quantities of sero-purulent fluid had been expectorated without any fistulous opening into the bronchi having occurred. Dr. Macdonald regarded it as an instance of vicarious discharge from the mucous membrane. The fatality of the operation should rather be attributed to the complications of the disease. Drs. Hughes and Hamilton Roe strongly advocate it, and yet the former had met with 13 fatal cases in 20 operations. The latter considers the admission of air to be but little dangerous. He (Dr. O'Connor) had operated upon a child aged 5 years, in which the effuson was of sudden occurrence, and removed four pints of sero-purulent fluid in the morning, two pints more in the evening, and a pint and a-half more on the following day, and the patient now, after the lapse of nine years, is perfectly well. He attached much value to remedial measures, and referred to mercury as so strongly recommended by Dr. Hope, and iodide of potassium and blisters as employed by Drs. Graves and Stokes. He would also give plain, non-stimulating diet.

Dr. Crisp considered that the author's conclusions were those of every practical man; that is, to perform the operation only as a *dernier ressort*. In general, he considered that cases of effusion are much under the influence of general treatment. He referred to a case of double effusion, in which he had used successfully Sir A. Cooper's remedy, viz., blue pill, squill, digitalis, and Cayenne pepper, night and morning, with infusion of digitalis and gin, and a dose or two of elaterium. He had not found the iodide of potassium very successful.

Mr. Clarke remarked, that the great question to decide was the period when the operation ought to be performed. In his opinion, it had been resorted to too frequently.

Dr. Radcliffe referred to the experience of a writer in the *American Monthly*, who, by a supplement of 21 new cases, had confirmed his previous statements, viz., that it is well to operate

at an early period, and that there is but little cause to dread the introduction of air.

Mr. Hale Thompson affirmed, that the hand of the operator alone, without the aid of instruments, can regulate the admission of air, but that, in spite of every effort, air will be admitted. He thought the admission of air of less moment than had been affirmed by others. He had performed Dr. Hamilton Roe's operations at the Westminster Hospital, and bore testimony to their success; but the cases, so far from being recent ones, were such as had resisted all other modes of treatment, and seriously threatened life. When the system is not so enfeebled as to prevent the possibility of rallying, the operation should not be performed. Cases in this early stage are not met with in Hospital practice. As the lung regains its power of expansion, the disposition to effusion is proportionally diminished. He acknowledged that it was difficult in all cases to decide upon the most fitting time for the operation, and instanced Sir George Bloomfield's case, thirty years ago, in which four quarts of purulent matter were found, after death, to have resulted from the presence of a bullet sticking to the inside of the pleura.

Dr. Rogers inquired if the lung regained its normal characters after the effusion had endured through one or two years. In Dr. O'Connor's case, the lung was completely restored.

Mr. Hird desired to know if the author would recommend the same plan of treatment in traumatic cases.

The Author, in reply, stated, that in his opinion it is very desirable to prevent the admission of air into the pleural cavity; but yet he did not look for immediate danger to result from such an accident. It is of very great importance to prevent a serous effusion putting on a purulent form.

The President congratulated the Society on its continued prosperity, and the Session was closed.

NORTH LONDON MEDICAL SOCIETY.

Wednesday, May 10, 1854.

Dr. Walshe in the Chair.

Mr. Lawrence presented for Mr. Quain,

TWO TUMOURS REMOVED FROM THE BREAST OF A YOUNG FEMALE.

The larger of the two had been growing seven years, without influencing her general health, or causing her any pain. In the operation, it was found that the growths formed distinct tumours, completely isolated from the gland substance, and they were rather enucleated than dissected out; from their clinical history, and microscopical characters, Mr. Quain considered them of essentially innocent character.

Dr. Hare and Mr. Lawrence read a second report on the

CASE OF CANCER OF THE FEMUR,

exhibited at the last meeting by Mr. Magenniss and Mr. Lawrence, confirming the previous report in all essential points.

Mr. Filliter presented a case of

MULTIPLE SUBCUTANEOUS CANCERS.

Dr. Nicholl, of Hampstead, exhibited specimens of

MALIGNANT DISEASE OF THE VERTEBRAL COLUMN AND OF THE KIDNEY.

Mr. Marshall brought forward the subject of

THE USES OF THE ELECTRIC CAUTERY IN SURGERY.

After alluding briefly to the nature of the case which first led him to apply this mode of cautery with success, viz., that of a young man, who suffered from a long and sinuous perforating fistula of the cheek, which had resisted all attempts previously made to close it, Mr. Marshall commenced by discriminating between the modes of using the electric cautery, according as it is employed in the removal or destruction of soft parts in the cauterization of sinuses, or fistulæ, or for the purpose of obtaining contraction in the walls of relaxed passages.

1. In reference to the first of these uses, Mr. Marshall arranged the cases he had met with in practice under three heads,—viz., Hæmorrhoids, Vascular Growths of the Female Urethra, and Nævi.

Hæmorrhoids.—In these cases, it was observed, that where the tumours were small, and not very vascular, they might be easily removed by the heated wire; but that, when they were large and very vascular, the best mode of employing the cautery was to use it as a surface-application, by which the tumour was destroyed over any extent and to any depth that might be desired. In the last case, the platinum wire was coiled up into a disc-shaped terminal, of the size of a fourpenny-piece, or larger, and was steadily pressed against the mass to be destroyed. In this way, the liability of hæmorrhage, which had attended some of the early attempts to remove very large masses, was entirely avoided. The results were successful, and the pain after the operation not so trying as in the case of the ligature. A similar mode had been used by Messrs. Steele, of Abergavenny. Mr. Marshall stated, however, that, in his own practice, he employed the ligature in most cases. Mr. Marshall alluded also to Mr. Henry Lee's operation of compressing the hæmorrhoidal mass by peculiar forceps, and then destroying, by the actual cautery, the distal or strangulated portion; and said, that he had so far employed similar means, by seizing the diseased mass with fenestrated forceps, having large oval rings, and cutting away the portion within the interior of the ring, and, therefore, beyond the line of compression. These forceps, invented by Mr. Marshall, were exhibited, and recommended in any case, instead of the vulsellum, as avoiding the laceration of the tumour. Dr. Mackenzie had prepared an instrument with which he intended, at some favourable opportunity, to attempt to excise polypus uteri; but as yet he had not tried it.

Vascular Tumours of the Urethra.—Experience had shown Mr. Marshall that these tumours, so painful, so liable to bleed on being interfered with by scissors or knife, and so apt to return if not completely eradicated, could be easily, safely, and permanently cured by the electric cautery. This was used, not as an excising agent, as at first tried, but as a surface application, the wire being shaped accordingly, and applied carefully and deliberately to the required extent and depth, pains being taken not to snatch away the heated wire at each application until it had burned itself quite free, or it might pull off the scar, and so cause annoying hæmorrhage. Mr. Marshall showed a sort of wire speculum with which he exposed these small tumours.

Nævi.—These were sometimes so small, or if large so easily dealt with by other methods, that Mr. Marshall did not recommend the electric cautery indiscriminately, though he had shown its efficacy even in ordinary cases, and more especially its advantages over the ligature in respect of subsequent pain. In extraordinary positions of nævi, the use of the electric cautery was advocated; as, for example, when these growths are situated in the lip, or in the substance of the nostril, or the ear, and so on. One very good case was mentioned of a nævus of the ala of the nose, cured with scarcely any deformity, in a child three years old, a patient of Mr. Buxton Shillitoe, treated by Mr. Marshall. The electric cautery had also been used by many dentists, especially by Mr. Harding, for destroying the pulps of decaying teeth. Mr. Harding informed Mr. Marshall, that he considered the application of it invaluable.

2. The examples of cases in which the electric cautery could be advantageously used as a means of closing sinuses or fistulæ were very numerous. The first case in which the electric cautery was ever employed as a curative agent, either in this country or on the Continent, was one of this kind, and is mentioned at the beginning of this report. Other similar cases have been treated with the same success. In one instance the remains of an encysted tumour, the interior of which secreted hair and sebaceous matter, was effectually destroyed, after no less than seven previous unsuccessful attempts by extirpation, laying open the cyst, or the application of escharotics. The tumour had been situated on the back of the sacrum and the coccyx, and when the patient, a clergyman, was sent to Mr. Marshall by Sir Benjamin Brodie, (who advised the electric cautery to be tried,) there were two openings leading into an irregular cavity, which still, from time to time, gave exit to balls or tufts of hairs. By passing in a bundle of very fine wires, and opening these apart by pressing their ends together when lying in the sac, the interior was thoroughly destroyed, and the cure completed. This is two and a-half years since. A similar cyst on the cheek of a lady has also been subsequently cured. Mr. Marshall has shown that fistulæ in ano may also be divided by the incandescent wire, a method that might be useful in an hæmorrhagic subject; but the simplicity of the operation with the knife renders it unnecessary in ordinary cases. By means of the electric cautery, however, both imperfect and even perfect fistulæ in ano have been made to fill up and unite. In one case of each kind the cure was permanent; in another, of perfect fistula, the track of the wound again opened; while in three, the attempted cure without division failed. Of urinary fistulæ Mr. Marshall has cured one, and has another, once of a most formidable kind, now under treatment, with every prospect of cure. In cases of vesico-vaginal fistulæ, the electric cautery appears

very superior to any other mode of applying heated wires. Mr. Marshall detailed one case, (of which he exhibited illustrative sketches,) of a most satisfactory nature, in which a large communication between the bladder and vagina, admitting at first three fingers, was finally completely closed by successive applications of the cautery, although the cure was delayed by the occurrence of typhus fever in the patient. He has another case under treatment, which promises to be equally successful. Perseverance is necessary to the cure of these cases, but no peculiar precautions seem to be needed. The cure alluded to was accomplished without any confinement of the patient, except in the earlier stages of the treatment.

3. Of instances in which the cautery has been employed to aid in the contraction of relaxed passages, the accident of prolapsus uteri, complicated with descent of part of the bladder and rectum also, furnishes the only examples. Four cases have been under Mr. Marshall's care, in neither of which could the patient maintain the parts within the pelvis, even by aid of the best appliances or pessaries. In three of these the result has been, that the ordinary funnel-pessary (made by Mr. Coxeter) is worn with the most perfect comfort; and, in one, even this instrument is to be now discontinued. The fourth case has not been so much relieved.

Mr. Marshall was compelled, from want of time, to omit from consideration many interesting details, and also all reference to the use of the electric cautery on the Continent. He concluded by exhibiting his apparatus, with sketches of the forms of the various terminals, made by loops, or coils, of platina wire, the largest being supported by an internal core of burnt pipe-clay.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Friday, May 26.

UNQUALIFIED PRACTITIONERS.

On the Motion of Mr. Brady, an address was agreed to for a return showing the number of cases of death inquired into by Coroner's Juries in which the treatment of the deceased was, or was said to have been, carried on by unqualified practitioners, specifying the designation, calling, or position of such practitioners, with the names of the districts, the Coroners, and the practitioners in each case, and also the respective diseases, the treatment, and the verdicts returned, during the years 1851, 1852, and 1853.

Monday, May 29.

MEDICAL GRADUATES (UNIVERSITY OF LONDON) BILL.

The order of the day for the committal of this Bill having been read,

Mr. Mowbray moved, that it be an instruction to the Committee to extend the provisions of the measure to the University of Durham.

Lord Palmerston objected to the further progress of the Bill, on the ground that it dealt with a portion only of a large and complicated subject,—the education of the Medical Profession. The subject had occupied the attention of the House, the Government, and the learned bodies more immediately concerned in it; but hitherto the Government had not felt justified in attempting to deal with it. The Government, however, had recently been informed that the College of Physicians and College of Surgeons were at present communicating with each other, and with the various branches of the Medical Profession, and that hopes were entertained that a comprehensive measure could be framed which would be satisfactory at once to the public and the great bulk of the Medical Profession. Under these circumstances, he moved, as an Amendment, that the House should resolve itself into a Committee on the Bill on this day six months.

Mr. Bell objected to the Bill being disposed of in this summary manner. Its object was merely to put Medical Graduates of the University of London on the same footing as those of Oxford and Cambridge.

Mr. Thornely and Mr. Mowbray expressed a hope that the noble Lord would forego his objection to the Bill.

Lord Palmerston said, that as it appeared to be the desire of the House that the Bill should go into Committee, he would not persist in his Amendment, reserving to himself, however, the right to take the same objection to the Bill in a future stage. His objection to the principle was, that it enabled the University of London to grant surgical diplomas, which at present could only be given by the College of Surgeons of London and Dublin, and had not been given for the last two centuries either by Oxford or Cambridge.

Mr. Michell had no objection to the Bill; but observed, that it did not go far enough, and that it would be nearly inoperative, so far as benefiting the University of London was concerned.

The Amendment was then withdrawn, and the Bill was appointed to go into Committee that day fortnight.

MEDICAL NEWS.

University of Oxford.—The Regius Professor of Medicine announces, that the next examination for M.B. will take place on Tuesday, June 20.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 26th inst.:—

Dawes, William Joseph, Longton, Staffordshire.
Fifield, William Cranch Bond, Boston, United States.
Glissan, James, Leonard Square, Finsbury.
Hopwood, Edwin James, Chepstow Villas West, Bayswater.
Tyser, Henry, Portman Square.
Wilbe, Richard Haydock, Hessle, near Hull. (a)

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 25:—

Christie, Thomas Beath, Pembroke House, Hackney.
Elsom, Joseph Frederick, Limehouse, London.
Fothergill, Michael, Bedale, Yorkshire.
Heathcote, Ralph, Manchester.
Heathcote, Robert Hickling, Manchester.
Langston, John, Grantham.
Lofthouse, Richard Chapman, Bradford, Yorkshire.
Lomax, John, Bury, Lancashire.

VACANCIES.

North Aylesford Union.—A Medical Officer is required for the Lower District of this Union,—Strood (with Workhouse), Frindsbury, Higham, Cliffe, Cuxton, and Halling. Election, June 15.

St. George's and St. James's Dispensary.—The office of Resident Medical Officer is vacant. Election, June 6.

DEATHS.

Macaulay.—May 20, aged 50, George Aulay Macaulay, Surgeon, Heckmondwike.—(*Leeds Mercury.*) M.R.C.S.E., 1825; L.S.A., 1824; Medical Officer of Dewsbury Union.

Oldham.—May 29, George Oldham, Esq., of Alfreton, M.R.C.S.E. and L.S.A., 1835. The deceased gentleman was driving in his gig to the neighbouring village of Morton, and when near that place he was struck by the electric fluid, and killed instantaneously. His horse was so much injured that it became necessary to put it to death; but a little boy who was riding with him, and was covered by the same umbrella, escaped entirely unhurt. Mr. Oldham leaves a widow and eleven young children to lament their loss.

Wyatt.—Jan. 27, at Melbourne, aged 27, Francis Grain Wyatt, late Surgeon of the Nimrod, and youngest son of the late Robert Wyatt, Esq., of Frewin-hall, Oxford.

St. Luke's Hospital.—At a Special General Court of the Governors it has been resolved to carry out the recommendation of the General Committee, and the resident Medical officer will henceforth be termed, as in nearly every other asylum, "Resident Medical Superintendent," not only nominally, but with paramount authority over every officer resident in the Hospital, in respect of the Medical and moral care and treatment of the patients.

Dr. William Henry Burrell, who has been hitherto principal Medical Officer to the Expeditionary Forces, retires from the Army. He entered the service about forty years ago, and is well known to the public by an able Report laid before Parliament in one of the Blue Books, a few years back, on the

(a) By attention to the following Resolution of the Court of Examiners, just sent round to the various schools, considerable trouble may be saved by the candidates for examination:—"Resolved: That this Court do meet, from time to time, as shall be necessary, until the 21st of July next; and that from and after such date, until Friday, 6th Oct. next, this Court do not meet except at the special summons of the President."

subject of contagious diseases. His successor, Dr. Hall, is a gentleman of known ability and high character.

The Middlesex Hospital.—Munificent Donation.—Mr. Tooke, Treasurer of Middlesex Hospital, has received a letter enclosing 1000*l.* towards that Institution, from an anonymous contributor. It appears that the amount was bequeathed; but, in order to save to the charity the Probate-duty, which would amount to about 100*l.*, it was given in the form of a donation. The same excellent and humane gentleman, a short time since, forwarded 500*l.* to Mr. Tooke for the same object, and under similar circumstances.

Medical Benevolent College.—The Bishop of Oxford preached in the parish church Hampstead on Sunday last, in aid of the funds of this Institution, on which occasion the eloquent appeal produced the sum of 136*l.* This is the second time that this distinguished prelate has advocated the cause, and we are informed that he has most generously promised to preach again on a future occasion.

Presentation of Plate to Dr. Davies, of Hertford.—In consequence of the retirement of J. Davies, Esq., M.D., from the post of Physician to the General Infirmary at Hertford, to which he had rendered his valuable services for a period of more than twenty years, a subscription was set on foot, and a sum of about 90*l.* having been raised, a handsome *épergne* was selected for presentation, the value of which is, we believe, 100 guineas. The plate, which is richly worked, and of a florid design, may be used either as a vase for flowers, a trifle dish, or a three-light candelabrum. On the base is the following inscription:—"Presented to John Davies, Esq., M.D., by the subscribers and friends of the General Infirmary at Hertford, as a testimonial of their gratitude and of their appreciation of the value of his gratuitous services for more than twenty years as Surgeon and Physician to that Institution. May, 1854."

The Cholera in Belfast.—The *Belfast News-Letter* says that, if the disease is not absolutely decreasing, it has at least remained stationary for the last three weeks.

The Leeds Medical Officers and the Removal of Nuisances.—A report having been in circulation, that the Medical officers of the Guardians receive the sum of 10s. 6d. for each case of nuisance certified by them, the *Leeds Mercury* says "such is not the case; the only payment they receive is for loss of time in attendance before the magistrates to substantiate the facts."

Statistics of Deaths in Southampton.—The Registrar of Births and Deaths for Southampton, has constructed a Table of deaths within his district for the last eight years, showing the number of deaths of each sex that have occurred at every age; by which it appears, that nearly one-half of the males died under 19 years, while one-half of the females survived 21 years, and exactly the same number of both sexes died under as over 20 years of age. In 1846, one-half survived 21 years of age; 1847, one-half-survived 23; 1848, one-half survived 20; 1849, one-half survived 20; 1850, one-half died under 7; 1851, one-half survived 21; 1852, one-half survived 21; 1853, one-half survived 20. The table also shows the mean age at death of those who had survived any given age of either sex, as well as both sexes; for example, the mean age at death of those who survived 20 years was, males, 49; females, 51·81; both, 50·38.

Industrial Pathology.—Many of our readers are aware, that the Society of Arts recently appointeda Committee, consisting of the Marquess of Blandford, Dr. King Chambers, Mr. J. Simon, and Mr. T. Twining, jun., to inquire into the accidents, injuries, and diseases which attach to various bodily employments, and to devise means for prevention or relief. The First Report of that Committee, showing exactly what information was required,—and which included a synopsis of some of the physical evils which attach to various kinds of industrial labour, and a special memorandum addressed to persons conversant with cases of injury to the eyes, occasioned by industrial occupations, has been very extensively circulated. And, with a view of drawing public attention more pointedly to this important social question, Dr. King Chambers has consented to read a paper at the Society of Arts on the 7th of June, being the last Ordinary Meeting for the Session, on "Industrial Pathology; or, the Accidents and Diseases Incident to Different Industrial Occupations."

Lobelia Inflata in Traumatic Tetanus.—F. Knowles, M.D., Professor of the Practice of Medicine in Iowa Medical College, has employed tincture of lobelia with advantage in three cases of traumatic tetanus. The tincture was given in drachm doses about every ten minutes, until a mitigation of the symptoms became apparent, and then a decoction of capsicum was administered, to excite the stomach to emesis. In all these cases the violence of the symptoms subsided after free emesis. The remedy was then continued in small doses, and in a few hours all spasms ceased.—*Iowa Medical Journal*, February, 1854.

The Grape Disease.—At the second *soirée* of the season given by Lord Rosse, as President of the Royal Society, a series of beautiful drawings illustrating the grape disease, from the rooms of M. Claudet, were exhibited.

The Irish Infirmary Bill.—The following is a summary of the provisions of this Bill, by which it is intended to give the charge of the sick poor requiring Hospital accommodation to the same authority which governs the Dispensary system of Ireland,—viz., the Poor-law Commission:—

1. The Poor-law Commissioners, on the requisition of any Board of Guardians of any Union, are empowered to declare the said Union a district for Hospital relief, and to direct the Guardians to provide within the Union one or more buildings for this purpose, and to appoint qualified Medical officers to attend the sick therein. Any portions of workhouses, or any buildings heretofore occupied as Fever Hospital or Infirmary, may, with the consent of the Commissioners, be set apart for this purpose; additional buildings for contagious diseases to be erected if necessary.

2. From nine to twenty-one persons are to be elected by the Guardians, who, with the life Governors, and subscribers of 21*l.* to any Infirmary, Fever or other Hospital within the district, shall, in a manner afterwards defined, be a Committee of Management for the said Hospital district.

3. Medicine, Medical appliances, and other requisites, to be provided by the Committee of Management, in conformity with regulations of the Commissioners.

4. Committee to appoint Medical officers, with such qualifications, and at such salaries as the Commissioners shall approve.

5. Levying of county cess for the support of Fever Hospitals or Infirmaries to cease in Unions declared Hospital districts.

6. Tickets of admission to be issued by Guardians, members of Committees of Management, and every relieving officer and warden of the Union.

7. All charges incurred to be paid by Poor-rates; a separate register to be kept of all patients not inmates of workhouses; all charges incidental to the maintenance and treatment of individual patients to be borne by the electoral division to which he belongs. All salaries of officers, real repairs, insurance, cost of medicines, etc., to be paid by Union at large.

8. Poor inhabitants of Union, when admitted as patients, to pay the cost of their maintenance and treatment, or such proportion thereof as Committee shall determine, provided said proportion be not more than average cost of patients, nor less than one-third.

9. Constabulary patients to be charged the full average cost of daily maintenance and treatment.

10. Patients from one Union may be received into the Hospital of another, the Guardians being empowered to contract for their treatment and maintenance, and also for the support of destitute blind.

11. Persons suffering from contagious disease may be detained in Hospital till convalescence is certified by Medical officers.

12. The Medical officer of every Hospital district is required to vaccinate all persons presenting themselves for that purpose.

13 and 14. Commissioners may sell and otherwise dispose of buildings, etc., and have generally the same power as under the Medical Charities Act.

15. The Medical inspectors to have the right of inspecting Hospitals, and attending Boards of Guardians, etc.

16, 17, 18 provide that Guardians shall not supply Medical or other requisites; that annual reports shall be made to Lord-Lieutenant; and that this Act and the Medical Charities Act shall be one Act.

[We are obliged to defer any remarks upon this Bill until next week.—Ed.]

Saffron.—A farmer, near King's Norton, turned sixteen cows into one of his meadows where a quantity of saffron grows. All the animals were immediately taken ill, and eleven died in the course of the same day.—*Worcester Chronicle.*

Mortality Notabilia.—The weekly Tables give 1143 deaths as the result of registration in the week that ended last Saturday. This number exhibits but a small decrease on the mortality of the preceding week, which was shown to be higher than usual. In the ten weeks corresponding to last week of the

years 1844-53, the average number was 924, which, if raised in proportion to increase of population, becomes 1016. The present return is, therefore, in excess of the estimated amount by 127. Fatal cases arising from zymotic diseases numbered last week 282; while the corrected average is 222. Deaths caused by diseases of the organs of respiration amount to 177; average of 10 years, 140.

Births.—860 boys and 787 girls, in all 1647 children, were registered; average, 1372.

Meteorology.—The mean height of the barometer in the week was 29·555 in. The highest reading was 29·91 in. at the beginning of the week. The mean temperature of the week was 51·5°, which is 3·3° below the average. The mean dew-point temperature was 46·9°; and the difference between this and the mean temperature of the air was 4·6°. Wind, south-west; rain, 0·87 in. Horizontal movement of air, 1100 miles. Electricity, positive at all times, except during the fall of rain or hail, when it was alternately positive and negative. Strong galvanic currents, and volleys of loud sparks at the distance of half an inch, were shown during the time of hail and rain falling.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending May 27 :—

	Males.	Females.	Total.
Workhouses...	65	53	118
Military and Naval Asylums ...	6	...	6
General Hospitals	31	19	50
Hospitals for Special Diseases ...	2	1	3
Lying-in Hospitals	...	2	2
Lunatic Asylums	4	3	7
Military and Naval Hospitals ...	12	...	12
Hospitals for Foreigners, etc. ...	...	...	...
Prisons	2	...	2
	122	78	200

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, May* 27, 1854.

CAUSES OF DEATH.	MAY 27. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	559	362	210	1143	9240
SPECIFIED CAUSES	559	361	209	1129	9183
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	222	46	14	282	2024
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	4	32	18	54	448
3. Tubercular Diseases	76	127	8	211	1847
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	69	27	45	141	1187
5. Diseases of the Heart and Blood-vessels	2	15	10	27	322
6. Diseases of the Lungs and of the other Organs of Respiration ..	84	41	52	177	1273
7. Diseases of the Stomach, Liver, and other Organs of Digestion	27	27	9	63	587
8. Diseases of the Kidneys, etc. ..	..	11	5	16	88
9. Childbirth, Diseases of the Uterus	..	7	1	8	79
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	7	1	11	70
11. Diseases of the Skiu, Cellular, Tissue, etc.	2	..	..	2	20
12. Malformations	3	..	..	3	15
13. Premature Birth and Debility ..	34	2	1	37	237
14. Atrophy	24	..	7	31	198
15. Age	..	..	35	35	412
16. Sudden	1	2	1	4	91
17. Violence, Privatiou, Cold, and Intemperance	8	17	2	27	285
CAUSES NOT SPECIFIED	..	1	1	14	57

BOOKS RECEIVED.

Report upou the Most Advautageous Mode of Dealing with the Sewage-Water of the Metropolis. By T. Wickstead, Esq., C.E. London. Printed by Authority. 1854.

Rapport sur la Foudation, la Constructiou, et l'Organisation des Meilleurs Asiles d'Aliénés. Par D. H. Van Leeuwen. Jersey. 1853.

The Microscope and its Application to Clinical Medicine. By Lionel Beale, M.B. London: Samuel Highley. 1854.

Suggestions for the Future Provision of Criminal Lunatics. By W. C. Hood, M.D. London: Churchill. 1854.

Third Annual Report of the Committee of Visiters of the Lunatic Asylum for the Borough of Birmingham. Birmingham. 1854.

The Philosophy of Beards. Ipswich. 1854.

Cazenave's Manual of Diseases of the Skiu. By T. H. Burgess, M.D. Second Edition. Loudon: Renshaw. 1854.

Dr. Walshe on Diseases of the Lungs, Heart, and Aorta. Second Edition. London: Walton and Maberly. 1854.

Report on the Coal-Gas supplied to the City of London. By H. Letheby, M.B. Loudou. 1854.

Sleep and Dreamiug. A Lecture by J. Popham, A.B., M.D. Dublin: Hodges and Smith. 1854.—[An iuteresting lecture delivered before the Cork Young Men's Association.]

TO CORRESPONDENTS.

[To the Editor of the Medical Times and Gazette.]

SIR,—In replying to the discussion ou a Case of Retained Urine, related by me at the Medical Society of London on May 20, I stated, or, at all events, wished to state, that I should not recommend blood-letting in *every* case of the kind, and not that I did not recommend it in the particular case referred to, as your report intimates.

I shall thank you to make this very neccssary correction in your next Number, because the reply as it now stands ou your pages leads to the inference that the veuesection was done by Mr. Hudsou, with whom I saw the casc, in oppositiou to my wishes, whereas I acted iu strict concert with him throughout, agreed with him as to the propriety of the blood-lettiug uuder the circumstances, and am equally responsible for its effects, whether considered good or bad.

As my reply was delivered in great haste, the faulty mode in which it was expressed gave rise, doubtless, to the error I am anxious to see corrected. I am, &c.

Mortlake, May 29, 1854. B. W. RICHARDSON.

[To the Editor of the Medical Times and Gazette.]

SIR,—Mr. Brady promised at the close of last Session to iutroduce a Bill for the purpose of obtaining a proper remuneration for the certificate given by Medical Union Officers for pauper lunatics. Under the present Act I obtain half-a-crowu for a journey of thirteen miles and a statemeut of the lunatic's coudition, etc. Mr. Brady would do real good by altering this half-a-crown fee to one of ten shillings, according to his own promise and proposition. I am, &c. G. F. W.

A Constant Subscriber.—Question 1. No; 2. Yes.

Dr. Dicken.—1. The Guardians can only be compelled to pay the Medical men specially appointed. This is a grievance which the amended Act is expected to remedy. 2. It is not right to charge both parents and Guardians. 3. Certainly not.

Mr. K.—We see no discrepaucy. If the exhibition were only opeu to Medical men, and made known through the Medical papers, it would be uuobjectionable.

Dr. Milroy.—Many thanks.

Mr. Williams, Bradford.—We will not neglect the case.

Dr. Fenwick's interesting paper ou Lithotrity shall appear in the next Number, or in the next but one.

If *O. T. Y.* will send his real name and address in confideuce, he shall receive a private communication.

M.R.C.S.E.—The description would be too long to give here. It may be found iu many Medical works.

G. F. W.—None iu Scotland. In Dublin the *Medical Press* and the *Hospital Gazette.*

Dr. Rigby's paper shall appear ou the first opportunity.

Mr. Fletcher's case is in type.

The letters of *Mr. Ransom* and *Dr. Snow* shall appear next week.

A. B. C., Cheltenham.—We do uot prescribe for our correspondeuts. Any respectable Practitioner in Chelteuham could give the required information.

H., Suffolk.—Several questious will arise in court. The liability of the farmer may be modified by the nature of the agreement between himself and his housekeeper. It is not stated by whom our correspondent was called in to attend the case. The plea of mistake after a fortnight's attendance would not hold unless there were grouuds for a general belief that Mr. H. was Uuion Surgeon for that part of the parish.—2. We cannot refer to any case iu point at present.—3. No claim could be made upon the farmer after his notice.—4. The charges are fair.

We have received Mr. Rowdon's letter, but it is so long that we are compelled to postpone it uutil next week. The very gross manner in which misrepresentations against Mr. De Morgau and others have been made, aud repeated, cannot be allowed to pass without reply.

COMMUNICATIONS have been received from—

SECRETARY OF THE SOCIETY OF ARTS; Mr. TOYNBEE; Mr. BRADY, M.P.; Dr. REED; Mr. SKEY; Professor QUEKETT; Dr. LEARED; Dr. TAYLOR; Dr. CRISP; Mr. COUSINS; Dr. R. TAYLOR; Mr. F. H. HARRIS; ASSISTANT-SECRETARY OF THE ROYAL INSTITUTION; Mr. GIBB; Mr. WILSON; Dr. MCWILLIAM; Mr. TUCKER; Dr. SIEVEKING; Mr. STEDMAN; SECRETARY OF THE VEGETARIAN SOCIETY; Mr. HENRY SMITH; Dr. BENCE JONES; Dr. PEACOCK; Mr. B. W. RICHARDSON; G. F. W.; A CONSTANT SUBSCRIBER; Dr. DICKEN; Mr. K.; Dr. MILROY; Mr. WILLIAMS, Bradford; O. T. Y.; M.R.C.S.E.; G. F. W.; Dr. RIGBY; Mr. FLETCHER; Mr. RANSOM; Dr. SNOW; A. B. C.; H.; Mr. REED, H.M.S. Inflexible; Dr. MACKAY, H.M.S. Bellerophon, off Sebastopol; Mr. LEE; Mr. LANE; Mr. WATERS; Dr. GAIRDNER, Edinburgh.

ORIGINAL LECTURES.

CLINICAL LECTURES
ON THE
RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,
AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.
Physician to St. George's Hospital.

Lecture XI.

ON RETENTION AND SUPPRESSION OF URINE.

Though the subject of this, and the following lecture, will not possess the practical importance which I think belongs to the subjects I have already brought to your notice, yet in relation to diagnosis and prognosis, retention and suppression of the urine, and scrofulous and malignant disease of the kidney, become objects of the greatest interest, and if, in any case, by forming a true opinion of the nature of the disease, we are able to recognise what treatment can, and what it cannot, effect, we may thereby save some unnecessary suffering, and fix our endeavours more steadily on the discovery of palliatives for those evils which we cannot cure.

The partial or complete stoppage of the urine may occur in any portion of its outward course, from the spot where it takes its rise to that where it escapes from the body; generally, it may be said, that the further the place of stoppage is from the secreting structure of the kidney, the less danger exists. That is, the stoppage is more likely to be relieved; and if it be not relieved the patient's life will be the more prolonged. Thus the danger is most imminent when the secreting structure itself is affected, and causes the stoppage; and it is least when the external orifice of the urethra alone is closed.

Retention and suppression, in their ultimate effects, are but different names for different degrees of the same disorder. When retention causes death, it does so by causing suppression. The same poisoning of the blood is produced in both diseases, in the one slowly, in the other rapidly. I shall, therefore, in this lecture, subdivide stoppage of the urine according to the place at which the stoppage occurs. Thus we shall have—1st. Stoppage in the urethra. 2nd. Stoppage in the bladder. 3rd. Stoppage in the ureter and pelvis of the kidney. 4th. Stoppage in the secretory structure of the kidney.

1st. Stoppage in the Urethra.—Stricture of the orifice is occasionally met with by the Surgeon: on this I shall not dwell. Rarely I have known a calculus so firmly fixed that it could not escape, and filling the orifice so that the urine could not pass. In one case, the slightest surgical treatment liberated the calculus. In another, the gradual dilatation by the fluid behind effected a spontaneous cure. In women, stricture of the orifice, or rather, I should say, of the urethra, I have known to occur from prolapsus uteri, as in the following cases:—A patient, fifty years of age, was admitted into a Surgeon's-ward, with excessive prolapsus. It had lasted for many years, had gradually increased, and, on admission, there was great external protrusion, and considerable inflammation of the womb. She had been in a state of muttering delirium for some days, and was excessively emaciated, and in a state of great weakness; her delirium increased, the brown tongue never improved, she became perfectly comatose, and died a week after her admission. On examination, the bladder was enormously dilated, the ureters were both much enlarged, the mammary processes of the kidneys were gone, and the calices of the kidneys encroached on the secreting structure. The mucous membrane throughout was inflamed.

A lady suffered from ovarian tumour and ascites. The effusion in the peritoneum increased excessively, and the distention caused prolapsus uteri to an unusual degree. As the prolapsus increased the urine decreased, until, at length, not two ounces were passed in twenty-four hours. The fluid in the cavity of the abdomen was removed by tapping. The prolapsus was immediately remedied, and, within six hours, urine was freely secreted and voided. This happened so often, that ultimately the amount of prolapsus and of stoppage of the urine determined when the tapping should be performed. There can be little doubt that the prolapsus caused the obstruction of the orifice of the urethra, and this produced pressure on the secreting structure of the kidney, and temporarily stopped the formation of the urine.

In men, obstruction of the urethra nearer to the bladder is so common a cause of partial or complete retention, whether spasmodic or structural, that I may refer you to any surgical work on stricture for information on this subject. I have already, in the course of these lectures, given you one case of the lasting effect produced by such a stricture. The dilatation of the bladder and pelves of the kidneys, was, without doubt, of thirty-four years' duration. Among the old sailors in Greenwich Hospital, I have, through the kindness of Dr. Beeth, heard that cases of much longer standing may be observed. In one case, I saw the kidneys, which had probably been affected by the dilatation of the pelves, consequent upon stricture for fifty years, and then the patient died of pneumonia, and not of urinary disease, though the mammary processes of both kidneys were entirely destroyed, and the ureters excessively dilated.

2nd. I pass on, secondly, to partial or complete stoppage of the urine in the bladder.

The most usual cause of partial obstruction at the neck of the bladder is prostatic enlargement. A patient comes to you complaining of inability to retain his water. He says, that at night it passes in his sleep. He is advancing in life, and, on inquiry, you find that the stream of water has long lost the force with which it used to be expelled. If you examine the water, it may be feebly acid, neutral, or alkaline. It usually contains pus, and often some blood-globules; there is usually no pain at any time anywhere.

From such a history you may safely conclude that the bladder is not emptied; that there is partial retention of urine; that the urine which remains behind in the bladder decomposes, and makes that which is passed neutral or ammoniacal, according to the degree of decomposition. Gradually the mucous membrane becomes more and more inflamed, and then the change in the reaction of the water is greater, it becomes more purulent, and ultimately, though it may be very gradually, the patient is worn out by the irritation and discharge of purulent matter from the bladder, or, if the inflammation spreads to the kidney, he dies comatose.

By the careful and constant use of the gum catheter these evils may be avoided; and I have known a Medical man thus keep off disease from himself for twenty years by the use of the catheter night and morning daily.

The frequency of the use of the catheter in retention of urine in the bladder, from this or other causes, must be determined by the re-action of the urine. The object to be obtained is to prevent the ammoniacal urine from increasing the inflammation of the bladder. If the urine can be kept neutral or acid by drawing off the water once daily the object will be attained; but if, after drawing off the water at night, that which is passed in the morning is found alkaline, it is evident that that which remains behind in the bladder must continue during the day to act injuriously on the bladder until it is drawn off again at night. The object of drawing off the water is not merely to empty the bladder, but to take away the alkaline urine which is irritating the mucous membrane; and the sooner it is taken away after it is formed the less will the membrane be irritated.

If, then, the morning or mid-day water is alkaline, the catheter should be used twice a-day. Without this, medicines are useless; with it, they often are scarcely required.

If the passing of the catheter also becomes a cause of irritation, then the least of the two evils must be endured.

A partial retention of urine, giving rise to exactly the same results, sometimes is caused, not by obstruction at the neck of the bladder, but by chronic inflammation of the bladder itself, from gonorrhœa or other causes. The lymph effused in the submucous and muscular coats prevents contraction and consequent expulsion of all the urine, and thus the train of effects I have just described may be produced.

I have known inflammation of the peritonæum give rise to adhesions between the bladder and bowels, and thus also the contraction of the bladder has been stopped. Malignant disease, outside or inside the bladder, will sometimes also prevent the expulsion of the urine, and thus cause a partial retention, which will be speedily followed by putrefaction. An instance of this I may give in my next lecture.

In addition to these causes of partial retention of urine in the bladder, there are still other causes which deserve notice.

A Medical man came to me saying that something was wrong with his water, for he had only passed three or four ounces the day previously, and that he felt no desire to pass it. He was, he said, in good health, and never had anything the matter with his bladder. An instrument was passed after he had made what he could, and it was found that above a pint of water was retained in the bladder. It was alkaline, purulent, and contained

blood-globules. No disease of the prostate could be found, and the inability to empty the bladder probably depended on a loss of contractile power of the muscular coat. This loss had slowly increased, and was unperceived until it had reached a most notable degree. In this case the use of the catheter was determined by the state of alkalescence of the urine. I have heard of other cases in which the gradual distension of the bladder by urine has caused a temporary loss of power of the muscular coat of the bladder, and unperceived a large fluctuating tumour of the abdomen has resulted, and when the catheter has been introduced, no urine has flowed until pressure has been made on the body; then two quarts of fluid have been drawn off.

To a much smaller extent I have known the same dilatation of the bladder without loss of power to empty it in children. The following case of a delicate child, who had been in a hot climate, has also other points of some interest.

DIFFUSION OF GAS FROM INTESTINE INTO THE BLADDER AND URETER, WHICH WERE DILATED.

I saw, in consultation with Dr. MacIntyre, W. T., aged 8, in June, 1845. He was a native of India, and had just arrived in England. He was sickly, thin, sallow, languid; pulse was weak; tongue dry; thirst urgent; appetite keen; the bowels slow; the urine copious, clear, and often offensive to the smell.

He was delicate at his birth. At 4½ he was attacked by fever in India; his recovery was very protracted. At 6 he had croup, for which he took 36 grains of calomel in 24 hours, and recovered well. Five or six months before he left India he again fell off, and became weak, and thin, and dejected.

Nothing unusual was noticed respecting his urine until he embarked for England, when it was observed to be passed in large quantities, and to be so abominably offensive, as to render his cabin intolerable to those about him. The quantity passed on the morning of Dr. MacIntyre's first visit was two pints, the greater part of which was voided at one time. It smelt strongly of sulphuretted hydrogen. The following day, the urine, when freshly voided in Dr. MacIntyre's presence, smelt strongly. The bowels had not acted for two days, and the mother remarked, that she had observed the offensive smell to be always most perceptible when the bowels were in a state of constipation. This observation was verified the following day (says Dr. MacIntyre,) for, after the bowels were evacuated of a mass of hardened fæces, the urine was not fetid. On examination, I found myriads of infusoria, much albumen, some few pus globules, no cystine, a crystal or two of oxalate of lime; sp. gr. 1004·8.

June 7.—Quantity passed, at 11 a.m., at once, 32 ounces; limpid as water; slightly fetid; sp. gr. 1008. Could empty his bladder without the least difficulty.

8th.—33 ounces passed at once.

10th.—The quantity passed last night, at 11 p.m., was 8 ounces at once. This morning, on waking, 24 ounces. Has made water since with his motions, which are healthy. A small quantity made at 12. Examined four hours after it was passed: blood globules and pus globules were found, oxalate of lime crystals, and multitudes of lively infusoria; no cylinders of fibrin were visible. He complained of great thirst, and dry, harsh skin.

Diagnosis.—Bladder permanently dilated? Cyst? Into which gases from the intestine diffuse.

13th.—73 ounces passed in 24 hours. The usual quantity is from 50 to 65.

14th.—Infusoria seen lively in three hours after the passing of the urine.

17th.—Again, infusoria in the same time.

20th.—Infusoria seen lively in four seconds from the urine passing the urethra. The smell was first observed after the fever when he was 4½ years old. He got into excellent health afterwards, but the smell still remained. He was always observed to be better in cold weather.

27th.—75 ounces of urine passed in 24 hours.

July 1.—Went to Ireland. In the middle of August he had an attack of inflammation of the chest.

August 18, he died.

The stomach, small intestine, and cœcum were much distended with flatus, and a considerable quantity of indurated fæces was found in the colon. The right kidney was excessively small, 1¼ inches long, and 1 inch broad. Ureter thready and impervious. The left kidney was large, with abscesses in the cortical structure. The pelvis was large, and the ureter was dilated. The bladder was much enlarged, thin, and pale. The right ureter opened by a wide mouth into the bladder; it extended up for four inches, and was twice the size of the other. At its entrance into the bladder it admitted a large catheter, and swelled, when blown, into four times the size it had when collapsed, presenting very much the appearance of an inflated small intestine.

The occurrence of vibrios in the urine soon after it was passed first attracted my attention in this case. The observations may be thus arranged:—

On June 10 multitudes of lively infusoria were observed 4 hours after passing the water.

„ 14	„	„	„	„ 3	„
„ 17	„	„	„	„ 3	„
„ 20	„	„	„	„ 4	seconds.

In other cases, I have observed the same occurrence of infusoria immediately after the urine was passed, both in middle-aged and in old persons.

I can give no better account of how this can occur than how the echinococcus is found in the liver and the trichina spiralis in the muscle of man.

In some cases of spinal paralysis, as in fracture of the upper part of the spinal column, a total loss of voluntary action of the bladder gives rise to complete retention. In the progress of fevers, the loss of will often produces the same result. This same cause also produces the same effect in the lingering death caused by many different diseases. In all these instances the catheter will afford temporary relief.

Closely allied to this retention from involuntary loss of will is the retention from voluntary absence of will. This is seen in so-called cases of hysterical retention of urine. A young lady had for a year and a-half been weak and faint, and more or less under medical treatment. Suddenly, without cause, "obstruction of the bladder" came on. No water, she said, was passed for four days, and then the relief was very partial. The following day she felt so ill, and had so much pain in the abdomen, that a surgeon was sent for, and for six days the urine was drawn off twice each day. She was unable to obtain any relief except by mechanical means. I was at this period consulted. The tongue was clean, the pulse quick. The abdomen was not distended. She said pressure caused pain. The urine drawn off was loaded with lithates, but quite free from albumen. The use of the catheter was stopped. Valerian was given, and care was taken that the distension of the bladder should not unperceived become excessive. She remained for four days without any known relief, suffering, she said, very much pain in the abdomen, but at the end of that time, the obstruction, she said, gave way of itself. For a day or two some water was passed, then again none occurred; but as I refused to allow the catheter to be used, some relief was obtained. This was followed again by return of retention, and on one occasion she was five days without making water; at least the careful watching of her attendants could not discover that she passed any during that time. Soon no more was said of retention of urine, but then instead of it constant sickness came on, and this was followed by violent diarrhœa. Both lasted for weeks, and no medicine appeared to have the slightest effect. By what means the diarrhœa was produced I was never able to determine; gradually it ceased, and was followed by pain in the chest, cough, and shortness of breath. These did not entirely disappear until she was married.

In another case which I attended, the most obstinate constipation was present in addition to the retention. The strongest aperients produced no effect. By forbidding the use of the catheter and eating freely of fruit, the patient recovered.

3rdly. I pass on now to stoppage in the ureter and pelvis of the kidney. The stoppage in the ureter may occur in any part of its course; but there are two portions of the ureter, as I have said, in which, more especially, obstruction by a calculus is likely to occur. The more common point of stricture is where the upper part of the ureter loses the funnel shape, which is a continuation of the pelvis of the kidney. The other point is at the entrance of the ureter into the bladder. Many instances of this stoppage are recorded. In one case, which I have already mentioned in a previous lecture, it occurred to me to find the ureter on one side stopped by a calculus at the upper part, while the other ureter was stopped just where it passed into the bladder. The stoppage was not sudden, there having been symptoms of calculus in the left kidney for ten years. On *post-mortem* examination, the parenchyma of the left kidney was entirely destroyed by dilatation of the pelvis. Near the orifice of the left ureter, close to the bladder, a calculus was found, which completely obstructed the passage. The right kidney was nearly as much dilated as the left. An elongated calculus was found in the left urethra at its opening into the pelvis of the kidney. The patient's death was caused by sickness and diarrhœa; the pulse becoming scarcely perceptible, irregular, and intermitting. The urine was more and more alkaline and scanty, containing

blood and pus globules. The calculi consisted of oxalate of lime, with a coating of phosphate.

When the obstruction is sudden and complete, the symptoms are most urgent. I have known sudden stoppage of the ureter of one kidney oause suppression in the other, and no water pass for nine days, and, notwithstanding this, the patient recovered.

I was asked to see Mr. C. T., aged 55, in consultation on the 1st of April, when I was told the following history:—On the 23rd of March, he was at market, quite well. He felt very ill at night, with pain in the abdomen and left side of the back, and he vomited. He took aperients without effect. On the 25th he sent for a Medical man, and was bled and given calomel and opium. The urine was scanty. On the 26th, at 6 a.m., the bowels at length acted with an injection and about one ounce of urine was passed. At twelve, said he was nearly well, but still complained of pain in the back, and the mouth was slightly sore. 11 p.m.—No water had been passed since the morning.

27th, 6 a.m.—He passed a good night, but now feels full and uncomfortable, with a constant desire to make water. The catheter was passed into the bladder, but no urine followed. 10 p.m.—Catheter again passed, but no urine found.

28th—Passed a very restless night, with slight delirium. 11 a.m.—Sickness returned. At 10 p.m., the pain in the back increased greatly.

29th and 30th.—Much the same. The last day, at 10 p.m., he threw up three quarts of fluid, smelling, it was said, strongly of urine.

31st.—Much the same.

April 1.—I found him able to get out of bed for the catheter to be passed. No urine followed. The abdomen was not distended. The tongue was white, thickly coated, not brown or dry. Pulse 65, good strength; breath offensive and peculiar; not mercurial nor urinous. Three pints of dark brown fluid, lately vomited up, did not smell of urine.

2nd.—Much the same.

3rd.—Hiccup, great drowsiness, with delirium, and sickness. No urine passed since the 26th, at 6 a.m.

4th.—At 4 a.m. the Medical man was sent for to see him die, as the messenger stated. He found him in great pain. Almost immediately afterwards, he passed about two pints of clear urine and a very small stone. It consisted entirely of oxalate of lime.

On the 12th of April, he was out, and about his usual occupation.

There can be little doubt that a calculus may obstruct the ureter, and produce dilatation of the kidney and ulceration of the constricting portion of the ureter, and then passing into the bladder, the ulcer may contract and leave the ureter almost or altogether impervious. A patient was admitted into St. George's Hospital, with fracture of the lower articulating extremity of the tibia. He was able to walk until the 9th day after the accident, when shivering came on, followed by much constitutional disturbance, and he rapidly sank. The day previous to his death, he, for the first time, felt an inability to void his urine, which was drawn off by a catheter. On examination, after death, it was discovered, that one of the kidneys was destroyed, by pressure, and was converted into a number of membranous dilatations, and contained two quarts of urine. On attempting to pass a probe down the ureter, it was found to be almost impervious, so as hardly to admit a bristle. The opposite kindey and the bladder were sound.

The inability to pass the urine the day before his death was probably quite unconnected with the disease of the kidney, at least the same thing occurs in cases in which the kidneys are perfectly healthy. For example, a gentleman who was gradually worn out with attacks of obstruction of the bowels, consequent on stricture of the upper part of the descending colon, which produced fæcal abscess, was generally able to pass his water without difficulty. He was excessively wasted and enfeebled, but apparently not more ill than for some days previous, when, on trying to pass his water, he found himself unable to do so. The urine was drawn off in the evening. He was restless during the early part of the night; towards morning a change occurred, and he died in the afternoon. No urine was passed from the time it was drawn off on the day previous till the time of his death. The kidneys were both healthy.

4thly. On Stoppage in the Secreting Structure of the Kidney.—Suppression of Urine.—Many cases are called cases of suppression of urine which have no right to this title. I have frequently been told of cases of suppression of urine in which no catheter was ever passed to certify the absence of urine from the bladder. Nay, I have even been told that a patient laboured under suppression of urine because no water was passed, and none could be drawn off by the catheter, and yet, a few minutes afterwards, a more skilful surgeon has drawn off some pints of water.

Of suppression of urine in cholera, and other cases of poisoning, I have spoken in an early lecture of this course. And in this lecture, I have just related a case in which the gradual distension of one kidney for three days caused a suppression of urine in the other kidney for nine days.

In Sir Benjamin Brodie's work on Urinary Diseases, 4th edit., p. 257, a similar fact is recorded:—

"A gentleman, aged 64, was seized with one of his usual attacks, indicating that a calculus had escaped from the kidney. Instead, however, of terminating in the usual manner, the pain continued unaltered, and he ceased to void his urine. The catheter found none in the bladder. The patient became comatose, and died in a fit of convulsions eleven or twelve days after the commencement of the attack. On examination, in one ureter, at the upper part, there was a calculus, as it were impacted, of about the size of a horse-bean."

It appeared, therefore, that the circumstance of one ureter being completely obstructed by a calculus had caused a suppression of the secretion of urine in both kidneys.

The following case of malignant disease of the bladder, producing pressure on the kidneys, and ultimately suppression of urine, will fitly conclude this lecture, and serve as an introduction to my last lecture on malignant and scrofulous disease:—

J. L——, aged 59, carrier, admitted into St. George's Hospital, under the care of Mr. Walker, October 21, 1840, with scalding and difficulty of making water, which is passed in a very fine stream. There was pain after the bladder was emptied for some few minutes; ill previous to his admission about four or five months, and about the 1st of October had complete retention.

October 24.—Unable to make water except in drops, and there is much pain in the perinæum, and along the course of the urethra, and in the region of the bladder.

27th.—Urine acid, but mingled with blood; a moderate-sized sound was passed, but not into the bladder.

Nov. 6.—Complains much of flatulence and pain in the bowels.

7th.—Abdomen still swelled and painful; makes water with much pain and great difficulty.

10th.—Slight swelling of the abdomen remains; some little œdema of the penis; makes water pretty well; a sound, No. 4 and No. 6, passed without pain or difficulty; nothing found.

14th.—Right thigh and leg have been much swelled, and œdematous for two or three days past; abdomen also slightly swelled; some pain in the hip and leg; makes water well and freely.

16th.—Pain and scalding in making water; leg less swelled.

17th.—Unable to pass his urine, which is muddy, and slightly acid.

19th.—Transferred to Dr. Hope. Some swelling and fluctuation of the abdomen; much swelling and tension of the right leg, of which he complains much; the left not the least swelled; face ruddy, and not fallen away; low-spirited.

Pil. hydrarg. gr. iii., pulv. scillæ, pulv. digitalis, aa. gr. i., ter die.

Potassæ acetatis ℥j., sp. ætheris mit. ℥ss., sp. junip. ℥j., dec. spart., ter die; gin ℥j., as punch.

20th.—Bowels acted frequently; some blood followed the passing of a catheter, but no urine; no urine could be obtained during the night; there appears to be very little passed.

21st.—Complains more of the swelling of the leg; continual calls to the stool, but very little passed; no urine could be passed; to be seen regularly by the Surgeon for mechanical obstruction to the passage of urine.

22nd.—Passed a very small quantity of water this morning; frequent calls to stool; a catheter was passed, but no water followed; the bladder does not appear to be distended with urine; appears in every respect as on the 19th, except that the leg is more swelled.

23rd.—About seven last night said to have been taken with a severe rigor, which lasted ten minutes; complained of pain at the lower part of the abdomen, for which he was ordered an injection; pulse weak, and extremities being cold, hot water was applied. He gradually sank, without a fit or loss of consciousness, and died at ten p.m.

Post-mortem Fifteen Hours after Death.—There was no disease of the heart or lungs; on removing the intestines, the ureters on each side were found distended and enlarged to the size of the small intestine; the right kidney appeared much wasted, the pelvis being so dilated, that the mammary processes no longer were seen; it encroached also on the cortical structure; the left kidney was larger than natural; the cortical structure very broad; the bladder was to be felt in the pelvis, hard, and

about the size of an apple; when removed, and a section made, the neck appeared to be changed into a hard striated substance; at the fundus the structure appeared more soft and fatty; the mucous membrane was thickened, and contained much earthy calcareous matter. There was an enlarged scirrhous gland pressing on the right femoral vessels.

In the treatment of retention and suppression of urine, our first thoughts must be directed to the cause of the disease. The obstruction must be overcome; the congestion must be diminished; the inflammation must be subdued. When nothing else remains to be done, we must endeavour, by acting strongly on the bowels by hydragogues, and on the skin by sudorifics, to relieve the poisoned system, and thus, at least, to obtain more time for the action of those antiphlogistic remedies which give the greatest hope of recovery.

I have already exceeded my allotted time, and with my next lecture, on malignant and scrofulous disease of the kidney, I must conclude this course.

LECTURES ON MALFORMATIONS OF THE HEART.

DELIVERED AT

St Thomas's Hospital.

By THOMAS B. PEACOCK, M.D.

Assistant-Physician to the Hospital.

Lecture V.

In the previous lectures I have described the varieties of malformation of the heart, and the symptoms by which they are characterised, and have explained to you the degree to which the several forms curtail the duration of life. It remains for me to allude to the mode in which the fatal result is generally produced in these cases, and to speak of the signs by which the probable nature of the malformation may be ascertained during life; and, lastly, to offer a few suggestions as to the means by which life may be prolonged, and as large a share of health be enjoyed as is compatible with the defective condition of the heart.

The immediate *causes of death* in persons labouring under malformation of the heart are—1st. Congestion or inflammation of the brain, lungs, or other viscera; extravasation of blood into the substance of the brain; or profuse hæmorrhage from the lungs or alimentary mucous membrane. 2ndly. Embarrassment of the circulation leading to dropsical effusions into the cellular tissue, pleuræ, pericardium, or peritonæum. 3rdly. Disease of the heart superinduced upon its original defect, causing greater obstruction to the circulation, with dilatation of the cavities and failure of muscular power; 4thly and lastly. Gradually increasing emaciation and exhaustion of the system generally, from the circulation of imperfectly aërated blood.

In persons who survive the period of puberty, death occasionally takes place from tuberculous disease of the lungs, as you will recollect I mentioned was the case in a patient of my own, who laboured under contraction of the pulmonic orifice and an open state of the foramen ovale, and died at the age of 20. In the case of obliteration of the pulmonary artery, reported by Dr. Ramsbotham, the patient died of phthisis, at the age of 15; and M. Louis also relates a case in which the patient had tubercles in the lungs. I especially allude to this cause of death, as it is so completely opposed to the dictum of Rokitansky, that "all cyanoses, or rather all forms of disease of the heart, vessels, or lungs, inducing cyanosis, of different kinds and degrees, are incompatible with tuberculosis, against which cyanosis affords a complete protection." (a)

Diagnosis.—The detection of the existence of malformation of the heart, when the patient is seen in early life, can scarcely present any difficulty. The statement, that palpitation, dyspnœa, and more or less cyanosis, had existed since birth, or shortly after, and the evidences of obstructed circulation at the time of examination, render the case sufficiently clear. But the ordinary symptoms may be absent, or may exist only to a slight degree, or the patient may not be seen till after he has attained the age of puberty or manhood, and there may be no satisfactory history of his previous state of health to aid the diagnosis. Though, in cases of this kind, if they had been under medical care, it is quite possible that sufficiently characteristic signs might have been observed, we are often assured by the patient and his friends, that he had enjoyed good health, had been capable of following a laborious occupation, and had presented nothing unusual in his appearance, until shortly before the time at which he falls under our notice. In such cases, then, it may be extremely difficult to decide whether the patient labours under some form of malformation, or under ordinary disease of the heart; and the differential diagnosis can only be effected by a careful examination and analysis of the general and physical signs.

In all cases, also, the detection of the precise form of malformation must be a task of considerable difficulty, and in some entirely impracticable. Where an infant suffers from great difficulty of breathing and palpitation, and is intensely cyanosed, at, or immediately after, birth, it may be inferred, that it labours under some serious malformation, occasioning great obstruction to the circulation of the blood, as obliteration or great contraction of the pulmonic orifice, or transposition of the aorta and pulmonary artery. On the contrary, when the symptoms do not manifest themselves at so early a period, and are less intense, there is probably only some slighter malformation, as a moderate amount of contraction at the pulmonary orifice. Of 150 cases of various forms of malformation of which I have collected notes, in nearly 70 there existed more or less contraction of the orifice of the pulmonary artery, and, in those patients who survived the age of 15, that condition existed in a much larger proportion of cases, or in 24 out of 28; so that, in any given case of malformation, especially after the age of 15, the probability is that the pulmonary artery is contracted. If this be the case, a loud systolic murmur will be heard in the præcordial region, and most intensely at the level of the nipple, and between that body and the sternum. It will be audible very distinctly in the course of the pulmonary artery, or from the base of the heart towards the middle of the left clavicle; and less distinctly at the upper part and right side of the sternum. If the pulmonic orifice be permanently open, as is often the case, especially where the whole of the valves are united, there will also, most probably, be a diastolic murmur; but, from the very small size of the aperture, in some cases, the regurgitant current may be too slight to generate a distinct murmur. Most usually, with considerable contraction of the pulmonary orifice, the septum is defective, and the aorta derives its supply of blood from both ventricles; and, if so, a systolic murmur may be produced in the ascending aorta, which may modify the signs observed. Generally, in such cases, the aorta is unusually large, and, from the powerful re-action on the valves, during the diastole, a loud ringing second sound is heard, on listening at the upper part of the sternum. With these signs there will also be perceived those of hypertrophy and dilatation of the right ventricle and auricle, and frequently a distinct jugular pulsation will be observed. The heart being much increased in size, and its walls hypertrophied, the dull space is extended beyond its usual limits, especially towards the right side; the præcordia is prominent, and the impulse of the heart powerful; and frequently a distinct purring tremor may be felt over the situation of the pulmonic orifice. The pulse is generally quick. It has been thought that, in cases of obstruction of the right side of the heart, the patient is disposed to let the head hang down, so as to compress the chest, rather than to adopt the upright position, which we most frequently see selected by patients with disease of the left orifices; but I have seen patients with aortic disease hang themselves completely over the side of the bed, so that this rule does not certainly apply. If the evidence of obstruction at the pulmonic orifice be tolerably conclusive, we may safely infer there is either a deficiency in the septum of the ventricles, or a patent foramen ovale, for one or other of these defects almost invariably co-exists with that condition. An aperture in the septum of the ventricles, without other malformation, would probably be attended by a murmur, caused by the flow of blood through the abnormal opening from the left into the right ventricle or auricle. The detection, therefore, of a systolic murmur at the base of the heart, without signs of obstruction at the aorta or pulmonic orifice, might lead to a suspicion that such a communication existed. This surmise would be strengthened if the murmur were not propagated in the course of the pulmonic artery or aorta; and, especially, if the patient was long under notice, and constantly presented the sign, without other evidence of cardiac disease or defect; and without having had any disease or accident during life, which could probably have produced such a change in the heart as would be likely to be attended by a permanent murmur.(a)

(a) Sydenham Society's Translation, Vol. IV., p. 251.

(a) In the case which I have before referred to, as having occurred to Mr. Daldy, a loud systolic murmur had been heard at the base of the heart for seventeen years, though, during the whole of this time, the patient had no cardiac symptoms, and, indeed, enjoyed good health. After death, an aperture was found in the septum of the ventricle, which permitted the blood to flow from the left ventricle into the right auricle.

I do not know that there are any means of detecting the open state of the foramen ovale.

There are also other malformations of the heart, such as transposition of the aorta and pulmonary artery, which could not be at all diagnosed during life. In some cases, as where the ductus arteriosus or foramen ovale remains open, the diagnosis might be aided by ascertaining whether the infant had been born prematurely, or at the full period.

The *Medical Management* of cases of malformation of the heart is necessarily limited to the relief of the urgent symptoms which may arise, and to the avoidance of the various causes which might aggravate the existing defects in the condition of the heart.

In all cases it is essential that the patient should be kept entirely quiet, and that excitement of mind and fatigue of body should be avoided. Benefit may sometimes be derived from gentle exercise, but it should be in the nurse's arms if an infant, or in a carriage for an adult person. The system should be carefully protected against cold by warm clothing, and especially by wearing flannel next the skin; the digestive organs should be maintained in a healthy state by the avoidance of indigestible food and the regulation of the excretions; and, in all cases, the strength must be supported by an unstimulating but nutritious diet. Warm or tepid bathing or ablution, followed by friction of the surface, by promoting the healthy action of the skin, and so aiding the pulmonary system, is often of use. In the severe paroxysms, if not relieved by entire rest, antispasmodics and the warm bath may be employed; and the symptoms which are apt to arise from congestion of the viscera may be combated by mild alterative remedies, with saline aperients, or occasionally by local depletion, as by the application of a few leeches. By these means, in the slighter forms of malformation, life may occasionally be prolonged for several years, and, in some cases, a considerable amount of vigour be enjoyed; but, under the most favourable circumstances, such cases are only the exceptions, and the amount of advantage which can be derived from Medical assistance is generally very trivial. In the more serious deviations from the natural conformation of the heart, the maintenance of life is necessarily limited to a few days, weeks, or months, and the benefit to be derived from medicine is confined to affording some alleviation to the sufferings of the patient.

At the commencement of these lectures I have spoken of the existence of a class of malformations, which, though they do not necessarily interfere with the functions of the heart, and are not productive of immediate mischief, yet frequently lay the foundation of disease in after-life. These malformations consist of those in which the valves of the heart are irregularly formed, though the development of the organ generally is not interfered with. I shall speak—

First, of the *Malformations of the Semilunar Valves: Deficiency in the Number of Segments.*—The number of the semilunar valves may either be excessive or defective. In the latter case, their condition, whether at the aortic or pulmonic orifice, is similar to that which I have described in my first lecture. In some cases, the aperture is defended by a single valve, protruded forwards in the course of the circulation so as to assume a funnel shape, and which displays on its upper side three distinct septa or frena, dividing the same number of sacs, indicating its former division into three separate valves. This condition is common at the pulmonic, but rare at the aortic orifice. It must, in all cases, be a source of obstruction to the flow of blood from the ventricle, and generally, also, admits of regurgitation. It seems to be due to the adhesion of the three valves together.

In the second, and by far more frequent form of malformation, there are only two valves, and the deficiency in the number of segments is apparently caused by the adhesion of the contiguous sides of two of the valves, so that, in the process of development, they have become blended into one. The original separation of the valves is, however, still generally indicated by the disproportionate size of the united valve, by the existence of a septum or frenum dividing it more or less completely on the upper or aortic side, and usually, also, by a slight sulcus running across its ventricular aspect from its attached margin to the free edge, and terminating in a small notch. This condition of the valves has been, by some pathologists, referred to disease in after life; or to the breaking down of the angle of attachment, as the result of injury. But, while both these causes do occasionally lead to the blending of two of the curtains into one, there can, I think, seldom, if ever, be any difficulty in deciding between those fusions which have been congenital and those which have occurred in after life. The frequent co-existence of this condition with other malformations, and its being found in the hearts of infants who die very shortly after birth, conclusively establish its intra-uterine origin. Indeed, I recently found only two aortic valves, and one of these presenting the signs of former division, in the heart of a fœtus, otherwise well-formed, which had not breathed. It seems probable that the inequality in the size of the two existing valves, indicates the period at which the segments forming the united valve became adherent. Where the two valves are of nearly equal dimensions, the fusion probably occurred at an early period of fœtal existence; where there is considerable difference in size, at a later period. In a paper in the *Edinburgh Journal of Medical Science* (a) I have endeavoured to explain the modes in which this malformation gives rise to disease in after life. It is not necessarily productive either of obstruction or incompetency, but frequently becomes the cause of both.

In the third and most infrequent form of malformation by defect, the original condition of the valves is indicated by a small rudimentary segment interposed between two large valves. This condition appears to depend upon one segment having become the seat of disease during fœtal life, so as to arrest its further development.

In all cases of deficiency in the number of the semilunar valves which I have examined, (and I have notes of upwards of fifty,) proofs have been presented of the originally triple form of the valves, so that it may be inferred, that all forms of defect, originate in one or other of these modes. I do not, however, wish to extend the inference too far, or to deny that cases may occur in which no such evidence of former division can be detected; but it must be granted, that the absence of such signs does not show they have never existed. For if, as we frequently see, the two valves may be of nearly equal size, and the indications of the former division of one of them, may be only traceable on very careful examination, or if, where a rudimentary valve exists, it may be extremely small and imperfect, we can readily understand, that, in some cases, all traces of the original condition of the valves may disappear, though the mechanism of the malformation may have been precisely similar.

Excess in the Number of Segments.—A more rare form of malformation of the semilunar valves is that in which they exist in excess, there being four distinct segments either at the aortic or pulmonic orifice. Of the 50 cases to which I have before referred 9 were examples of excessive development, and in 8 of these the orifice affected was the pulmonic, while in one only was there more than the proper number of segments at the aortic orifice. Where there are four valves, in some cases two of the number are much smaller than the others; in others there are three regularly-formed valves, with a smaller supplementary segment, interposed between two of them; and, occasionally, all the valves are of nearly equal size.

In the absence of any exact information as to the mode in which the aortic valves are formed, it is not easy to offer a satisfactory explanation of the cause upon which the excess in the number of segments depends. I have thought, however, that the form of the valvular apparatus in the bulbus arteriosus of some fishes, may afford a probable indication of the mode in which the semilunar valves are developed in man. In the beautiful preparation of the Cephalopterus giorna (Cuv.), or American devil-fish, contained in the Museum of the Royal College of Surgeons, (No. 910 of the physiological series,) three projecting muscular columns are seen to extend the whole length of the bulbus arteriosus, from its commencement in the ventricle to its termination in the branchial artery. At a short distance from the ventricle, small valvular folds project from the sides of each muscular column, so as to form six imperfect valves, and of these there are several rows. The folds become more distinctly valvular as they advance towards the branchial artery, till, at the termination of the bulbus arteriosus, they give place to three well-formed semilunar valves. Each muscular column terminates in the centre of one of the semilunar valves, so that it appears as if the latter were formed by the approximation and blending into one of two of the folds, the muscular column becoming at the same time abortive. A very similar arrangement is seen in the bulbus arteriosus of some other fishes, especially in the skait or Raia batis. It seems probable that the semilunar valves in man, may be developed in a mode somewhat analogous to this; each separate valve consisting originally of two portions, which ultimately become blended together, and lose their central attachment to the sides of the orifice. I am not, indeed, able to bring forward any proof that they are really thus formed; but the supposition affords a ready explanation of the fact, that the valves are occasionally found to exceed

(a) *Monthly Journal of Medical Science*, May, 1853.

the normal number; and that, where such is the case, the excess generally appears to be due either to the imperfect division of one valve into two, or to the presence of a supernumerary valve, only partially separated from one or other of those with which it is in juxta-position. If this supposition be correct, the increased number of the valves, so far from depending on excessive development, really results from arrest of growth; the condition being thus analogous to other forms of malformation which apparently result from excessive development, though they really indicate a more rudimentary stage, as where the supernumerary septum exists in the right ventricle.

Dr. Chevers has pointed out that occasionally there are bands or strings found extending from the points of attachment of the semilunar valves to different parts of their free margins; and that, when this is the case, the valves have a striking resemblance to the lower series of segments in the bulbus arteriosus of the shark, which are the analogues of the left auriculo-ventricular valves in animals which have a double circulation. He has suggested that this condition, instead of being the result of atrophy or disease of the valve in later life as generally regarded, is probably a congenital defect. It is, however, quite possible that the condition may, in some cases, be acquired during life; but, in others, Dr. Chevers's views are most probably correct, and this condition must be regarded as presenting a further analogy between the form of the valves in fishes and warm-blooded animals.

Malformations of the Tricuspid and Mitral Valves. — The three segments of the tricuspid valve are occasionally found united together, so as to form a kind of membranous diaphragm stretched across the right auriculo-ventricular aperture, and perforated in the centre by a small opening, generally of a triangular form. This condition closely resembles the first description of malformation of the semilunar valves; and, though usually considered as resulting from disease in after life, is, I believe, really of congenital origin. It occasionally exists in combination with other decided malformations, as in cases related by Lallemand and Louis,(a) and one which I have myself reported in the "Pathological Transactions;"(b) while, in other instances, where there is no decided malformation, the patients are found to have presented evidences of cardiac disease from early life. Two cases of this kind have fallen under my own notice. In one of these, related by Mr. E. Pye Smith in the "Pathological Transactions,"(c) the patient had been ailing all her life, and, though 37 years of age, did not appear to be more than 15 or 16. She had never had rheumatism or other affection likely to have been complicated with disease of the heart. In the other case, the patient, who was under my own care at the Aldersgate-street Dispensary, was 32 years of age, and had had two attacks of rheumatism, the first thirteen, the second two years, before she fell under my notice. Since the former attack her symptoms had been aggravated, but she was distinctly stated to have laboured under palpitation and dyspnœa prior to the first rheumatic attack, and indeed from her earliest infancy. In both these cases the mitral valves were also adherent, and the orifice greatly contracted, and in a case referred to by Laennec,(d) and regarded by him as possibly resulting from intra-uterine disease, a similar complication existed. If, therefore, I am correct in regarding the union of the tricuspid valves as of congenital origin, it becomes probable that some of the cases of adhesion of the mitral valve, occasioning contraction, also depend on changes which have taken place during fœtal life. The only author, who, so far as I am aware, has expressed this opinion is Mr. Burns,(e) and his remarks on this subject have attracted little attention. From, however, the complete fusion of the folds of the mitral valve, which is sometimes found; from the occasional co-existence of this condition with similar disease of the tricuspid valve and with decided malformations; and from the generally early age at which death takes place in persons who present the disease in its most characteristic form, I cannot but regard it as probable that Mr. Burns's views are, at least in some cases, correct. This inference is corroborated by the fact which I have before mentioned, that both the right and left auriculo-ventricular apertures are occasionally obliterated during fœtal life, most probably from disease originating in the valves. It is true, that generally in cases of great contraction of the mitral orifice, from adhesion of the valves, the patients have, at some period of their lives, laboured under rheumatism, and that their severe symptoms are referred to periods subsequent to those attacks; yet this is often the case where undoubted malformation exists, and is in accordance with the general pathological law, that, whenever a part has once been the seat of diseased action, it is ever afterwards prone to similar diseases, during which the previous changes become aggravated. I, however, throw out these remarks rather as suggestions to be confirmed or disproved by future observations, than as established opinions.

The only other malformation to which I shall allude is that condition of the valve of the *foramen ovale*, in which, though it entirely covers the aperture, and is drawn up considerably above the isthmus, *it does not become adherent, so that an oblique passage remains.* Under these circumstances, it has been supposed, that, in after life, if the auricles become greatly dilated, a communication might be re-established between their cavities. In this supposition there seems no improbability; but, though I have seen many cases in which, with an unadherent valve, the sulcus foramen ovalis was greatly expanded, I have never met with any in which the passage was restored. The valve expands in proportion to the enlargement of the sulcus; and, in a specimen which I possess, there is a very remarkable dilatation of the valve, which forms a distinct sac, projecting from the right into the left auricle; and yet, though the fold does not adhere over a large space, no communication has been established between the cavities. In some cases, however, with this expansion, the valve yields in places, so that several perforations are formed, giving it a cribriform appearance. Of this condition I have also a good example, in which it is apparently the result of disease. Were the aperture to re-open in after life, it would most probably be in consequence of dilatation of the right auricle, as the pressure of the blood would, under such circumstances, push the valve away from the septum, and so tend to restore the passage.

Authors describe some forms of disease of the heart as dependent on an original want of just proportion between the size of the cavities and orifices, but I much doubt whether this frequently operates as a source of disease. The aortic and mitral apertures are frequently very much smaller than the orifice of the pulmonary artery, and the right auriculo-ventricular aperture; but this is generally due to obstruction having existed in the lungs or pulmonary artery, and not to faulty conformation of the left orifices themselves. On this subject I may refer you to a very able and interesting paper, by Dr. Barlow, in the "Guy's Hospital Reports" (No. 13). As the lectures have already much exceeded the limits which I intended at their commencement, I must with these remarks conclude.

In doing so, I wish it to be understood, that, as stated at the commencement of the course, I have not aimed at giving you an elaborate exposition of the various forms of malformation, but have rather desired to present a general outline of an interesting and important branch of pathology, to be filled up from other sources. It has been my object to point out the connexion between the different kinds of malformation, so as to trace the processes by which they are produced; and to show, that, instead of resulting from causes which do not operate in after life, they are really dependent on diseased action, previously identical to that which affects the tissues after birth. In the fœtus, as in the adult, the valvular apparatus is the most common seat of disease, and obstruction being thus caused to the flow of blood through certain orifices or channels, necessarily directs it into others; and so, according to the period of fœtal life at which the disease occurs, and the seat which it occupies, are probably produced the various malformations with which we are acquainted. The first steps by which these changes are effected, cannot in all cases be ascertained, but they are traceable in sufficiently numerous instances, to render it probable that similar causes may operate where they cannot be detected. In enunciating these views, I do not claim for myself much originality, for they are not new, and are held by others as well as by myself, but they cannot be considered so completely established as to need no further comment.

(a) Mem. on Recherches Anatomico-Pathologiques: Com. des Cavities Droites et Ganches, Obs. 6 and 10.
(b) Vol. V., 1853-54.
(c) Vol. III., p. 283, 1852-53.
(d) Forbes' Translation, 4th Edition, 1834, p. 574.
(e) "Diseases of the Heart;" and Farre, "On Malformations."

CLAPHAM GENERAL DISPENSARY. — The Inauguration Dinner took place on the evening of Thursday, the 18th ult., in the hall of the Institution. The Lord of the Manor, Henry Atkins Bowyer, Esq., presided. About 130 of the most influential residents in the neighbourhood were present. Edward Tayloe, Esq., announced that the donations amounted to 545*l.*, and he had the pleasure to state, that the bachelors now present had liberally offered to clear off the remainder of the debt, if the Committee would place at their disposal the use of the room for a ball. The Chairman approved of this proposal.

ORIGINAL COMMUNICATIONS.

A CASE OF EXTENSIVE INTRA-ARACHNOID HÆMORRHAGE,

RESULTING FROM A BLOW ON THE EYE.

By ST. JOHN EDWARDS, Esq.

A. R——, aged 25, an unfortunate girl, tall, well made, of dark complexion, and dissipated habits, was in perfect health up to the 8th of October last. On that night she went out to pursue her usual avocation, and returned drunk. While out she received a blow on the left eye, which was blackened in consequence. From the night of the 8th to the day of her death she was quite "steady," only leaving home once. She complained repeatedly of her head, and begged her friends to procure her laudanum, which she was in the habit of taking in large doses. She did not, however, succeed in getting any, nor does it appear that she took at this time any alcoholic stimulant. On the night of the 18th she became, according to the evidence of her landlord, quite uproarious and unmanageable; so much so, that her friends locked her up towards evening in her own room, in order to get rid of her for a time. She then pushed and kicked at her room door, and was very noisy. She had the full use of all her limbs, and undressed herself. She was seen in bed at half-past seven p.m., and again at eleven p.m., and, on the latter occasion, was spoken to. She appeared sensible, but returned no answer. At noon next day, the 19th, she was alive, breathing heavily, and asleep; at one p.m. she was dead.

Post-mortem Appearances.—Body well formed, and in excellent condition, nearly an inch of fat on abdominal wall anteriorly. No remains of bruise on left eye. *Head.*—On taking away the calvarium, the dura mater covering the left hemisphere was observed to be much darker in hue than that of the right side; and, on removing this membrane, the cause of the difference was obvious, for the left arachnoid cavity—all that portion of it, at least, which lay above an horizontal line drawn level with the top of the ear—was filled with blood, partly fluid, partly coagulated; the coagulated portion being of the colour and consistence of black currant-jelly, and containing in its middle a fibrinous clot, about the size of a small nut. The fluid portion of the blood, on further examination, was found to extend downwards to the base of the brain, where it occupied the anterior portion of the middle fossa, the sella turcica, and the parts around. The optic nerves were bathed in blood. There must have been between four and five ounces of blood in all. On the convex surface of the hemisphere, midway from front to back, the clot had formed a deep oval valley in the convolutions, the longest diameter of this valley being fully an inch and a-half. The membranes were all deeply stained by the blood, so also was the substance of the convolutions, in some places to the depth of a quarter of an inch. The brain itself was throughout quite healthy. On searching the base of the skull for the cause of the hæmorrhage, we found the small wing of the sphenoid bone on the left side disarticulated from the adjoining portion of the frontal bone, and displaced backwards and upwards, but the dura mater covering it was not pierced, or otherwise injured. The displaced portion of bone was exactly in a position to have wounded the middle cerebral artery in the fissure of Sylvius. Unfortunately there was not time sufficient to make a very minute examination, with the view to ascertain whether such rupture had been effected or not. There were no evidences of inflammation of the dura mater around the seat of this injury. The *Lungs* were both highly emphysematous. Fully two-thirds of each were greatly engorged with blood; while the lower part of each inferior lobe was collapsed. *Heart.*—The pericardium contained about half an ounce of darkly-stained serosity. The right ventricle was loaded externally with fat. In the sulcus, between the auricle and ventricle, the layer of fat was quite an inch thick. The left ventricle had scarcely more than the normal amount of subpericardial fat. On cutting open the heart, the right ventricular wall was found to consist almost entirely of fat. In some places, positively no muscular tissue could be detected with the naked eye. In no place was the muscular layer more than a line thick; muscular fibres taken from this ventricle, and subjected to microscopic examination, were pale, very faintly granular, almost translucent, with the transverse striæ scarcely at all marked. The muscular substance of the left ventricle was not at all encroached upon by fat; it was very pale, and easily broken down by pressure of thumb. The valves were all healthy. The *Stomach* was nearly empty, and had numerous patches of capillary and punctiform injection.

Description of other organs omitted.

Four points of considerable interest present themselves in this case:—

1. The quantity of blood extravasated into the arachnoid cavity.
2. The cause of the extravasation.
3. The length of time that elapsed between the injury and death, and therefore between the injury and the actual extravasation; and
4. The state of the right ventricle of the heart.

With regard to the second, I have no doubt that the blow on the eye was the cause of the displacement of the small wing of the sphenoid, and that the displaced bone, in its turn, caused the hæmorrhage by rupturing some vessel or vessels at the base of the brain, though the direct proof of this, viz., the actual discovery of the rupture, is wanting.

The third point I have as yet stated dogmatically, for the actual time of the hæmorrhage remained to be discussed.

We may suppose, first, that it commenced immediately after the blow, and continued up to death; or, secondly, that it commenced then, and was rapidly arrested by the plugging of the wounded vessel or vessels with a clot; or, thirdly, that the displaced bone plugged the wound, and so prevented any hæmorrhage until the night of the 18th, when, from her violent movements, or some other unexplained cause, the plug became displaced, and rapid extravasation ensued.

The first supposition is hardly tenable when we consider the absence of all compression symptoms. If the second were correct, evidences of meningitis, produced by the presence of the plugging clot, would surely have been found, if not the clot itself. I am, therefore, led to look upon the third supposition as the right one.

I have expressly mentioned the fourth point, viz., the condition of the heart, not that it bears in any way upon the history of the case, but because, in these days of the almost universal use of chloroform, it may not be useless to direct attention to an abnormal and very dangerous condition of that viscus occurring in a young and apparently healthy subject, to whom the most cautious of men would scarcely have refused to administer the anæsthetic in case of an operation.

University College.

SINGULAR CASE OF DISLOCATION OF THE RADIUS AND ULNA AT THE ELBOW.

By T. F. SANGER, Esq., M.R.C.S.

John Gosden, farmer, aged 66, of a spare habit and lax muscular fibre, fell from a high load of straw, with his arm abducted from his body, and struck the inner side of the elbow on the ground with great violence. The muscles being relaxed, the force of the blow pushed both ulna and radius outwards beyond the external condyle of the humerus, and, the biceps in front and the triceps behind contracting, drew both bones of the forearm above the external ridge as high as the lower third of the humerus. The internal condyle was very prominent, the skin being stretched tight over it, and appearing as though the least increase of violence would have forced it through the integument, and have produced a compound dislocation. The trochlea of the humerus could also be distinctly felt. The forearm was supinated, and the hand was turned out at right angles with the elbow.

I saw that the best plan of reducing this uncommon form of dislocation was to overcome the resistance of the flexor and extensor muscles of the arm, (the biceps and triceps,) bring the great sigmoid notch of the ulna down to a level with the eminentia capitata of the humerus; slip it on to that process, and complete the reduction by pushing it inwards to the trochlea.

To effect this purpose, I drew the injured forearm across the body, and over the other arm, at about its middle, counter-extension being steadily made by an assistant. In about ten or fifteen minutes, I succeeded in tiring out the muscles, pulling down the bones of the forearm, and slipping the great notch of the ulna on the outer eminence of the humerus. I then brought the arm close to the body, bent the elbow to a right angle, and had very little difficulty in sliding the bones into their normal position.

I applied a light bandage, placed the arm in a stiff leather cradle, supported by a broad sling, and kept an evaporating lotion applied for a few days.

He made a very quick recovery, considering the extensive

laceration there must have taken place, both to the external and internal lateral ligaments. He has gained the full use of the arm, which is nearly as strong as it was before the accident.

Alfreston.

CASE OF STRANGULATED FEMORAL HERNIA.

By J. W. FLETCHER, M.R.C.S., L.S.A.

Late House-Surgeon to St. Bartholomew's Hospital.

The following case is a good illustration of the intestine recovering its propulsive function under very disadvantageous circumstances.

A. B., aged 45, a pale, delicate woman, the wife of a respectable tradesman, has been the subject of femoral hernia on the right side for three years, for which she has never worn a truss. She has never experienced much inconvenience from it, always having been able to return it herself. I was first called to see the case on March 7, at eleven p.m. On examination, I found a tumour, the size of a hen's egg, pyriform in shape, extending upwards over Poupart's ligament on the right side; it was tense, exquisitely tender to the touch, and the integument covering it was somewhat discoloured by the forcible attempts she had herself made to return it. The tumour did not communicate any impulse on coughing. Her countenance was pinched and anxious; abdomen tense and painful on pressure; pulse 112, small, and easily compressible; vomiting constant, offensive, but not stercoraceous. While dressing yesterday morning (March 6) the tumour descended, when all her efforts to reduce it were ineffectual, the above symptoms rapidly coming on. The bowels have not acted since the morning of the 5th. I had the patient placed in a warm bath, and diligently applied the taxis, but without success. Various other remedies were tried, but failed in the desired effect. The patient having been placed under the influence of chloroform, I again applied the taxis for a minute or two; but, my attempts still being frustrated, I at once proceeded to the operation, in which I was most ably assisted by my partner, Mr. Marsh. Upon dividing the integuments, the subcutaneous tissues were found infiltrated; and, the sac being opened, a large quantity of sero-sanious fluid escaped, and exposed a knuckle of intestine of a jet black colour, which, on being slightly pulled down, exposed a line of ashy hue at the point of strangulation. I divided the stricture (Gimbernat's ligament), and returned the protruded portion of intestine, with but a very faint hope of a successful result, fearing it would give way when called upon to perform its function and discharge its contents into the peritonæal cavity. Such, however, luckily did not happen, the patient having progressed to convalescence with hardly a bad symptom.

Upton-on-Severn.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S, ST. THOMAS'S, AND HOSPITAL FOR DISEASES OF THE SKIN.

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

To Prevent Night-sweats in Phthisis.—Night-perspirations in the course of phthisis are often extremely annoying to the patient; they appear, also, to be simply debilitating, and unattended by any degree of collateral benefit. Some cases which were carefully noted by Mr. Hutchinson, the Clinical Assistant at the City Hospital for Chest Diseases, with a view to the determination of that question, appeared to show that they may be artificially checked, not only with impunity, but with great benefit. The patients who were so treated, and who, in the course of a week or a fortnight, got quite rid of sweatings which for months had been profuse, thought themselves much better, and did not complain of increase, either as regards the expectoration, the feverishness, or the sense of stuffing in the chest. Under the usual treatment of phthisis, (full diet, cod-liver oil, and tonics,) the tendency to night-perspiration often ceases spontaneously. If it become desirable to expedite the process, it may be done by the sesquichloride of iron, the mineral acids, or, best of all, by the gallic acid. The following is the prescription for a night-draught containing the latter:—

℞ Acidi gallici gr. vij.; morph. acet. gr. ½; alcohol q. s. (a few drops); syr. tolutan. ʒss.; aquæ ʒj.

The night-pill, as we find it in the Pharmacopœia of the Brompton Hospital for Consumption, is—

℞ Acid. gallic. gr. v.; morph. hydrochl. gr. ½; mist. acac. q. s. Ft. pil. ij.

It is also of advantage to adopt an astringent regimen as far as convenient. The patient should be directed to sleep on a mattress, alone, and not heavily clothed; he should wear no flannel in bed; as dry a diet should be taken as conveniently can be borne, and fluid should be especially avoided in the latter half of the day, none whatever being allowed later than several hours before bed-time.

Treatment of Milk Abscess.—We alluded in terms of strong commendation, in a former report, to the plan of tonic medication in all cases of milk abscess, which is adopted by Mr. Paget at St. Bartholomew's Hospital. Very numerous cases of this affection, in all forms and stages, excepting perhaps the peracute, come under treatment in the out-patients' rooms of that Institution. Their subjects are generally cachectic women. Mr. Paget always opens the abscess as soon as fluctuation can be felt, by an incision as small as possible, scrupulously abstains from squeezing, and orders a small poultice to be applied over the part where the skin is inflamed. Over the poultice a layer of cotton-wool is placed, and the whole slung to the neck in a handkerchief. A draught, containing quinine and the sulphate of iron, is ordered to be taken three times daily. Mr. Paget states, that, for many years, he has never, in a single case, had any trouble with fistulæ. We observe a great difference in practice among Hospital Surgeons as to making large or small incisions into mammary abscesses; some preferring very free openings, and others, like Mr. Paget, never making more than a mere puncture. On the whole, the latter mode appears to be the more successful; the constitutional treatment is doubtless, however, of the most importance.

Remedy for Favus.—From the observation of about a dozen cases of severe favus (diagnosis by the microscope in all) recently treated by Mr. Startin at the Hospital for Skin Diseases, we can speak with great confidence of the efficiency of the following ointment. It is the Ung. sulph. comp. of the Pharmacopœia of that Institution. ℞ Sulph. sublimati lbss.; hydrarg. ammoniochlorid. ʒss.; hydr. sulphureti cum sulph. ʒss. Leviga simul, dein adde olivæ olei ʒiv.; adipis recentis ʒxvj.; creosoti ♏xx.; misce. To correct the state of general health, Mr. Startin commonly orders simultaneously a mild course of the iodide of potassium, but this, we suspect, has but a small share, if any, in the local result. Often when the scalp has been for many years thickly covered with the peculiar favus crust, four or five nightly applications of the above ointment have sufficed to make it perfectly clean. So long as the patient will continue regularly to use a small quantity every day, the disease may be prevented from reappearing, and the condition assumed by the scalp under its influence might easily be mistaken by the inexperienced for one of complete cure. As soon, however, as the inunction is suspended, the eruption reappears. This liability we have known, in more than one case, to extend over nearly a year, and probably it may for much longer periods. The ointment, however, which does not smell much, need only be applied at night, and may be washed entirely away every morning, so as to entail but little inconvenience on the patient. The hair will, to a considerable extent, grow during the treatment, provided that the scalp have not been too much destroyed. In a most disgusting disease, for which as yet no real cure is known, it is much to be in possession of an almost certain means of ensuring its absence. The ointment no doubt acts as a parasiticide. Before its first application it is desirable to clear away the crust as much as possible, either by fomentation or a poultice.

We may remark, that the ointment mentioned is used by Mr. Startin in the treatment of scabies, and also in that of the contagious form of porrigo.

Dilute Nitric Acid in Constitutional Syphilis.—A practical rule of great value in the management of the constitutional forms of syphilitic disease is, never to persevere with a remedy which, after a fair trial, produces no apparent benefit. It is a disease which, if the right treatment be hit upon, generally yields with surprising rapidity. Another rule, which we observe most practical surgeons adopt, is, to change the remedy, if, after great improvement, the affection come to a stand-still or appear to retrograde. By ringing changes on the iodide of potassium, small doses of the bichloride, iodide, or biniodide of mercury, or the dilute nitric acid, much greater good may be done, than by the continuous employment of any one of these preparations. The dilute nitric acid is a drug which has a considerable reputation in this disease, but of which the exact effects have not been sufficiently investigated. Whether it acts merely as a tonic or

alterative, or whether it has specific power over the disease, is yet a debated question. The following case, in which, after the iodide had failed, it produced effects which might seem to denote a specific influence, is worthy of narration. We epitomize it from the daily record kept by Mr. Edmonds, the dresser of the patient:—

Emma J., aged 20, a prostitute, was admitted into St. Thomas's, under Mr. Simon's care, on April 26, suffering severely from an eruption of ulcerating rupia, the large sores formed by which were scattered over the thighs, nates, and some other parts of the body. The disease had marked syphilitic characters, and she admitted having been salivated for the original affection one year previously. Mr. Simon ordered a meat diet, with eight ounces of wine daily; the sores to be dressed with a bichloride lotion (gr. ij. ad ℥j.), and a draught, containing four grains of iodide of potassium dissolved in water, to be taken three times daily. These measures were continued for ten days without benefit, the patient meanwhile taking her food well. On May 6, some of the sores were decidedly increasing, and one of the larger was in a sloughy state. The draught was now changed for ℞ Acid. nitric. dilut. ℥xxv., syrupi ℥ij., quin. disulph. gr. ii., aquæ ℥j. The same lotion was continued, the quantity of wine increased to twelve ounces, and two eggs added to the daily allowance of food. A surprisingly rapid improvement ensued on this change of measures. The sores at once cleaned and commenced to heal. In the course of ten days several were almost cicatrized, and the patient is now so nearly well that she will shortly be discharged. It is possible, of course, that the quinine in this case, which was commenced simultaneously with the acid, had some share in the cure. As, however, a tonic regimen, with wine, had been pursued before, without the least benefit, it seems fair to attribute the chief influence to the latter.

ST. THOMAS'S HOSPITAL.

MALIGNANT STRICTURE OF THE ŒSOPHAGUS.—DEATH AFTER SEVEN MONTHS' SYMPTOMS.—AUTOPSY.

[Under the care of Dr. RISDON BENNETT.]

The following case is one of no ordinary interest in relation to the symptoms and diagnosis of the disease it exemplifies. It would appear from modern research, on which alone, respecting this question, can any reliance be placed, that malignant (epithelial) stricture of the œsophagus is by far more common than the other forms. Such cases as the following would, without the microscope, have probably been classed among "simple fibrous strictures," as the thickness of the deposit was not so great as is usually expected to be present in cancer. For the particulars of another instance of the same kind, we may refer to the *Medical Times and Gazette* for March 25, 1854, page 290. In that case, however, the disease was not quite so closely limited to the tunics of the canal involved as in the following.

James Sessions, a wine-cooper, of intemperate habits, aged 51, was admitted on January 16. He complained of having for some months been losing flesh and strength, and stated, that two years ago he had spit up a little blood. He had no cough or difficulty of breathing. On auscultation, a little harshness was noticed to attend the respiratory sounds over the left apex, but there were no marked signs of disease. He looked ill, was pale and thin, and his eye had the peculiar clear appearance which so often denotes pulmonary phthisis. The cod-liver oil was accordingly ordered, and a stomachic mixture, to be taken together three times daily.

On February 2, he mentioned casually another symptom, namely, that for two months past he had not been able to swallow solids. On further questioning, it appeared that he had long felt a sense of obstruction in the upper part of the throat, though quite unattended by pain or by smarting in the act of swallowing. He had been losing his voice. No tumour could be felt externally. His breath was fetid, and there was a continual flow of saliva into the mouth, by which the teeth had become coated. As a concentrated form of nutriment, the cod-liver oil was still continued.

From this date he got rapidly worse. The loss of voice became more complete. He spoke in a very peculiar manner, always holding the head motionless when doing so, and enunciating very deliberately; the sound produced was a low, soft whisper, quite unattended by hoarseness or any laryngeal twang. Several possible causes were suggested, and the exact diagnosis of the disease was not easy. The fetor of the breath was quite enough to indicate the possible existence of a pharyngeal abscess connected with diseased bone. There might be an aneurism pressing on the œsophagus, or the source of obstruction might be a stricture of that canal. The last supposition was deemed the most probable. On March 16, Mr. Hilton, as Surgeon to the Hospital for Diseases of the Chest, saw the patient, in consultation with Dr. Bennett, and the question was raised as to the propriety of attempting mechanical dilatation. Having examined the case carefully, Mr. Hilton took the diagnosis a step further, and also expressed himself as decidedly averse to instrumental interference. He believed that the disease was stricture by a malignant growth, this opinion being founded on the circumstance that the voice was lost. Had it been an aneurism pressing on the trachea or nerve trunks supplying the larynx, the voice should have been stridulous, and paroxysmal attacks of suffocative dyspnœa should have occurred. Were it an abscess, there could be no reason why the voice should be permanently lost. Were it a simple contraction or stricture of the œsophagus, the voice, again, would not suffer; but were it supposed to be malignant growth around the latter tube, it would in all probability, without stretching them, involve in its growth the recurrent laryngeal nerves, and produce exactly the condition present (paralytic aphonia). It must be remembered, that this opinion was given although there was no thickening whatever perceptible on external examination. The impropriety of attempting to force a malignant stricture was, of course, apparent; and Mr. Hilton advised, that, on the contrary, the man should not even try to swallow solids, but content himself with taking large quantities of bland fluid nutriment. Blisters were also to be applied around the throat, in the hope of diminishing the vascularity and tumefaction of the growth.

The man remained under treatment at the Chest Hospital until April 13, when, having got so weak that he could not well walk to and from the Institution, Dr. Bennett transferred him to St. Thomas's Hospital, where he was admitted as an in-patient. He continued in St. Thomas's up to the time of death, which took place on May 13. He had in the interval become emaciated to the last degree, and had latterly been quite unable to swallow even fluids. Life had been prolonged by the regular use of nutrient enemata.

The *post-mortem* examination was made by Dr. Bristowe, from whose notes we condense the following account:—A tract of the œsophagus, about two inches long, and extending downwards from about an inch and a-half below the commencement of the tube, was involved in stricture. The mucous membrane of this part was destroyed, and the internal surface was rugged, slightly nodulated, of a dusky, livid colour, and covered with a dirty secretion. Excepting at the commencement of the diseased tract, the calibre of the tube did not appear to have been much lessened, as a considerable amount of hollowing out seemed to have been effected by ulceration. On section, the muscular layer of the œsophagus might be distinctly seen, having on each side of it a band of greyish-white deposit, a line or two in thickness. The tissues were firmly incorporated by this deposit, but in no part were there any large masses of new growth. The diseased tract of the œsophagus adhered to the trachea, but neither the latter nor the larynx was in any way diseased. External to the trachea, on its posterior surface, there were numerous small whitish nodules, about the size of pins' heads. In the submucous tissue of the anterior wall of the œsophagus was a narrow band of deposit, which extended from the lower edge of the ulceration, about two inches down. It was nodulated, and very firm. The mucous membrane, which adhered to it, but was not ulcerated, was raised by it into a ridge of about the eighth of an inch in depth. Dr. Bristowe made careful examination with the microscope of the juice scraped from many parts of the cut surface of the diseased tract. Among many epithelial scales, constituents of the broken down tissue and of inflammatory deposit, there was observed a sufficient number of well-characterised laminated or encapsuled cells, to make it certain that the disease was epithelial cancer. No secondary deposits were found, but some of the neighbouring lymphatic glands were slightly enlarged. With the exception of the lungs, there was nothing worthy of note observed in any of the other viscera. The apex of the left lung was indurated and presented puckered patches, as if from the cicatrization of old disease; no remains of tubercle could, however, be found, nor were there any cavities. In the apex of the right lung, there were also some local indurations, and, in addition, a few small cavities, each about capable of holding a horse-bean. These cavities were free from secretion, and were lined by a smooth false membrane. There was no deposit either in their walls or in other parts of the lung. No cretaceous matters could be found in any part of the pulmonary tissue. The œsophagus and trachea were removed, to form

a preparation; but, a few days afterwards, Dr. Bristowe made a dissection of the parts, in order to determine the relations which the recurrent laryngeal nerves had sustained to the diseased growth. The left nerve was found atrophied, and, indeed, quite lost in the cancerous mass, but the ends of the right one had been cut away so closely that they could not be found, from the relative position of parts there could be little doubt, however, that its trunk was likewise destroyed. Dr. Bristowe examined mieroscopically the fibres of the muscles of the larynx supplied by these nerves, and found them universally in so advanced a stage of granular degeneration, that scarcely any trace of transverse striation was visible. In proof that this change was not *post-mortem*, some portions of neighbouring muscles were examined also, and in these the normal structure was found still to exist in great perfection.

The above case offers some very interesting points for consideration.

1st. *The Symptoms of Œsophageal Stricture.*—Under this head we would ask attention to one which has not been more than casually alluded to by authors, although exactly what might be, *à priori*, expected. We refer to the difficulty in swallowing the saliva. In this case it was a very prominent one; the man always appeared as if under mercurial influence, the fluid running over the corners of his mouth, the teeth coated and in a loathsome condition. With respect to the diagnosis of the exact nature of the stricture we have already said enough in the narrative of the case.

2nd. *Character of Aphonia from Paralysis.*—A better example of simple and complete paralysis of the laryngeal muscles could perhaps scarcely be found. There was no disease whatever of the larynx itself, but, by destruction of the recurrent trunks, all supply of nervous influence to its muscles had been cut off. The symptoms, as we have seen, exactly corresponded with what should be anticipated from this condition; there was simple loss of the laryngeal element in the voice. The nerve-trunks had not been stretched or irritated, but gradually involved and destroyed; there had been, consequently, no attacks of spasm or of stridor.

3rd. *The Conjunction of Cancer with Retrograde Phthisis.*—An indisputable example of the coincidence of active tubercular disease with cancer in the same stage is probably yet wanting. Many have, however, been observed like the present, in which, in patients dead of cancer, the remains of old tubercular disease have been found. It is interesting to note how complete the arrest had been, not a single trace of tubercle being discovered, although the cicatrices and small excavations proved that it had been there. The previous history of the case showed, that at the period when probably the phthisis was active, the man scarcely knew himself to be in ill health, although, on one occasion, he had spit a little blood. A patient recently left one of Dr. Bennett's wards, in St. Thomas's, who had evidences of a considerable cavity in one lung, and was believed also to suffer from cancer of the uterus. Whether the pulmonary mischief might not also be cancerous, is, of course, open to question, and is, perhaps, the most probable supposition. At page 319 of the *Medical Times and Gazette*, for March 26, 1853, a very instructive case may be found, in which, during life, a woman was believed, by many competent observers, to suffer from a conjunction of active phthisis with scirrhus of the breast. The *post-mortem* appearances, to the naked eye, were also deceptive, but the microscope proved that what had been mistaken for tubercle in the lung was in reality cancerous deposit.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE LIVERPOOL SOUTHERN AND TOXTETH HOSPITAL.

FOUR CASES OF TETANUS.—RECOVERY IN TWO OF THEM.

[Under the care of Dr. PETRIE and Mr. CHURTON.]

For the particulars of the following four cases we are indebted to Mr. Royston, the House-Surgeon, under whose charge they were treated:—

Case 38.—*Scalp Wound.—Sub-acute Tetanus on the Seventeenth Day.—Recovery under Treatment by Opiates and Purgatives, the Disease having lasted Three Weeks.*—Patrick Rock, aged 16, was admitted on September 16, 1853, having received a scalp wound about two inches in length on the left side of the head, and a fracture of two ribs on the right side. During the first three days he had severe pain in the chest, and much inflammatory fever, for the relief of which it was necessary to exhibit mercury and tartar emetic, and to abstract blood both by the lancet and by leeches. These symptoms gradually subsided, and at the end of ten days, he was in a satisfactory condition. The wound of the scalp was then quite closed; his bowels were rather costive, and required the occasional use of castor-oil.

On October 3, the seventeenth day, symptoms of tetanus first showed themselves. He complained of feeling cold and chilly, and could not take food. There was rigidity of the muscles of the neck, and the head was thrown back. The rigidity also affected the muscles of the jaws, but not so much so as to close the mouth. It must be noted, that on the previous day he had wandered out of his ward, and had been standing about in a cold yard. Low diet was ordered, and a ten-grain dose of Dover's powder to be given every four hours.

4th.—There is much febrile excitement, and the pulse is rapid, otherwise the symptoms remain much the same. He has scarcely slept in the night.

5th.—The jaws are fixed; the tetanic expression of countenance is well marked, and the rigidity now involves the muscles of the upper part of the back, causing a degree of opisthotonos. Attacks of spasm frequently occur, affecting chiefly the muscles of the back of the neck, and during which he often cries out as if in great pain. He passed an almost sleepless night, and is extremely restless. Bowels confined. To take one of the following pills every four hours.

℞ Pulv. opii gr. iv., ol. croton. ℥iii., ext. coloc. co. ʒss., pulv. antim. co. ʒss. Ft. pil. xii.

6th.—Symptoms the same; bowels still confined. To repeat the pills, with three additional drops of croton oil.

8th.—The bowels have been freely open, and he seems rather better. To take eight grains of Dover's powder every four hours.

10th.—He still complains of some pain about the injured side. The muscles of the abdomen, as well as those of the back and neck, continue tense and rigid. An opium plaster is to be applied to the side and the powders continued.

11th.—The tonic spasm in the neck and abdomen still persists, but has yielded in the back. Bowels confined. To take a draught containing a drop of croton oil.

18th.—The purgative draught has been repeated, and the bowels by its means have been kept open. He is making steady improvement, and the tetanic symptoms are gradually subsiding.

20th.—Is still improving, but does not yet sleep well at nights.

29th.—During the last week the symptoms have rapidly subsided, and to-day he is allowed to return home, being quite convalescent. The only remaining trace of the disease is a slight rigidity of the abdominal muscles.

Remarks.—Although the above case was in its commencement attended by some indications of severity, as constitutional fever, restlessness, and rather rapid development of the disease, yet it must plainly be ranked in the sub-acute class. The extremities were never involved in tetanic spasm. The disease did not appear until seventeen days after the injury, and the respiratory function was but little interfered with.

Case 39.—*Injury to the Hand.—Acute Tetanus on the Tenth Day.—Treatment by Quinine and Opium.—Death in a Paroxysm on the Third Day of the Disease.*—Peter Humphries, aged 51, a baker, was admitted, under the care of Mr. Churton, on November 23, 1853, having received two days before a severe laceration of the back of his right hand. The hand had been strapped up by the surgeon whom he had consulted, and had not been very painful. He appeared, nevertheless, to be suffering considerably from the constitutional disturbance resulting from it. The dressings were all removed, the hand enveloped in lint wet with warm water, and a dose of calomel, followed by a purgative, ordered. The wound soon cleaned, but the man passed into a state of great debility, during which it was necessary to exhibit tonics freely. The tonic selected was quinine in combination with opium, of which a grain three times daily had been given for four days before the tetanus commenced. On the morning of December 1 (tenth day), having passed a restless night, he first complained of stiffness about the jaws. His countenance was anxious and skin freely perspiring. A purgative was ordered and the pills continued. On the following day he was worse, the mouth quite closed, the head thrown back. An opiate liniment was ordered to be applied over all the muscles affected with spasm, and the quinine pills were repeated. The bowels had been freely relieved. On the third day of the disease death took

place during a paroxysm, and apparently from spasmodic closure of the glottis. No autopsy was allowed.

Case 40.—*Injury to the Arm.—Acute Trismus with Opisthotonos on the Seventh Day.—Death in Eleven Hours.*—William Lloyd, aged 13, admitted on March 24, 1854, under Dr. Petrie's care, on account of severe injuries to the left hand and arm from an accident with machinery. The wounds were dressed and a splint applied. Some constitutional fever, attended by restlessness, followed, to allay which opiates and an effervescing saline were exhibited. On the sixth day quinine was prescribed. At that time the wound was rather sloughy, and the arm generally painful. On March 31 (seventh day), at four in the morning, trismus very suddenly set in, and in the course of a few hours became quite complete. The symptoms very rapidly increased, and were not in any degree mitigated by the treatment, which consisted of quinine and opium and mercurial inunction. The bowels acted freely under the influence of an enema. He very quickly became exhausted, great embarrassment of respiration came on, and death took place at three in the afternoon. A *post-mortem* examination of the head was made, which revealed a condition of great congestion of the brain and its membranes.

Remarks.—The two preceding cases are of interest in relation to the question as to the influence of anti-periodic remedies on the disease, since in both the patients were taking quinine prior to the outbreak. To the latter, exception may be taken on account of the short time the drug had been in use (one day), but the former one, in which it had been exhibited in combination with opium for three days prior to the outbreak of tetanus, may be fairly cited as evidence of the non-possession of prophylactic virtues on the part of the remedy. One case, of course, does not constitute proof, but it may be remarked, that should the negative fact in question ever be be established, it will constitute a presumption that quinine does not possess any power over the acute form of this affection. It is well known, that of most of the diseases of which the anti-periodics are specifically curative, they are yet more markedly preventive.

Case 41.—*Injury to the Hand.—Chronic Tetanus on the Sixteenth Day.—Treatment by Quinine and Opium, and subsequently by Chloroform Inhalations and Mercurial Inunction.—Improvement on the Supervention of Ptyalism.—Recovery, the Disease having lasted Six Weeks.*—Richard Smith, aged 15, was admitted, under the care of Dr. Petrie, on September 13, 1853, on account of an accident which had occurred just previously. His hand had been crushed between the rollers of a bread-making machine, and severely lacerated, the integuments having been torn up, and the palmar sheath exposed. He was a healthy lad. A poultice was applied to the hand, and low diet ordered. Some constitutional disturbance followed, and the wound did not progress very well. On account of constipation, purgatives were frequently required during the first ten days. On the eighth day, the pulse having become feeble, his diet was improved, and four ounces of port wine were allowed. On September 29 (sixteenth day) the symptoms of tetanus commenced by a feeling of tightness about the angles of the jaws, which prevented his opening his mouth freely. The bowels were at this time confined. Dr. Petrie ordered a turpentine enema to be immediately given, and prescribed the following powders:—

℞ Hydr. cum cret. gr. xij., pulv. antim. co. gr. xij., pulv. ipecac. co. gr. x. Ft. pulv. vj., capiat j. 4tis horis.

September 30.—The trismus is more marked. A draught, containing fifteen minims of turpentine and six minims of laudanum, is to be taken every three hours.

October 1.—Is quite unable to separate the jaws. The draught is to be taken every two hours.

4th.—During the last three days the lower jaw has remained immovably fixed, and what nutriment has been taken has consisted in a little fluid sucked through the interstices between the teeth. The turpentine draught has been continued, with a doubled dose of laudanum, and, on account of obstinate constipation, several doses of croton oil have been given. Irrespective of the difficulty of getting fluid into the mouth, he has experienced also much obstruction to deglutition from pharyngeal spasm. His nights have been very restless, and are increasingly so. The pulse has gradually lost power, and increased in rapidity; it is now small, weak, and very frequent (120).

A draught, containing three grains of quinine and fifteen minims of tincture of opium, is now to be taken every three hours. An opiate liniment, with which the jaws have been rubbed from the beginning of the disease, is to be continued.

5th.—Much in the same condition, but more feeble. There is great rigidity about the muscles of the back, causing a degree of persistent opisthotonos; the risus sardonicus is well marked. The daily allowance of port wine is increased to six ounces, and as much beef-tea and thin arrowroot as he can be got to swallow, is to be given. The lower jaw and the region of the spine are to be rubbed with the following liniment:—

℞ Lin. camph. ℥i.; ung. hydr. fort. ℥i.; chloroform. ℥i. Ft. embrocatio.

6th.—He was unable to get any sleep during the night, and is very restless and irritable.

The remedies are continued; and, in addition, he is to inhale chloroform three times daily.

7th.—The inhalation of the chloroform acted very well; it was pushed to complete insensibility, and produced entire relaxation of spasm. He experienced so much relief from it, that he is always begging for its repetition. The spasms quickly returned after it was suspended. He seems on the whole a little better this morning, but the abdominal muscles are more rigid than before.

The quinine draught is continued, the quantity of laudanum being increased to twenty minims.

8th.—The bowels being costive, a purgative of croton and castor oils is to be given.

9th.—At ten last evening he had a sort of convulsive paroxysm, in which all the extremities were involved in general spasm. The nurse thought that it had been excited by the attempt to swallow. The wound in the hand is granulating healthily.

10th.—Another convulsive paroxysm occurred this morning. He has not had any sleep during the night, and is extremely restless.

Potassa fusa is to be applied to the whole surface of the sore. An opiate liniment, having a third part of the strong mercurial ointment, is to be diligently rubbed in.

13th.—No relief hitherto. The trismus is still complete, and a convulsive paroxysm has occurred every day since the 8th, though not with any regularity as regards the hour. Purgatives have been freely used to combat the obstinate constipation which has been present.

22nd.—For the first time there are evidences of improvement. No spasms have occurred since the 13th, but the trismus has been constant until this morning, when he can open his mouth little. There is a mercurial fœtor with his breath, and he complains of his gums being sore. The mercurial liniment is to be discontinued.

26th.—Since the last date there has been steady progress. The bowels have acted freely without aperient medicines, and all the symptoms have become much mitigated. The gums continue a little sore; he is able to open his mouth better; the head is less thrown back; he sleeps fairly.

31st.—Much improving, but still very weak. The inhalation of chloroform, of which he is very fond, is still occasionally practised. The wound is not closed, and the caustic potash is necessary occasionally to keep down the granulations.

December 22.—For more than a month past he has been quite well of all tetanic symptoms. Since November 28, he has been able to eat full diet, and has gained flesh and strength. The wound being now quite closed he is discharged.

Remarks.—This case must be considered to have been of the chronic class, but it was severe, and, at one period, much threatened a fatal termination. The use of the chloroform, as a simple alleviant, without the slightest preventive influence, was remarkably shown. The disease made some progress subsequent to its employment, and became complicated by tendency to convulsive paroxysms which had not previously occurred. The way in which the symptoms abated on the establishment of ptyalism, left on the minds of those who watched the case a strong impression that the mercurial treatment had much to do with the recovery. Very obstinate constipation was a marked symptom throughout the whole course of the disease.

LIST OF SCIENTIFIC MEETINGS AND LECTURES.

This Evening,	June 10.	Royal Botanic Society. Four o'Clock.
Tuesday,	June 13.	Royal Institution. *Subject:* — "On the Importance of the Study of Economic Science as a Branch of Education for all Classes." By W. B. Hodgson, LL.D. Three o'Clock.
——	——	Royal Medical and Chirurgical Society. Half-past Eight o'Clock.
——	——	Zoological Society. Nine o'Clock.
Wednesday,	June 14.	North London Medical Society. Eight o'Clock.
Saturday,	June 17.	Royal Botanic Society. Four o'Clock.

Medical Times & Gazette.

SATURDAY, JUNE 10.

SIR JOHN FORBES'S NEW MEDICAL BILL.

When Session after Session, nay, when several times in the same Session, Bills are introduced into Parliament all bearing on the same subject, it may fairly be concluded that some legislation on that subject is really needed; and when these Bills are withdrawn or rejected as often as they are introduced, it may be concluded with equal certainty that the difficulty of legislating on that subject is extreme. Medical Reform is such a subject. Session after Session are one or more Bills bearing on this question submitted to the consideration of our Legislators, and Session after Session sees the new Medical Reform Bill laid quietly down beside the old.

One new Medical Reform Bill has this Session of Parliament passed to its resting-place, a second has almost departed, and we were beginning to despair of ever seeing another, when the scheme for a Bill on the subject, drawn up, we are authorised to state, by Sir John Forbes, has been submitted to the consideration of the Profession. The scheme itself we have printed entire in our present Number. The subjoined remarks form a sort of preface:—

"The following sketch of a Medical Bill, although avowedly founded on the Bills introduced into Parliament by Sir James Graham, in 1844 and 1845, contains so many alterations and additions, that it may be almost considered as a new measure; and the compiler is not without hopes that, such as it is, it may be found more acceptable to the Corporations and to the Profession generally than any Bill previously proposed. It is printed in its present incomplete state, for the purpose of being submitted to the various Medical Corporations, and to friends deemed competent to deal with such subjects, and in the hope that it may elicit from these sources such comments, criticisms, and suggestions as may render it much more perfect than it is. If the compiler is favoured with any communications of this kind (which he earnestly entreats), and with anything like a general approval of his scheme, it is his purpose, after availing himself of such of the suggestions received as he may deem improvements, to place his matured views in the hands of some learned counsel conversant with such business, in order that a Bill may be framed fitted for presentation to the Legislature, and which may, at least, be read a first time and printed, if it cannot be passed into a law, in the present Session of Parliament.

"It has been with much regret that the author of this sketch of a Bill has found it impracticable to comprise within his scheme of examination and licence the Society of Apothecaries of London, and the Apothecaries Hall of Ireland; more particularly the former, which has for so many years successfully exerted itself in improving the education and in promoting the general respectability of the class of General Practitioners. It is, however, to be hoped that the members of this highly respectable Corporation, which has always taken so disinterested a position in regard to Medical Reform, may see in the present measure sufficient evidence of benefit to their clients to induce them not merely not to oppose it, but to give it the important advantage of their concurrence and assistance."

We have always maintained that a Medical Reform Bill ought to have regard to the public wants, and to the requirements of the Profession.

As regards the public, its objects ought to be—

1st. To secure a supply of fully-qualified Practitioners of Medicine, Surgery, and Midwifery.

2nd. To enable all to distinguish the educated Practitioner from the uneducated pretender to Medical skill.

As regards the Profession, its object ought to be to secure for us—

1st. A voice in the management of our own affairs.

2nd. Uniformity of education, and, as far as possible, uniformity of examination in the several divisions of the United Kingdom.

3rd. Uniformity of title for all those who may be found, on examination, qualified to practise.

4th. The liberty to practise in any part of the kingdom when found qualified to practise in one part.

We shall shortly examine Sir John Forbes' Bill in detail, with the view of seeing how far it is likely to secure to the Public and the Profession these all-important objects. In the meantime we may express a hope, that, as Sir John has submitted his scheme for the general consideration of the Profession, he will meet with that cordial assistance his disinterested labours for the good of his brethren so well deserve; and that all will at length unite and strive to obtain a really good and comprehensive measure of Medical Reform.

THE UNIVERSITY AND TOWN COUNCIL OF EDINBURGH.

In our last Number we very briefly alluded to a decision recently pronounced by the House of Lords, in a suit between the Senatus Academicus of the University of Edinburgh and the Town Council of the same City; and we took occasion to remark upon the apparent absurdity of allowing a body of laymen to legislate upon the amount and nature of the qualifications necessary for a Medical degree. We did not, however, intend to maintain, that the University of Edinburgh, or any other University, ought to be exempt from all control whatever; we only objected to the kind of authority in which the control, in the present instance, is vested.

Upon a further examination of the whole question between the University and the Town Council, we cannot by any means admit that the former body has been influenced only by patriotic motives in the course which it has pursued; and although the Town Council, as we have before remarked, is a body which, from its composition, is unqualified for deciding in Medical matters, yet, in the late proceedings, it has apparently had no selfish objects in view, but has been actuated by a desire for the public good.

The plain fact of the matter is that the University of Edinburgh is a monopoly; it consists of a single College, not of several distinct establishments for teaching, like our English Universities; and as the Professors derive a direct emolument from the fees of students, as well as from the fees for graduation, it is perhaps only natural that they should desire to keep these revenues in their own hands, and exclude all other persons from participating in them. But it is equally natural that other parties who do not derive any pecuniary advantage from the University, should view with jealous eye the functions which it discharges, and its method of discharging them. Hence it happens, that while the University has compelled its students of Medicine to attend the lectures of its own Professors, and has made such attendance a necessary step towards attaining its degree, there has started up an opposition party, consisting of Extra-Academical Lecturers, many of them men of great ability, and who, in the spirit of free-trade, have set up their claims in opposition to the University Professors. On the one hand, the University declares that candidates for its degree must attend the lectures given within its own walls by its own teachers; while the other party denounces this arrangement as being founded only in selfishness, and at variance with the principles either of justice or expediency. It is argued that the Extra-Academical Lecturers are often equal in talents, and sometimes superior, to those within the walls of the University, and that it is a great hardship to compel young men to attend the lectures of a man who may be disqualified from age or other circum-

stances for the due performance of his duties, and to forbid them to choose other teachers who are more competent to instruct them.

It would appear, however, that the University has resolutely determined not to encourage the Extra-Academical Lecturers, except to a very limited extent; and it has even gone so far as to recognise the lectures delivered in London and Dublin, (although not within the walls of a University), while it has refused the recognition to the teachers in its own city.

There are, however, two other Medical Corporations in the City of Edinburgh, both of which have thought that the Extra-Academical Lecturers were ill used. Accordingly, the Royal Colleges of Physicians and of Surgeons separately remonstrated against the injustice; and the College Committee, which is nominated by the Town Council, having heard both sides of the question, made a Report to the Town Council. The latter, as patrons of the University, insisted on putting the Extra-Academical Teachers of Edinburgh on the same footing as those of London and Dublin. To this the Senatus would not consent, and a suit was instituted, the University maintaining that it had the sole right to grant degrees and to regulate the course of study required of candidates for such degrees; and also that the Town Council had no power to enforce the recognition of the Extra-Academical Teachers. On both these points the Senatus has been beaten, and the consequence will be, that the Extra-Academical School of Edinburgh will now be recognised, and its students will be able to present themselves as candidates for the University degrees.

We cannot feel any sympathy with the University of Edinburgh on this point. We do not think it indispensable that the candidates for the degree of doctorate should be taught exclusively by the University Professors; in fact, we see many objections to the system of teaching and examining candidates for degrees under the same roof, and making the same parties both Teachers and Examiners. It appears, also, that the University has become a teaching body only within a comparatively recent period, and that the monopoly which it has hitherto claimed and exercised has not even antiquity or prescription to plead in its favour, but is entirely self-created.

While, therefore, we regret that the controlling power of the University should exist in the Town Council, we cannot blame the latter body for the steps which it has taken on the present occasion; and we cannot but feel that the recognition of the Extra-Academical Lecturers of Edinburgh is a measure which is due to the talents of those gentlemen, and is in entire accordance with the liberal free-trade sentiments which prevail in the present day. Besides, a good article is sure to find customers; and if the Professors of the University are superior to the other teachers, they will receive a correspondingly larger amount of public patronage; but if any of them should be incapacitated from performing his duties, then we conceive that the pupils should be permitted to obtain the necessary amount of instruction from other and more available sources.

POOR-LAW MEDICAL LEGISLATION (IRELAND).

A recent measure of the Legislature is about to transfer the care of the sick poor in Ireland requiring Hospital accommodation to the authority of the Poor-law Commission. The providing of union or district hospitals is a large and valuable addition to the Medical establishment of the Poor-law in Ireland, and, to the destitute poor in rural districts, cannot but prove of immense utility and advantage. But in this scheme, as it now stands, we at once recognise one great and radical defect, which will not only perpetuate existing social evils, but actively multiply their sources. By this Act the great line of demarcation is swept away that separates the industrious, self-supporting artisan, cottier, or labourer, from the helpless pauper whose own vices or misfortunes have thrown as a burden on the industry of his fellowmen. This is a great and almost incalculable source of moral degradation; it ignores the social position and claims to respect of independent, honest industry. The measure deals with all classes of the community, below that which can afford the expense of private Medical attendance, as one universal system of pauperism. It is useless to urge that provision is to be made to charge those who can afford to pay it a sum which may be as small as one-third of the average cost of treatment and maintenance. These hospitals will be wholly and essentially poor-house infirmaries; the great majority of the patients, and especially the standing chronic cases, will be paupers. The buildings will be in all respects pauper asylums; doubtless, in very many, if not in all cases, as permitted by the Act, they will be actually within workhouse precincts; and for all these reasons, and several others besides, we hold that they are quite unfitted for the reception of the industrious, self-supporting classes, when temporarily requiring Medical relief. The very air of a workhouse is contaminating; the poor-house exhales a malaria fatal to the active spirit of industry, and few who are once exposed to its baneful influence ever again acquire the sound mental health that nerves men to honourable energy and toil. The establishment of local district hospitals is an admirable measure, and the recognition of a great public want; but an error of the greatest magnitude, and one not easily to be over-estimated in its social results, has been committed in wedding this measure to the Poor-law system. It is the confounding of things most different, which should ever be kept widely asunder. It is, however, only part of the mistaken policy which has already consigned to Poor-law government the direction of the great system of dispensary relief. It would unquestionably be a good and useful thing to improve the hospital accommodation of workhouses; as they exist at present they are deficient in this respect in many essential requirements, and to improve them would have come most legitimately within the province of Poor-law authorities. There exists at the same time a great want of hospital accommodation for all that industrial portion of the rural population who, though living well and independently in time of health, are unable to pay the expenses of protracted illness, which deprives themselves and their families of all means of support for the time. The present county infirmaries only very partially supply this want, their sphere of usefulness being almost necessarily confined to the inhabitants in their immediate vicinity, while the remoter parts of the counties participate but little in the advantages offered by them. Additional hospitals are required for the industrious classes; and, no doubt, improvements are much needed in the Workhouse Medical wards devoted to sick paupers. This latter is, however, a separate and distinct want from the first, and requires to be provided for, accordingly, in a very different manner; the mistake committed by the framers of the present measure consists in their having confounded the two problems, and proposed one solution for both.

We have already, on more than one occasion, advocated the right to public support which hospitals undoubtedly possess as part of a general system of public medication destined to meet the wants of the industrious classes when they become the victims of disease. The measure under consideration is, to a certain extent, a recognition of this right; and it is, therefore, to be lamented, that in carrying out this just and benevolent principle, the error should be made of grafting it on the Poor-law establishment. In Ireland, at least, it would not have been difficult to have devised a measure for the foundation of a system of national district hospitals on an independent basis, uncontaminated with the vices of Poor-law institutions, and which should carefully recognise the independence of the industrious

classes in the hour of their temporary need. The germ of such a system has long existed in those admirable establishments, the Irish County Infirmaries. Taking such of those hospitals as already exist to supply the wants of their respective districts, the remaining "hospital districts" could be determined by a certain standard of area and population, the hospitals to be managed by a Committee of the most intelligent residents, and to be supported by a direct taxation for the "Public Medical Service" of the country. To this "Service" could be most readily transferred the charge and direction of the dispensary system. The government and control of this most important department of public service should be entrusted to a special Commission. The large public interests involved are of fully sufficient magnitude to demand the care of a Commission specially devoted to their surveillance; and which might also be entrusted with the direction of all that relates to public hygiene, the consideration of measures proper to arrest contagious disease, and other questions of a like nature.

SEALED PACKETS.

We regard as so important the exposure of the infamous system of demoralising advertisements, that, disgusting as it is, we are compelled to complete our task.

The shame of the patient is the fortune of the "Manly Vigour" monger. Many a man who would shrink from making a disclosure to the Medical attendant of the family, would, without hesitation, slip a few postage-stamps into a letter, in order to obtain one of those insidious "sealed packets" which the Press is for ever parading before his eyes. One of these volumes once in his possession, his peace of mind is gone, and, in ninety-nine cases out of a hundred, the detestable author has him, body and purse. Not more surely does the Ancient Mariner hold the wedding guest "with his glittering eye," than the advertisers entoil the poor nervous wretch with the horrible prints, and yet more horrible text, they manage so furtively to convey to him. They know full well they have only to bide their time, and the terror-stricken wretch will come crawling for aid to their feet. We shudder when we think how much secret misery these men scatter around them. Not a paper issues from the press, laden with their deadly advertisements, but, like an evil eye, it looks in upon some human heart, and fills it full of anguish and despair; and we doubt not that, if we could read the secret of the suicide, but too often we should trace his dark resolve to the suggestions of some "Silent Friend."

In our last article we gave one of those model cases which these beings love to quote, in which the grateful patient breathes nothing but blessings upon the man who has raised him from the depths of despair. Every medal, however, has its reverse, as we are about to show. Unfortunately, it rarely occurs that the patient, even when he feels he has been miserably duped, has the moral courage to stand forth and denounce the person by whom he has been fleeced. Now and then, however, it does so happen, that a stouter heart than usual has been foully dealt with, and enough then comes out to convince us of the frightful amount of injury inflicted, and of spoil triumphantly carried off, of which the advertisers and their victims are alone cognizant. We have spoken hitherto of the harvest syphilis affords to these human harpies, and of the terrible use they make of the word "impotence." They have yet another war-cry, however, which they know too well how to use—seminal weakness, or spermatorrhœa. Now, one of the aims of all these works is to frighten every young man who happens to be subject to occasional involuntary seminal emissions into the belief that he is on the high road to impotency. The volumes in the "sealed envelopes" are full of frightful descriptions of the results of unchecked spermatorrhœa, and, circulated as they are by hundreds of thousands throughout the country, they form a vast moral net as it were, by which shoals of victims are swept into the clutches of these evil fishers of men. We give the following case, abridged from a Translation of Dr. Pickford's work on "True and False Spermatorrhœa," of the manner in which these terrific descriptions of a natural process work upon the mind of unsuspecting youth. We have adhered quite closely to the narrative, as it appears upon the bill filed in Chancery. It will be sufficient to say, that the unfortunate victim, a young officer, was so unmanned by his share in the transaction, that his superior officer was about to recommend his withdrawal from the regiment, when legitimate medicine came to his aid The following is the substance of this instructive Chancery case :—

In the year 1849, when the patient was about 19 years of age, and residing in the country, under the charge of a tutor, he became alarmed about his physical condition, and while in this state of alarm, he read in a newspaper an advertisement of a treatise written by Samuel La'Mert, of 37, Bedford-square, entitled "Self-Preservation" (we have given the advertisement in a previous article). The terms of the advertisement induced him to write to the author, and the latter sent him the treatise. According to the plaintiff's statement, "from a perusal of the said work, the plaintiff became still more alarmed about his health," and he was accordingly induced to correspond with La'Mert upon the subject, the upshot of which was, that he called upon defendant and stated the case to him. "In the course of the conversation which then took place, the defendant asked the plaintiff what was his situation in life, and what were his means and future expectations; and the plaintiff stated, that the truth was, his pecuniary resources were then rather limited, but that on the death of his father, who was a baronet, and of a noble family, the plaintiff, as his eldest son, would inherit a considerable fortune and baronetcy. The defendant then represented to the plaintiff that the disease under which he laboured had produced *impotency, and that the most fatal consequences would ensue* from such a disease unless its progress was stayed; and he described the effects of the said supposed disease *in such a manner as to induce the plaintiff to believe that his life and happiness were in the greatest danger.*

But the defendant then also stated that he could cure the plaintiff of the said supposed disease, and could prevent the occurrence of the dreadful consequences he had so described, if the plaintiff would accede to the terms then proposed; and he then further stated, that he was willing to undertake to cure the plaintiff, if he (the plaintiff) *would secure to him the sum of two thousand pounds as his fee!*

The document goes on to say, that this proposal was at first declined, but, at length, under the influence of the alarming statements of the defendant, he consented to the offered terms. "And the defendant then and there sat down, and drew up a paper, in which the plaintiff was made to acknowledge himself to be labouring under *impotency*, and to promise, in consideration of the defendant's undertaking the treatment of his case, to pay him the sum of two thousand pounds on the death of his father." This paper, according to the document, plaintiff, "under the influence of the terror which the defendant's representations and *threats* had created in him," signed; upon which he was given some medicine, which the defendant "alleged would effect a cure of the disease which he stated the plaintiff to be labouring under." No copy of this paper was given or demanded; for the plaintiff, according to his own account, was "reduced to such a state of nervousness and terror, that he was wholly unfit to think or act for himself." The medicine was taken, of course, "without any benefit therefrom," and shortly after plaintiff was of age, "the defendant wrote to the plaintiff," requesting him to give the defendant a promissory note or bill for the said sum of 2000*l.*,

and he enclosed to the plaintiff the proper stamp, with a written form, to be copied by the plaintiff thereon. This bill, or promissory note, the plaintiff, "being terrified by the statements which the defendant had made to him, and his own dread of exposure," drew, and returned to the defendant, making it payable six months after the death of his father. Defendant subsequently attempted to make the "arrangement" safe, by requesting the plaintiff to insure his life for 1000*l.*, for his benefit, but did not succeed. Indeed, the unfortunate young man began about this time to suspect his deliverer, and, having consulted a qualified Practitioner, was induced to file a bill in Chancery, from which we have drawn the above particulars. An injunction was immediately granted to restrain the defendant from negotiating the bill. Before this measure, however, was taken, a consultation was had with Sir Benjamin Brodie, who gave the following written opinion :—

"Having carefully inquired into the circumstances of Mr. ———'s case, I entirely agree in the opinion expressed by Mr. Courtenay. I do not believe that he (the patient) has laboured under *any kind of disease*, though he has suffered from an inconvenience to which all young unmarried men are liable. The chief cause of suffering with him *seems* to have been mental anxiety, induced by certain misrepresentations as to his condition, which (as he informed me) have been made to him by a person of the name of La'Mert whom he consulted.

"14, Savile Row, Nov. 9, 1852." "B. C. Brodie.

The defendant did not put in any answer to this bill, and consequently it may be considered as a true statement of the case. It was then arranged to arbitrate as to the costs of the suit and the delivering up of the note and all other letters and papers, and the decision of the umpire was as follows :—

"I am of opinion that the plaintiff is entitled to a decree for the delivering up of the note and all other papers, and that the defendant is liable for the costs of the suit, and that the defendant is not entitled to anything for the Medical assistance given by him to the plaintiff. (Signed) C. J. Selwyn.

"Lincoln's Inn, August 5, 1853."

The defendant refused to abide by this decision, on the ground that the arbitrators had no right to order him to *deliver up the patient's letters*. He offered, however, to agree to the award, provided the plaintiff would forego the costs. Now, as these amounted to between seventy and eighty pounds, his offer was tantamount to demanding that sum for the giving over to their rightful owner "secret and confidential letters."

The author of "Self-Preservation" has the following notice printed at the head of his seductive cases :—

"Dr. La'Mert wishes it to be distinctly understood, that no danger of publicity is hazarded by those who have already, or who may henceforth, place themselves under his management."

The value of this assurance may be estimated from the transaction above narrated.

NEW APPOINTMENTS AT ST. BARTHOLOMEW'S.

The result of the election on Wednesday must be regarded as a great Professional triumph. Merit has fairly won its reward, and a high example has been set by the largest of our Metropolitan Hospitals which must influence, more or less, all similar Institutions in future elections. The effect upon the rising generation of the Profession must prove most encouraging. Hard work will henceforth be the true road to advancement.

The following were the numbers polled for the respective candidates :—

ASSISTANT-PHYSICIAN.

Dr. W. S. Kirkes	116
Dr. John Hue	102—
Majority for Dr. Kirkes	14

ASSISTANT-SURGEON.

Mr. Holmes Coote	161
Mr. Savory	27
Mr. Holden	23—
Majority for Mr. Coote	134

SCHEME OF A BILL
FOR REGULATING THE MEDICAL PROFESSION IN GREAT BRITAIN AND IRELAND.

Whereas it would be for the good of Her Majesty's subjects in general, and tend greatly to promote harmony and good-will among that class of them who are employed in the practice of Physic, that all persons belonging to the Medical Profession should receive a full and sufficient education, both general and professional, and that means should be afforded whereby those who have received such education, and who have been examined and found skilful by competent authority, might be known from ignorant and unskilful pretenders to the same knowledge, and also that persons so qualified should be permitted to follow and exercise their profession, under equal and fair conditions, in any part of the British dominions :

Be it therefore enacted, by the Queen's most excellent Majesty, by and with the advice and consent of the Lords spiritual and temporal, and Commons in this present Parliament assembled, and by the authority of the same :—

1. That an Act passed in the third year of the reign of King Henry the Eighth [*Here enumerate all the Acts or parts of Acts to be repealed*] shall be repealed, but not so as to revive any Act or Charter, or part of any Act or Charter repealed by the Acts herein repealed, or any of them.

2. And be it enacted, that a Council shall be established, which shall be styled the "Medical Council for Great Britain and Ireland," and that one of Her Majesty's principal Secretaries of State shall be empowered, from time to time, to nominate as President of the said Council some member of the Imperial Legislature who shall hold office for three years only, but shall be capable of immediate re-nomination by the said Secretary of State, if he is still at the time of such re-nomination a member of the Legislature aforesaid.

3. And be it enacted, that the other members of the said Council shall be fourteen in number, and shall be chosen and appointed as follows, to wit :—

One person to be chosen by each of the seven following Colleges or Corporations, to wit :—The Royal College of Physicians of London, the Royal College of Surgeons of England, the King's and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, the Royal College of Physicians in Edinburgh, the Royal College of Surgeons in Edinburgh, the Faculty of Physicians and Surgeons in Glasgow; and seven other persons, to be chosen by the President from the Medical Practitioners of England, Ireland, and Scotland, who shall have been registered, as hereinafter mentioned, during three successive years; except in the case of the First Council, the members of which shall be chosen from Practitioners of three years' standing, who shall be qualified to be registered according to the provisions of this Act; provided always, that no person belonging to the Council or governing body of any one of the before-named Colleges or Corporations shall be chosen by the President a member of the said Council, and that [four—five] of the seven members so chosen by the President shall belong to that class of Practitioners commonly denominated "General Practitioners."

[*Alternative scheme for electing the members of Council not returned* by the Corporations.

And be it enacted, that the manner of electing the eight members of Council to be chosen by the Registered Practitioners of England, Ireland, and Scotland, respectively, shall be as follows, to wit :—Forty-two days before the day fixed for the election, the Registrars or Local Secretaries for England, Ireland, and Scotland, respectively, shall notify by advertisement, in two at least of the most widely-circulated newspapers, and in two of the principal weekly Medical Journals in England, Ireland, and Scotland respectively, that the election of the Councillors to be chosen by the Registered Practitioners, whose names have been three years on the Register, will take place on the day named, as aforesaid; in London, for the members to be chosen by the Practitioners in England; in Dublin, for members to be chosen by the Practitioners in Ireland; and, in Edinburgh, for the members to be chosen by the Practitioners of Scotland; provided always, that no person shall be deemed eligible for election unless he shall have been recommended in a writing transmitted to the Registrar of the country where the election is to take place, twenty-one days before the day of election, and signed by at least twenty members qualified to vote, and who shall subscribe their names to such writing; and, unless the name of such person shall have been published in the newspapers and Medical Journals, as aforesaid, together with the names of all persons so recommended, fourteen days at least before the day of election; and each such

election shall take place between the hours of nine in the forenoon and four in the afternoon, at such place as may be named in the said advertisements, and before the Secretary and Registrar of each country respectively, together with two members of the out-going Council selected by the Council, and shall be conducted by means of ballotting papers, to be delivered personally by the voter, or transmitted by post, duly authenticated by the signature of the voter; and the two persons in Ireland, and the two persons in Scotland, and the four persons in England, having the greatest number of votes, shall be declared elected; and, in case of an equality in the number of votes for any two or more persons, at any such election for members of Council, the Registrar shall ballot out of the said number of persons having such equal number of votes as aforesaid, so many as shall be necessary to complete the whole number of Councillors to be elected; provided always, that out of the eight members so chosen by ballot, not more nor less than five shall belong to that class of Surgeons commonly denominated "General Practitioners."]

4. And be it enacted, that at the expiration of three years from the time of their nomination and election, all the members of the said first Council, and of every Council subsequently elected, shall go out of office, but may forthwith be re-chosen or re-appointed as aforesaid by the Colleges and by the President respectively.

5. And be it enacted, that during the first year after the establishment of the Council, the members thereof shall meet in London in such place as may be appointed for them, and as often as the President and Council may think requisite; but that, after the expiration of the first year, it shall be lawful for the Council to meet in Dublin or in Edinburgh, as the President and Council from time to time may determine.

6. And be it enacted, that the President shall nominate from time to time one of the members of the Council to be Vice-President, to act for him in his absence, and that, in the absence of the President and Vice-President, the Council shall elect a Chairman for the occasion from the members present, the President or Chairman for the time being having a casting vote over and above his vote as a member; and no business shall be transacted at any meeting of the Council unless five members be present.

7. And be it enacted, that there shall be paid to each member of the said Council, for each day's attendance at its meetings, such sum as may from time to time be deemed adequate by one of Her Majesty's principal Secretaries of State, and also such reasonable allowance for travelling expenses incurred by any member in the execution of the duties of his office, as the said Secretary of State may from time to time determine.

8. And be it enacted, that it shall be lawful for the Council, from time to time, to appoint a Committee of its own members, three in number, to act in concert with the several Registrars to be appointed as hereinafter mentioned, in the intervals of the meetings of the said Council, and to assist in conducting such business as the Council at any of its meetings may entrust to the said Registrars and such Committee; and the members of the said Committee shall be nominated to serve for one year only, but to be immediately re-eligible for the same office, and shall be paid such reasonable salary as to the President and Council may seem fit.

9. And be it enacted, that the members of the said Council shall, within a month after their first meeting, elect a fit and proper person to be their Treasurer, and also another fit and proper person, being a Registered Medical man, or one qualified to be registered under the provisions of this Act, to be their Secretary, who shall also be the Registrar for England; and shall elect Secretaries for Scotland and Ireland, being Registered Medical men, or men qualified to be registered under the provisions of this Act, who shall be the Registrars for these countries respectively; and also so many clerks and messengers as may be deemed necessary by the said Council; and the said Council shall be empowered to remove any Treasurer and any of the said Secretaries, Registrars, clerks, and messengers, and appoint others in their room, and to pay to the said Treasurer, Secretaries, Registrars, clerks, and messengers, such salaries as the Council shall deem proper, and also such reasonable travelling expenses as may have been incurred by them or any of them in the performance of their duties under this Act.

10. And be it enacted, that minutes of the proceedings at all meetings of the Council shall be drawn up and fairly entered in books to be kept for that purpose; and such minutes shall be at all times open to the inspection of any Registered Physician or Surgeon deputed by any of the Medical Colleges or Corporations aforesaid, or to any Registered Physician or Surgeon of three years' standing on the Register, who may transmit to the Council a written application to that effect, signed by himself and five other Registered Practitioners of the same standing on the Register.

11. And be it enacted, that all moneys received by the Council, and by the Secretaries and Registrars in their respective offices, shall be paid over to the Treasurer by the authority of the Council, and shall be applied to defray the expenses of carrying this Act into execution; and the Council shall, once in every year, publish an account of their income and expenditure for the year then past, and shall cause their Secretary to transmit a copy of such account to one of Her Majesty's principal Secretaries of State.

12. And be it enacted, that no candidate shall be deemed eligible for examination by any of the Medical Examination Boards hereinafter mentioned, who shall not produce satisfactory evidence that he has completed his twenty-second year, and that subsequently to the completion of his seventeenth year he has passed at least four years in some Medical school or schools approved by the Medical Council, unless he shall have been an articled pupil to a Registered Practitioner for at least two years subsequently to the completion of his seventeenth year, or unless he shall have obtained the degree of Bachelor or Doctor of Medicine from some University approved by the Council, in either of which cases a curriculum or course of three years shall be deemed sufficient to qualify him for examination; nor shall any candidate be deemed eligible for examination who has not attended such courses of dissection, such clinical and other lectures, and such hospital practice, as shall have been from time to time determined by the Medical Council.

13. And, with a view to enable the Council to enforce on students the observance of such courses of study as the Council may from time to time lay down for them, and to enable the Council to ascertain whether the testing of the qualifications of candidates for the licence be effective and uniform in the three countries. Be it enacted, that the Council shall have the right to demand of every Examination Board, that the certificates of attendance on lectures and hospitals, presented to it by candidates for examination, shall be transmitted to the Council, and that the Council shall also be empowered to depute any one or more of its members, being a Medical man, or Medical men, to be present at any of the examinations, and report to the Council; and if the Council shall, upon such report or otherwise, be of opinion that any Examination Board has admitted to examination persons of improper age, or with an imperfect course of study, or that the rules laid down by the said Council for the adequate examination of candidates have been infringed, evaded, or neglected, by any of the said Examining Bodies, it shall be lawful for the Council, on the refusal of such Examination Board, after due admonition, to amend what is defective in its proceedings, to take such further steps as may be requisite to remove the defects complained of.

14. And be it enacted, that there shall be established in London, Dublin, Edinburgh, and Glasgow, respectively, an Examination Board, to be termed the Preliminary Examination Board, for the examination of students at the commencement and during the progress of their Medical studies, the members of which Board shall be nominated by the Medical Council in such number and with such salaries as the said Council may from time to time determine; and any or all of the members of such Preliminary Board may be removed at any time by the said Council and others appointed in their room.

15. And be it enacted, that no person shall be considered to have commenced his Medical curriculum, according to the provisions of this Act, unless, subsequently to the completion of his seventeenth year, he has passed an examination before the Preliminary Examination Board, such examination having for its object the testing of the student's knowledge of ancient and modern languages, arithmetic, geometry, mathematics, physics, and such other branches of general knowledge as the Council may from time to time determine, the amount of proficiency in any or all the subjects of the said examination required of the student, to be also from time to time determined by the Council; provided always, that any person who shall give proof of having undergone the matriculation examination in any British University, shall be exempt from undergoing the aforesaid preliminary examination.

16. And be it enacted, that every student, after the completion of his first year's attendance in any recognised Medical School, shall pass a second examination before the Preliminary Board, such examination having for its object the testing the amount of knowledge acquired by the student during the preceding year; and such examination shall comprise the following subjects, to wit: Chemistry, Botany, Materia Medica, Pharmacy,

and the Rudiments of Anatomy, and such other subjects as the Council may from time to time determine.

17. And be it enacted, that it shall be lawful for any student desirous of prosecuting his Medical studies in any recognised schools other than those situated in London, Dublin, Edinburgh, or Glasgow, to take his first preliminary examination as aforesaid in the city or town in which such Medical School is situated, before examiners appointed by the authorities of such school, and approved of by the Council; but it shall be imperative on all students to undergo their second preliminary examination at the termination of their first year's studies, before some one of the Preliminary Boards appointed by the Council, as hereinbefore stated, in London, Dublin, Edinburgh, or Glasgow.

18. And be it enacted, that the Medical Examination Boards for testing the qualification of candidates for registration after the completion of their Medical curriculum, as laid down in this Act, shall be the ordinary examination boards of the existing Medical Colleges or Corporations in London, Dublin, Edinburgh, and Glasgow, or Examination Boards specially nominated for this purpose by the said Colleges respectively; to wit:—1. For England, the Royal College of Physicians of London and the Royal College of Surgeons of England; 2. For Ireland, the King's and Queen's College of Physicians in Dublin and the Royal College of Surgeons in Dublin; 3. For Scotland, the Royal College of Surgeons in Edinburgh and the Royal College of Physicians in Edinburgh; and 4. The Faculty of Physicians and Surgeons of Glasgow; and the examination or examinations before the said Colleges of Surgeons shall comprise the subjects of anatomy, physiology, surgery, and midwifery; and the examination or examinations before the said Colleges of Physicians shall comprise the subject of scientific and practical Medicine, technically so called in contradistinction to Surgery, and the sciences wherewith Medicine is essentially connected.

19. And be it enacted, that the fee for the Surgical and for the Medical Examinations aforesaid, shall be the same in each College, and the amount of the said fee shall from time to time be fixed by the Colleges and the Council conjointly.

20. And be it enacted, that, for the purposes of this Act, the Faculty of Physicians and Surgeons of Glasgow shall be considered as a College of Surgeons and a College of Physicians, and the examinations in Medicine and Surgery prescribed in this Act to take place before such Colleges, shall take place in it before two sets of examiners, one for Surgery and one for Medicine.

21. And be it enacted, that no person shall be allowed to present himself for examination before the aforesaid Medical Boards who shall not present documents to prove that he is of the full age of twenty-two years, and that he has completed the curriculum of Medical study laid down in this Act, and has attended the lectures, dissections, and hospital practice enjoined, from time to time, by the Medical Council, and no person shall be allowed to undergo the examination before the College of Surgeons who is not possessed of documents from the Preliminary Board certifying to his having passed the aforesaid two examinations before that Board; and no one shall be allowed to undergo the examination before the College of Physicians who is not possessed of the aforesaid documents from the Preliminary Board, and also of a document to the same effect from the Examination Board of the College of Surgeons; and if any candidate presenting himself for examination before any one of the aforesaid Boards shall fail to pass the same, he shall be remanded to his studies for such period as that Board may direct, at the expiration of which period he may again present himself for examination, but may be remanded for a further period or periods until such time as his examination proves satisfactory to the said Board.

22. And be it enacted, that any candidate who has passed the aforesaid examinations before the Preliminary and Medical Boards, shall be entitled to claim from the College of Surgeons by which he has been examined, a diploma as Surgeon, and to be admitted as a Member or Licentiate of the same College, on paying for the said diploma such sum as may be from time to time determined by the said College, with the sanction of the Medical Council; and any person possessing the diploma of Surgeon, obtained as aforesaid, shall be entitled to be registered as a legally-qualified Practitioner, and as a Surgeon, in that part of the United Kingdom in which he may apply to be registered.

23. And be it enacted, that it shall be lawful for any person, being of the full age of twenty-six years, and having the degree of Bachelor or Doctor of Medicine from any University in Great Britain or Ireland, obtained after residence of not less than one year, or from any foreign University approved of by the Council, and who shall have passed the several examinations named in the foregoing clauses of this Act, and shall give in testimonials to that effect (with or without the diploma in Surgery from the College of Surgeons) to present himself before any one of the Colleges of Physicians of England, Ireland, or Scotland, and upon being examined by such College, and having obtained from it a diploma as Licentiate or Member, may claim to be registered as a Physician and as qualified to practise as a Physician in that part of the Kingdom where he is so registered.

24. And be it enacted, that a register of all persons legally qualified to practise Medicine be annually published by the Registrars in England, Ireland, and Scotland respectively, under the authority of the Medical Council; and the presence of the name of any person in any such register shall be held sufficient evidence (until the contrary appears) that such person is legally qualified to practise in that part of the Kingdom in which he is so registered, and is entitled to all the privileges and immunities belonging to persons so qualified; and the absence of the name of any person from such register shall be held as sufficient evidence (until the contrary appears) that the person bearing that name is not legally qualified to practise.

25. And be it enacted, that the mode and form in which the names of qualified persons shall appear in the register of each country, shall be as follow: to wit—1st. There shall be one general list, containing, in alphabetical order, the names of all legally-qualified Practitioners, with their respective titles, qualifications, and places of abode, such list to be entitled, "List of legally-qualified Medical Practitioners [in England, or in Scotland, or Ireland, as the case may be]." 2ndly. There shall be a list of legally-qualified Physicians, arranged alphabetically in two divisions, as "Fellows" or "Members," as the case may be, of the College of Physicians to which they belong. 3rdly. There shall be a list of Surgeons, arranged alphabetically in two divisions, as "Fellows" or "Members," as the case may be, of the College of Surgeons to which they belong.

26. Provided always, and be it enacted, that during twelve calendar months after the passing of this Act, every person legally practising, or entitled to practise on the day before the passing of this Act as a Physician, Surgeon, or Apothecary, in any part of the United Kingdom of Great Britain and Ireland, although not registered, shall continue to enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices and to practise in the same manner as if this Act had not been passed, and no further or otherwise, unless registered under this Act; and any Registrar, on the application of any person legally practising, or entitled, on the day before the passing of this Act, to practise as a Physician, Surgeon, or Apothecary, in any part of the said United Kingdom, shall, on receiving a fee of ten shillings, cause the name of such person to be registered and to be published in the register as a qualified Physician, Surgeon, or Apothecary, as the case may be, on his producing to the Registrar of the country in which he wishes to be registered, his diploma, licence, or certificate, or such other proof as shall be satisfactory to the said Registrar that, on the day before the passing of this Act, such person was so practising or legally entitled to practise; and every such person, upon being so registered, shall enjoy the same privileges and exemptions, and be qualified to be appointed to the same offices, and to practise in the same manner as persons who may have qualified themselves for registration and been registered after the passing of this Act.

27. And be it enacted, that every person who, after the passing of this Act, shall have qualified himself for registration according to the provisions of this Act, shall, on being registered as above, pay to the Registrar the sum of [two—three—four] pounds, which sum shall entitle him to be registered in every subsequent year without further payment; and every person whose name shall be so registered, and who shall be desirous that his name shall continue on the published register, shall in the month of [ ] in every year, send to the Registrar his name and place of abode and qualifications; and the Registrar, having verified the returns by comparison with former registers or otherwise, shall, without any further fee, insert the name in the Register for publication.

28. And be it enacted, That any person registered in any part of the United Kingdom as a Surgeon, on removing with a view to practise to any other part thereof, shall be entitled to have his name enrolled in the register of the country to which he has so removed, as a legally-qualified Practitioner and as a Surgeon, on paying a registration fee of one pound to the Registrar of the country to which he has removed, and on enrolling himself as a Member of the College of Surgeons of the said country; and he shall be entitled to claim of such College the diploma of membership without examination, on paying the cost of the

stamp, if any, on such diploma, and the ordinary fees of office, unless the sum paid by him for his former diploma as Surgeon shall have been less than that legally claimed for the diploma of the College sought to be joined, in which case the difference of amonnt between the snm previonsly paid and the sum now demanded shall be the snm to be paid for the new diploma.

29. And be it enacted, that any person registered as a Physician in any part of the United Kingdom, on removing with a view to practise as a Physician to any other part of the United Kingdom, shall be entitled to have his name enrolled in the register of the country to which he has removed, as a legally-qualified Practitioner and as a Physician, without examination, on paying a registration-fee of one pound, and on obtaining the diploma of membership from the College of Physicians of the country to which he has removed, and he shall be entitled to claim snch diploma on paying the price of the stamp, if any, and the ordinary fees of office, unless the sum paid by him for his former diploma shall have been less than that legally claimed for the diploma of the College songht to be joined, in which case the difference of amount between the snm previously paid and the snm now demanded shall be the sum to be paid for the new diploma.

30. And be it enacted, that in the two cases named in the two preceding Ciauses (28, 29), to wit, the case of a registered Surgeon seeking to join the College of Surgeons, and of a registered Physician seeking to join the College of Physicians of a part of the Kingdom other than that in which snch Surgeon or Physician has been registered, it shall be competent for the respective Colleges sought to be joined to refuse granting their respective diplomas without examination, nnless it can be shown that the person claiming snch diploma without examination was, when he received his former diploma as Surgeon or as Physician, as the case may be, of the same age, and had gone through the same curriculum of study, and nndergone the same process of examination, as are required of its own candidates by the College sought to be joined.

31. And be it enacted, that it shall be lawful for any of the Colleges of Physicians or Snrgeons named in this Act, and for the Faculty of Physicians and Surgeons of Glasgow, to obtain such alteration in their respective Charters as may be requisite to enable them to comply with the provisions of this Act.

32. And be it enacted, that no person after the passing of this Act who is not registered as aforesaid, shall be appointed to any Medical or Surgical office in any Hospital, Prison, Infirmary, Dispensary, School, Workhouse, or other pnblic Institution in the said United Kingdom, or for the relief of the poor; and no person, after the passing of this Act, shall be appointed to any Medical or Surgical office in Her Majesty's Army or Navy, or in the service of the Honourable East India Company, who is not qualified to be registered under the provisions of this Act; and wherever by law it is provided that any Act shall be done by a Physician or Surgeon, or Medical or Surgical Practitioner, by whatever name or title called, snch provision shall be construed, after the passing of this Act, to mean a person qnalified to be appointed to such Medical or Surgical offices as aforesaid; and the Medical Council shall be empowered from time to time to make regulations for specifying what institntions are to be considered public institutions within the meaning of this Act.

33. And be it enacted, that all persons who shall be registered according to the provisions of this Act shall be exempt, while registered and practising, from being summoned or serving on all juries and inqnests whatsoever, and from serving all corporate, parochial, ward, hundred, and township offices; but no person shall be entitled to such exemption, on the ground of his practising Medicine or Surgery, who is not so registered, nor shall the certificate of any such unregistered person, given after the passing of this Act, be received as the certificate of a Medical or Snrgical Practitioner in any court of law, or in any case in which by law the certificate of a Medical or Surgical Practitioner is reqnired.

34. And be it enacted, that all persons who shall be registered as aforesaid shall be entitled to demand and take reasonable fees for Medical and Surgical advice and attendance, and for medicines prescribed or administered by them to their patients throughont Great Britain and Ireland, and in all other parts of Her Majesty's dominions, without other licence than such registry.

35. And be it enacted, that after the passing of this Act, no person shall be entitled to recover any charge in any conrt of law for any Medical or Surgical advice, attendance, or operation, or for any medicine prescribed or administered by him, unless he shall prove upon the trial, either that he is registered nnder this Act, or that, before the passing of this Act, he was legally practising, or entitled to practise, in the capacity in which he claims such charge, and, if this Act had not been passed, wonld have been entitled to recover such charge in that capacity.

36. And be it enacted, that every person who, after the passing of this Act, shall act or practise as a Physician, Snrgeon, Apothecary, or Licentiate in Medicine, in any part of Great Britain or Ireland, without having been duly registered according to the provisions of this Act, shall, for every such offence, forfeit and pay the sum of ten ponnds, to be recovered by the Medical Council, by action of debt, in any of Her Majesty's Conrts of Record at Westminster.

37. And be it enacted, that every unregistered person who shall wilfully and falsely pretend to be, or take or nse the name or title of Physician, Doctor, or Surgeon, or General Practitioner, or Apothecary, or any name, title, or addition implying that he is registered nnder this Act, or recognised by law as a Physician, or Surgeon, or Apothecary, or Practitioner in Medicine, Surgery, or Midwifery, or that he is a Fellow, Member, or Licentiate of any College to which he does not belong, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence, and, being convicted thereof, shall be punished by fine or imprisonment, or both, as the Court before which he shall be convicted shall award.

38. And be it enacted, that if any person registered nnder this Act shall be convicted in England or Ireland of any felony, or in Scotland of any crime or offence inferring infamy, or the punishment of death or transportation; or if it shall be found, by the jndgment of any competent Court, that any such Physician, Surgeon, General Practitioner, or Apothecary, shall have procnred the registry of his name by any frand or false pretence, or that any such Physician, Surgeon, General Practitioner, or Apothecary has wilfully and knowingly given any false certificate in any case in which by law the certificate of a Physician, Surgeon, General Practitioner, or Apothecary is required, it shall be lawful for the Medical Council, on production before them of a copy or extract of the conviction or judgment of the Court, duly certified nnder the hand of the proper officer of the Court, to cause the name of such person to be erased from the register; and every person whose name shall have been so erased after such conviction or judgment as aforesaid, shall thereby forfeit and lose all the privileges of a registered Medical Practitioner, and shall not be entitled to have his name again inserted in that or any subsequent register, without the special licence of the Council, on the recommendation of the College of which he was a Fellow, Member, or Licentiate, and shall also cease to be and shall be disqnalified from becoming, while his name shall continue so erased, a Fellow, Member, or Licentiate, as the case may be, of any Royal College of Physicians or Snrgeons in any part of the said United Kingdom.

39. And be it enacted, that it shall be lawful for the Medical Council to make regulations for dispensing with such provisions of this Act as to them shall seem fit, in favour of Medical and Surgical stndents who shall have commenced their professional studies before the passing of this Act.

40. Provided always, and be it enacted, that nothing in this Act shall deprive either of the Universities of Oxford and Cambridge of the unrestricted right of granting licences to practise Medicine or Physic in conformity with their respective charters, statutes, laws, and regulations. (a)

41. And be it enacted, that the words "Medicine" and "Medical," when used in this Act, shall also mean and include the words "Physic," "Surgery," and "Surgical."

(a) This reservation in favour of the English Universities is introduced in recognition of their undisputed privileges; but it is hoped and believed that, for the sake of uniformity and convenience, these learned bodies are prepared to resign their right of licensing for practice.

WANT OF MEDICAL OFFICERS IN THE BALTIC FLEET.—In the Royal George, with a crew of 950 men on board, and 40 short of complement, and with a sick list varying from 90 to 114, and in daily expectation of going into action, the Surgeon has bnt one Acting Assistant-Surgeon, and he has only five months' experience of the service. The Edinbnrgh and Blenheim, both ships of the line, have only one Assistant-Surgeon, and some of the smaller ships have a Surgeon alone without any Assistant. It is painful to contrast the inadequate Medical staff actually supplied to our splendid fleet with Sir James Graham's statements in the Honse of Commons of the mnltitnde of applicants for admission into the service. A retnrn of the Medical officers now serving in the Baltic and Black Sea fleets, and the number each ship ought to have, wonld afford an instructive contrast.

REVIEWS.

Medicines, their Uses and Mode of Administration; Including a Complete Conspectus of the Three British Pharmacopœias, an Account of all the New Remedies, and an Appendix of Formulæ. By J. M. Neligan, M.D., M.R.I.A., etc. Fourth Edition. 8vo. Pp. 604. Dublin. 1854.

In this edition Dr. Neligan has adapted his work to the last London Pharmacopœia, and has introduced an account of some new remedies. A few extracts from this account will probably be interesting to our readers, and will give a good idea of the amount and kind of information to be found in the work.

Kousso.—"Therapeutical effects:—This substance has for at least two centuries borne the highest repute among the Abyssinians, who are much afflicted with the tape-worm, for its expulsion from the human intestines; and the experience of all who have tried it, both on the Continent for years back, and in England since its introduction, is confirmatory of its efficacy. It does not seem to produce any very manifest physiological effects, causing usually but slight nausea and a sensation of thirst; in some cases, however, it excites vomiting. Its action on the bowels is but slight, and the worms are often expelled alone; but it is more advisable to give a mild purgative a short time before it has been taken. It manifestly acts as a poison to the parasites, for in most of the cases in which it has been tried, the worms have been expelled dead; and M. Küch, in his experiments on anthelmintics, found that tape-worms placed in a decoction of kousso mixed with albumen died in from one and a-half to three hours. Its operation is admitted by all to be not alone effectual but safe, producing less disturbance of the system than most other remedies of this class. It is also equally effective whether it be the tænia solium or bothriocephalus latus which is present in the intestines. But it must be remarked, that although kousso expels the tape-worm, it does not remove the diseased condition of the system on which the production of the parasite depends."

Sumbul.—"*The root of an unascertained plant, probably some species of an umbellifer.* Some years since the attention of the Profession was called to the medicinal properties of a substance which had been introduced into this country from India under the above name. Dr. Granville, of London, soon afterwards published a pamphlet on its efficacy in several nervous diseases; and since then it has been more or less used in practice, although it would not appear to be possessed of any very decided therapeutical powers. Lately it has been imported chiefly from Russia, and is stated to be procured from the district in the neighbourhood of Bucharest. It occurs in very light circular pieces, from one to two inches in diameter, and from two to three inches in depth, flat, or slightly concave, above where the root-top had been cut off, and terminating abruptly below in several root branches. The transverse section exhibits a very porous fibrous structure, surrounded by an extremely thin, smooth epidermis; its colour, internally, is a dirty greyish yellow, with lighter coloured striæ, and, externally, very light brown. The odour is decidedly musk-like, but evanescent, and its taste aromatic, and slightly bitter. No correct analysis of sumbul has yet been made, but it would appear to contain a volatile oil and resin. The diseases in which this drug has been chiefly used, are, as above stated, those of the nervous system, such as hysteria, epilepsy, delirium tremens, etc., but it has been also employed in cholera, and is stated to bear a high character in Russia for its efficacy in that epidemic. Dr. Boyd, of the Somerset County Hospital for the Insane, states, in his Annual Report for the year 1852, that he has found the tincture mitigate the severity of the fits in the epileptics in his Institution. Sumbul may be given either in infusion or tincture. The infusion, which I consider the preferable form, may be prepared by infusing half an-ounce of the bruised and torn root in half-a-pint of boiling water for an hour, in a closely-covered vessel, and straining; the dose of it is from ℥ss. to ℥j., every second or third hour, according to circumstances. The tincture is prepared by macerating for seven days ℥ii. of the coarsely-powdered root in ℥xvj. of proof spirit, and straining; dose, ℥i. to ℥ii."—P. 43.

Ergotin.—"Ergotin, the alcoholic extract from ergot of rye. The mode of preparation, etc., of this article will be described under the article 'Ergota,' in the chapter on emmenagogues.

"M. Bonjean has experimented extensively on the hæmostatic powers of ergotin; and there can be no doubt, from the result of his observations, that, when applied locally, it is a powerful agent in checking hæmorrhage. He has found it especially useful when the bleeding proceeds from incised wounds, or from many small vessels, and in all cases when compression cannot be had recourse to from any cause. His method of employing it is as follows:—The ergotin is dissolved in five or six parts of water in ordinary cases, in three or four parts only where the hæmorrhage is severe, and pieces of lint, saturated in this solution, are applied to the part, previously well dried, pressure being maintained with the hand until the blood ceases to flow. Should the bleeding continue, the lint is kept constantly wet with the solution; the pressure should be firm, but not sufficient to interrupt the circulation. The lint should not be removed for three or four days. M. Bonjean has also administered ergotin internally in hæmorrhages, in doses of from five to ten grains; but its effect is not so decided as when it is employed locally."—P. 66.

"*Ferri pernitratis liquor., P. D.*, solution of the pernitrate of iron, persesquinitrate of iron:—

"*Preparation.*—Take of fine iron wire, free from rust, one ounce; pure nitric acid, three fluid ounces; distilled water, a sufficient quantity. Into the acid, first diluted with sixteen ounces of the water, introduce the iron wire, and leave them in contact until gas ceases to be disengaged. Filter the solution, and to it add as much water as will make its bulk one pint and a-half. The specific gravity of this solution is 1107.

"*Therapeutical Effects.*—Solution of the pernitrate of iron is an admirable astringent, possessing also tonic properties. It will be found particularly useful in chronic cases of mucous diarrhœa, accompanied by emaciation and loss of appetite. In such I have derived much benefit from its employment, after many other remedies had failed. It is also one of the best preparations of iron that can be used in strumous children with enlarged mesenteric glands and lienteric diarrhœa, for whom it may be prescribed at the same time with cod-liver oil. In many cases of phthisis the ordinary astringents fail in checking colliquative diarrhœa; but this preparation, when local inflammation does not forbid its use, acts most beneficially, and becomes an important aid to the oil above referred to. There is also another form of diarrhœa which may be almost termed nervous, that occurs in females of a delicate and weakly habit, in which the solution of pernitrate of iron is very efficacious; this form of the disease, and the effects of this remedy in it, have been most graphically described by the late Dr. Graves, who was the first in this country to call the attention of the Profession to this most useful medicine, soon after its introduction into practice by Mr. Kerr, of Glasgow. Professor Montgomery, of this city, informs me, that he has used the pernitrate of iron extensively in the treatment of mucous discharges from the vagina, and that, in such cases, he considers it the best of the ferruginous preparations. Dose and mode of administration:—f. ℥ss. to f. ℥j. for adults; ♏x. to ♏xx. for children. It is best given diluted with water, and sweetened with simple syrup. It may also be administered in the form of enema, in the proportion of f. ℥ij. to f. ℥iv. of mucilage of starch." P. 67.

Glycerina, P. D.—"Therapeutical effects.—Glycerine has been as yet used in medicine only as an external application, and chiefly in the treatment of cutaneous diseases, for which it was first proposed by Mr. Startin of London. He used it principally in eruptions of the scalp, in lepra, psoriasis, lichen, inveterate impetigo, and prurigo. Its medicinal effects seem to depend on its property of keeping the parts to which it is applied continually moist: it thus allays irritation, and moreover prevents the too rapid drying of the skin, which is apt to attend the use of alkaline washes. My own experience of glycerine as an addition to ointments or lotions in the treatment of skin diseases is most favourable; but it is not adapted for eruptions attended with much discharge, as it keeps the surface too moist. It has also been employed to moisten cotton, when introduced into the ear with the view of acting as an artificial tympanum in cases in which that membrane has been destroyed from any cause,—a plan of treatment now adopted by some aurists.

"In *pharmacy*, glycerine may be used to prevent pill masses from getting hard, which the addition of a small quantity effects, and also to preserve syrups and extracts."—P. 231.

GENERAL CORRESPONDENCE.

ON THE RECENT DEATH AT ST. GEORGE'S HOSPITAL, WHILE THE PATIENT WAS BEGINNING TO INHALE CHLOROFORM.

[To the Editor of the Medical Times and Gazette.]

SIR,—I shall be obliged if you will allow me to make a few remarks respecting the recent death at St. George's Hospital, while chloroform was being inhaled. Mr. Cæsar Hawkins was kind enough to inform me of the circumstance, and I was present at the autopsy on the following day, when I obtained about six ounces of blood and a portion of lungs and liver for chemical examination. The blood was put into a flask, to which a hard glass tube calculated to bear a red heat was attached, and beyond this a tube moistened inside with solution of nitrate of silver. The flask was heated in the water-bath, a portion of the tube through which the air and vapour had to pass being kept red-hot. No precipitate of chloride of silver was formed, although the process was continued some hours. It was interrupted once, in order to break up the coagulum. The portion of lung, and subsequently the portion of liver, were cut in pieces, and treated in the same manner, with a similar negative result.

When an animal has been killed with chloroform, that compound can be very easily detected by the above process in all parts of the body, even for seven or eight days after death.(a) I have also detected it readily in a portion of the muscles of a leg removed under the influence of chloroform to the usual extent; in fact, I have obtained a distinct precipitate of chloride of silver from the hundredth part of a grain of chloroform when mixed with six ounces of blood. It is evident, therefore, that the patient at St. George's Hospital must have inhaled only an extremely small quantity of chloroform; indeed, this is the opinion of the Medical men who were present at the time of her death. The inhaler was only applied for a minute and a-half, and the valve which admits the air unmixed with vapour was only one-third closed; moreover, Mr. Potter informs me that the patient, who was much agitated, seemed to breathe very little, and he was talking to her, with a view to calm her apprehension, the moment before she died. I have never met with a patient who became insensible until the valve in question was much more than one-third closed, however free the breathing might be. A few days ago, I inhaled chloroform from a similar instrument with the valve one-third closed, and although there were two drachms and a-half of chloroform in the inhaler, and I breathed in the ordinary manner, I was able to observe the time by a watch for eight or nine minutes, and then merely fell asleep.

The case in question appears to have been one of sudden death; the immediate cause of its occurring at the moment when it did occur being probably mental emotion. In this respect it resembles the case of Mr. Badger, which occurred at Mr. Robinson's in 1848. The average number of sudden deaths in England and Wales from 1838 to 1842 was 3600 per annum, or one in 138 of the total deaths. In a certain number of such cases there is rupture of an aneurism or some other evident cause of death; but, in the majority of instances, there is nothing to indicate the immediate cause of dissolution. Mental emotion of some kind is frequently the immediate cause of sudden death. Several cases of this kind have come within my own knowledge, and within the last few days it is related in the newspapers, that "upon the occasion of the recent announcement of a free discharge to the convicts of the Newgate Prison, Dublin, under sentence of penal servitude, so overjoyed were four of them at the sudden intelligence that they dropped dead."

It is not surprising, therefore, that among the great numbers of patients to whom chloroform has been administered during the last six or seven years, two of them should have died suddenly while just beginning to inhale. Patients are known to have died just after being placed on the operating-table, before chloroform was introduced; and it appears that the same accident is still liable to occur, for it unfortunately happens, in many cases, that the intended inhalation of chloroform does not prevent fear. It cannot be supposed, however, that the inhalation of this agent increases the patient's fear, for should he not be more afraid of the pain than of the chloroform, he of course would decline to inhale it; nor can it be supposed that the chloroform increases the effects of fear, for it is matter of daily observation that, as soon as the patient gets so far under its influence as to be unconscious, the pulse, which had been very rapid from apprehension, gradually subsides to nearly its natural frequency.

As regards the *post-mortem* inspection in the case under consideration, there is nothing which throws any particular light on the cause of death. There was some amount of fatty degeneration of the heart, but not sufficient to account for death. The right cavities of the heart were not empty, as in the kind of syncope produced by loss of blood or anæmia; and it is impossible to ascertain whether or not they were greatly distended at the time of death, for the artificial respiration, and carrying the body down a number of stairs, while the blood was in a liquid state, might displace part of it. It is sufficiently probable that these cavities became over-distended while the patient was in fear and scarcely breathing, and that the action of the heart was thus arrested. The lungs contained a moderate quantity of blood, and neither indicated death by pure syncope nor by pure asphyxia. The brain was somewhat congested, which is quite consistent with death from mental emotion, though no great indication of it. The fluid state of the blood does not indicate anything, for in the human subject the blood generally remains fluid in cases of sudden death from whatever cause. In small animals, such as dogs, cats, and guinea-pigs, the blood generally coagulates, though loosely, in the heart and blood-vessels, after they have been killed by chloroform; and, if the vessels are opened immediately after death, the blood that escapes coagulates firmly. The truth is, that narcotics do not cause death by producing any physical or chemical change in the blood.

The only circumstances to guide us to the cause of death in the above case, are the symptoms just before dissolution, and the fact that the patient did not inhale enough chloroform to produce any effect whatever. In commenting on a case of death not caused by chloroform, it would be somewhat out of place to enter on the consideration of the cause of accidents by this agent, and the way in which they may be avoided; indeed, I have already treated of these subjects in former communications.

I am, &c. JOHN SNOW, M.D.

18, Sackville-street, May 29.

(a) See *Medical Gazette*, Vol. XLVI., p. 324.

LOCAL ANÆSTHESIA FROM COLD.

[To the Editor of the Medical Times and Gazette.]

SIR,—As one cause of the tardiness with which cold, as an anæsthetic, has been adopted in this country, may be the uncertainty about the best mode of applying it, I shall feel obliged by your permitting me to mention, that the simple apparatus required may be procured from the following instrument-makers residing near the Hospitals:—Mr. Bigg, St. Thomas-street; Mr. Ferguson, Giltspur-street; and Mr. Matthews, Portugal-street. This apparatus consists of a solid metallic ball, which is cooled before application by immersing it in ice and salt, or a thin spoon, tube, or gauze-net, filled with this or a more powerful frigorific mixture.

An inspection of the apparatus will remove certain prevalent misapprehensions on the subject, and satisfy the Surgeon, that, in a great majority of operations, this mode of producing insensibility is the most agreeable to the patient, and the least troublesome to himself. Its perfect safety is an advantage rendered particularly prominent at this time in consequence of the three deaths from chloroform which have recently occurred in Paris and London Hospitals. In reference to the first of these, a French Medical Journal, (*Gazette des Hôpitaux*, April 8,) contains the following remarks, when speaking of local anæsthesia from cold, which is now coming rapidly into use in France:—"We shall be supported by the great majority of the Profession in asserting, that the Surgeon will henceforth be taxed with rashness, who, having at his command this means, as safe as it is sure, should resort to general anæsthesia for any of those numerous operations which only require a superficial insensibility of short duration." I am, &c.

London, June 3. JAMES ARNOTT.

THE MILITARY LUNATIC ASYLUM at Great Yarmouth is to be converted into an Hospital for sailors sent sick from the Baltic.

EXCISION OF THE ENTIRE ULNA.—Professor Carnochan records (*American Medical Monthly*, March, 1854) a case of inflammation of the ulna, with its consequences—caries, ulceration, necrosis, and eburnation—in which he excised this bone, preserving the functions of the arm and hand.

REPORTS OF SOCIETIES.

ROYAL SOCIETY.

April 27, 1854.

EFFECTS OF COD-LIVER OIL ON THE BLOOD.

A paper was read:—"On the Changes produced in the Blood by the Administration of Cod-liver Oil and Cocoa-nut Oil." By Theophilus Thompson, M.D., F.R.S.

The author has found, that during the administration of cod-liver oil to phthisical patients their blood grew richer in red corpuscles, and he refers to a previous observation of Dr. Franz Simon to the same effect. The use of almond-oil and of olive-oil was not followed by any remedial effect; but from cocoa-nut oil, results were obtained almost as decided as from the oil of the liver of the cod, and the author believes it may turn out to be a useful substitute. The oil employed was a pure cocoa oleine, obtained by pressure from crude cocoa-nut oil, as expressed in Ceylon and the Malabar coast from the Copperah or dried cocoa-nut kernel, and refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a comparatively small proportion of carbon, and is undrying. The analysis of the blood was conducted by Mr. Dugald Campbell. The whole quantity abstracted having been weighed, the coagulum was drained on bibulous paper for four or five hours, weighed, and divided into two portions. One portion was weighed, and then dried in a water-oven, to determine the water. The other was macerated in cold water until it became colourless, then moderately dried, and digested with ether and alcohol, to remove fat; and, finally, dried completely, and weighed as fibrin. From the respective weights of the fibrin, and the dry clot, that of the corpuscles was calculated. The following were the results observed in seven different individuals affected with phthisis in different stages of advancement:—

		Red corpuscles.	Fibrin.
First stage, before the use of cod-liver oil ...	Female	129·26	4·52
	Male	116·53	13·57
First stage, after the use of cod-liver oil ...	Female	136·47	5·00
	Male	141·53	4·70
Third stage, after the use of cod-liver oil ...	Male	138·74	2·23
Third stage, after the use of cocoa-nut oil ...	Male	139·95	2·31
	Male	144·94	4·61

PATHOLOGICAL SOCIETY OF LONDON.

May 16, 1854.

The President, Dr. Babington, in the Chair.

After some preliminary business, the President called upon Dr. Bence Jones to read his report on a specimen exhibited a month ago by Dr. Black, of Chesterfield, and consisting of some

VOMITED MATTERS SAID TO CONTAIN PRUSSIAN BLUE, PORTIONS OF NERVE-TUBES, ETC.

Dr. Bence Jones reported, that he had carefully examined the matters, and had discovered the appearances described by Dr. Black. With regard to the fragments of blue matter, they were much too minute to be susceptible of chemical examination; they might be the salt alluded to, or they might not, the assertion that they were so being wholly unwarranted. The filamentous matters, which had been considered to be nerve-tubes, fragments of capillaries, etc., looked much more like hairs, and had probably been derived from some accidental source. Dr. Bence Jones made some comments on the necessity for extreme care in formation of opinions on scientific questions.

Dr. Handfield Jones said, he could quite support the opinion just expressed, as regards the filaments mistaken for nerves. Kölliker's researches, which were confirmed by his own (Dr. H. Jones's), went to show, that the mucous membrane of the stomach received nerves only from the sympathetic, and it was, therefore, impossible that filaments of the cerebro-spinal ones, such as those figured by Dr. Black, could have been derived from that source.

Dr. Quain believed the fragments under dispute to be the hairs of some vegetable substance, and that they had probably been derived from the ingesta. They were frequently met with by microscopic observers.

Mr. William Adams next reported on Mr. Henry Thompson's specimen of

ABSCESS IN THE PROSTATE.

The question on which this specimen had been referred to the Committee for decision was, as to whether the abscess had really involved the prostate or not. Mr. Adams stated, that a further examination which he, in conjunction with Mr. Thompson, had made, rendered it certain, that the greater part of the structure of the prostate had been destroyed; but whether the suppuration had begun in that gland or not, it was impossible, in the present condition of the parts, to say.

Dr. Peacock exhibited a specimen of

PARTIAL ANEURISM OF THE LEFT VENTRICLE OF THE HEART.

The preparation had been forwarded from the country by Mr. Ewen, of Long Sutton, who was not, however, able to furnish any history of the case. The heart was generally hypertrophied and dilated. Near the apex, in the anterior part of the left ventricle, was a thinning of the parietes, and bulging outwards of the wall, forming a lateral or partial aneurism. The interior of the sac was lined with laminæ of decolorised coagula. The muscular structure surrounding the aneurism had undergone the fibro-cartilaginous degeneration, and the two layers of pericardium adhered closely over the most prominent part of the tumour. The aortic and mitral valves, as also the coats of the aorta, were the seats of atheromatous deposit. The right ventricle was hypertrophied and dilated.

Dr. Quain brought forward, for Dr. Bucknill,

THE STOMACH OF A LUNATIC DISTENDED WITH COCOA-NUT FIBRE.

It had been removed from the body of a man, aged 22, who had been under Dr. Bucknill's care in the Devon County Asylum, the subject of epilepsy and occasional maniacal excitement, alternating with imbecility. During life the man had been in the habit of eating any rubbish he could pick up, gravel, rags, dirt, etc., but these he had generally appeared to get rid of easily with slight attacks of diarrhœa. His fatal illness had been of but twenty-four hours' duration, and had been marked by the symptoms of perforated intestine, extreme collapse, and intense abdominal tenderness. The autopsy showed a perforation of the coats of the stomach, with escape of some of its contents. The viscus itself was distended to an enormous size by fragments of cocoa-nut fibre, such as are used for mats, etc. It was probable that many weeks had elapsed between the eating of the fibres and the death of the patient, who had nevertheless retained an excellent appetite, digested his meals well, and continued to be well nourished.

Dr. Ramsbotham related that when a student he had dissected the body of a mad dog, and by chance found its stomach much in the condition of the one exhibited, filled to distension with portions of wood, straw, etc.

Mr. William Adams next showed specimens of

COLLOID CANCER OF THE BREAST FOUR TIMES REMOVED FROM THE SAME PATIENT.

The patient was a woman still living, who, in July, 1845, had been in St. Thomas's Hospital, under Mr. Travers's care, and had the first tumour excised, together with the whole breast. A year and a half later she had again submitted to operation, on account of a return of the growth beneath the cicatrix. In 1848 a third excision was performed. In July, 1853, she had applied to Mr. Fergusson, at King's College Hospital, with a fourth re-appearance of the disease. A fourth excision of the cicatrix with the tumour formed beneath it, and also of an enlarged axillary gland, had been performed by the last-named surgeon, by whose permission Mr. Adams had obtained the specimen, in order to bring it together with the former ones before the Society. Mr. Adams stated that all the specimens had been carefully examined at the time of the several operations, and had all presented the same characters, those of well-marked colloid cancer. There had been in the third tumour a small portion which looked rather more like the medullary form, and this had led to the suspicion that the growth might eventually become of that species. The fourth operation, however, had shown the tumour to be still purely colloid.

At the suggestion of Mr. Prescott Hewett, the President requested Dr. Bristowe and Mr. Birkett to examine the specimens and make a Report thereon

Dr. Bristowe next read, for himself and Mr. Rainey, an elaborate communication on the

ANATOMY AND MODE OF DEVELOPMENT OF THE TRICHINA SPIRALIS.

The specimens had been taken from a patient who died in St. Thomas's Hospital of pulmonary and cardiac affection, and in whom, although he had been known for several years about the Hospital, and had had his leg amputated there five or six years before death, there had been no reason to suspect any disease of the muscular system. As usual in these cases, all the striped muscles of the body, with the exception of the heart, were studded with the cysts containing the animalcule. There were three points in connexion with the history of the trichina which Mr. Rainey and himself had investigated, and to which he wished to draw the attention of the Society:—1st. The anatomy of the adult worm, and the structures developed in connexion with it. 2nd. The changes which indicate its decay. 3rd. The mode of its development. With respect to the first point, the result of their examinations was to the effect, that the parasites existed singly in oval, thick-walled, laminated cysts; that the worm possessed a distinct transversely wrinkled integument, lined throughout by a muscular layer; that it presented an oral and an anal aperture, and that a cylindrical intestinal canal, occupying its axis, extended between the two orifices; that, in addition to this canal, there was, in the posterior third of the animal, another canal, probably connected with the reproductive function, which terminated above in a cæcal cone, and below, a little above the anus, in a rounded extremity, and in the upper part of which was seated the yellow mass first observed by Dr. Farre. In connexion with the second subject of inquiry, they observed that numbers of the cysts, with their contained animalcules, were encroached on by deposits of carbonate of lime; that, in some cases, the animal itself was infiltrated and rendered brittle; that, in other cases, the earthy deposit, in the form of coalescing globules, chiefly occupied the cavity of the cyst; but that, in the majority, the deposit appeared simultaneously in the cyst and in the worm, and that, in the most advanced stage, the entire cyst was occupied by an ovoid concretion, in which were buried the remnants of the trichina. The process was clearly one of decay, and was of the same nature as that occurring in hydatids. The third point was the most difficult of investigation, if not the most important. The conclusions at which they had arrived may be briefly summed up as follows:—1st. A fusiform collection of fat made its appearance between the muscular fibres. 2nd. The central part of this became gradually separated from the rest by a deposit of granular matter, the central part having the size and shape of a trichina cyst. 3rd. A perfect cyst became formed in the situation marked out by the granular deposit, the contents of which were apparently pure fat, like that situated externally to it. 4th. Nuclei of peculiar character made their appearance in these cysts, the fat gradually cleared away, and the rudiments of a worm became evident, the development of which was in an inverse ratio to the amount of fat present. They adduced arguments in support of these propositions, and expressed themselves fully alive to the difficulty there was in reconciling their views with the generally received doctrine of development. It really seemed difficult, except on the principles of equivocal generation, to understand how tissue, having every visible character of fat, should become gradually converted into an animal; still they did not consider themselves justified in adopting that view. Their opinion was, that certain of the trichinæ escaped from the cysts (and the not infrequent existence of empty cysts tended to confirm this view); that they deposited their eggs in certain situations, which eggs, instead of undergoing development in the usual way, laid the foundation of and impressed with peculiar powers those collections of apparent fat out of which the trichina and its cyst were to be formed.

Dr. Ramsbotham placed on the table a specimen of

SOFT CANCER OF THE UTERUS.

The parts had been removed from a woman aged 40, known to suffer from malignant disease of the uterus, and who had sunk suddenly from an attack of hæmorrhage. The vagina was almost healthy; the os uteri destroyed and ragged with ulceration and with projecting masses of the morbid growth. Behind the uterus was a mass of medullary cancer the size of a closed fist. Dr. Ramsbotham contrasted the specimen with one which he had exhibited at a previous meeting of the Society, in which the whole of the vaginal mucous membrane was involved in ulceration, and in which the disease appeared to have spread downwards and laterally, but not upwards.

At the suggestion of Dr. Ramsbotham, the President requested Mr. Hutchinson to make a further examination of the specimen, and to report respecting its microscopic characters, etc.

The Secretary next read the report of a case which had been sent from Dr. Gibb through Dr. Sibson, in which there had been removed,

A NUMBER OF SMALL CALCULI FROM BETWEEN THE WALLS OF THE VAGINA.

The subject of the case, a coloured woman, aged 45, had died in the General Hospital of Montreal of chronic tubercular peritonitis. At the *post-mortem* all the abdominal viscera were found agglutinated together by old adhesions, in numerous parts of which were deposits resembling tubercle. The uterus was enlarged to the size of a fœtal head, and appeared to be disorganised by the infiltration of tubercle. The coats of the vagina were very much thickened, and, on cutting into them, the knife grated upon some hard substances. This led to a careful dissection, when thirty-one small white calculi, in size from a pin's head to a very small pea, were removed from between the external and the middle coats of the vagina; they were not confined to any particular spot, but were chiefly scattered over the anterior surface of the coats, and were enveloped in cellular tissue. They were white in colour, and of the hardness of bone. No examination as to their chemical composition had been made. Dr. Gibb believed that calculi had never before been found in the same locality.

Mr. Partridge inquired, if careful examination had been made at the *post-mortem* to ascertain whether the concretions were within the cavities of veins.

Dr. Peacock concurred in Mr. Partridge's opinion, that the little bodies were probably phlebolithes.

As the communication did not evince that any special attention had been paid to this point, the President requested that Dr. Beale should undertake a chemical examination in order to determine it.

Mr. Partridge exhibited a specimen of

CHRONIC DISEASE OF THE FEMUR.

The case was of interest on account of the obscurity which had attached to it during life. An agricultural labourer of middle age had been admitted, under Mr. Partridge's care, into King's College Hospital, with a large collection of matter in the upper part of the left thigh. There had never been any opening, and the abscess had formed without much pain. Mr. Partridge made a puncture, and let out an enormous quantity of thin pus. On probing no diseased bone could be felt, and the opinion formed was, that it was subcutaneous suppuration. A re-secretion took place, and a second puncture was made. The man appeared to be doing well, but finally sank, after a short illness, with the symptoms of pyæmia. The upper half of the femur was found, at the autopsy, to be much thickened, and to have in it a cavity containing pus and a small fragment of necrosed bone. The cavity communicated with the soft parts by a large opening, the borders of which were rounded and smooth. The reason that the probe had never reached the diseased part was, that the puncture had been made on the opposite side of the limb.

Mr. Brooke next showed an

UNUSUALLY LARGE BILIARY CALCULUS.

The patient, who had been a very intemperate woman, had never suffered from symptoms of biliary obstruction, yet at the autopsy there had been found the concretion exhibited, which had completely filled the gall-bladder, and been moulded to its shape. Mr. Brooke also showed a small urinary calculus which he had recently excised from the urethra of a boy, in whom it had become impacted. The patient was doing well.

Mr. Pye Smith exhibited a specimen of

BILIARY CALCULUS, WHICH HAD ULCERATED INTO THE DUODENUM, AND BECOME OBSTRUCTED IN THE JEJUNUM.

In this case, the escape of a very large calculus from the gall-bladder into the intestinal tube had been effected by ulceration, without perforation of the peritonæum. The patient was an elderly lady, who had long been infirm. Six days preceding death she began to suffer from sickness, which continued very troublesome ever after. The sickness was almost the only symptom, and it gradually induced collapse, from which she died. At the autopsy, the calculus was found impacted in the jejunum, about thirty inches below the duodenum. It measured, in its shortest circumference, two inches and a-quarter, and in its

longest five inches. Its form showed that it had been moulded in the gall-bladder and cystic duct.

Mr. Hutchinson next brought before the Society

A SMALL EXPECTORATED FRAGMENT OF AN HYDATID CYST.

The specimen was a triangular piece of whitish and very elastic membrane, about the size of a shilling. It had been coughed up by a woman, now a patient under the care of Dr. Peacock, at the City Hospital for Chest Diseases. The problem had been to determine with certainty its true character; and Mr. Hutchinson's object in bringing it before the Society was to ask the opinion of its members as to the diagnostic value of the laminated appearance constantly met with in the walls of hydatid cysts. He was aware that it was no novel observation, and that the laminæ had been described by several authors, and were figured in Wedl's new work;-but wished to ask whether they were ever simulated by other structures. If not, they were to be regarded as an extremely valuable character, and in cases such as the present, where no echinococci or their hooklets could be found, would be all that the observer might have to decide upon. A drawing illustrative of the appearance alluded to was exhibited.

Dr. Hare said, he could confirm Mr. Hutchinson's opinion, that the finely laminated wall was characteristic of hydatid cysts. He referred to an excellent paper on hydatids, published by Dr. Duncan in the "Provincial Transactions," in which it was well described.

The time having expired, and all the specimens on the table having been gone through,

The President rose and said, that, as it was the last meeting of the session, he could not but conclude by congratulating the members on the great amount of interest and importance which had attached to the labours of the year. After some further appropriate remarks on the objects and position of the Society, the meeting concluded,—a vote of thanks to the exhibitors for the evening having been as usual passed.

EPIDEMIOLOGICAL SOCIETY.

MONDAY, JUNE 5, 1854.

DR. BABINGTON, President, in the Chair.

A PAPER was read by Dr. M'William, entitled

REMARKS ON PLAGUE AND YELLOW FEVER IN THEIR RELATION TO QUARANTINE.

By Sir WILLIAM PYM, Superintendent-General of Quarantine.

It consisted of a reply to a paper read by Dr. Milroy, in July last, upon the results of quarantine in British ports since the beginning of the present century. Sir William first corrected many errors in Dr. Milroy's account of the plague in Malta in 1813, and pointed out the real efficacy of quarantine regulations in checking its progress. He then went on to prove that plague is a contagious disease, and that this country, so far from being behind others in reforming quarantine regulations, had rather done too much than too little. With regard to yellow fever, he asserted that Dr. Milroy had entirely misstated the facts of several cases upon which his arguments were founded, referring particularly to epidemics at Gibraltar, Ascension, Boa Vista, and the West Indies, and pointing out that the importation of the disease into Oporto had been checked by quarantine. He concluding by arguing that the proceedings lately adopted with regard to the West India steamers at Southampton were required for the protection of the public health, and the prevention of alarm among the population.

Dr. Milroy said he thought that the subject of quarantine was one which Medical men ought to take up, and that the public had a right to expect reparation from them for the evils which had arisen from the circumstance of their opinions having misguided the Legislature. Sir William Pym had mistaken the object of his (Dr. Milroy's) paper. He had nowhere intimated that quarantine should be wholly abolished; he only contended that the system required remodelling. Nor had he expressed an opinion as to the contagiousness or non-contagiousness of such diseases as plague or yellow fever. He believed that, under certain circumstances, they were contagious, but the question was, had quarantine succeeded in keeping them out? If Sir William Pym published his paper, he (Dr. Milroy) would be prepared to establish all the statements which he had made, and which had now been called in question. He was surprised to find that the immunity enjoyed by the Medical attendants and others during the plague at Malta was actually attributed to their wearing oil-skin dresses, and not coming in actual contact with the patients,—altogether leaving out of question the circumstance of their breathing the contaminated air. The notion that actual contact alone was dangerous had been long exploded, taking its place with the belief that scrofula could be cured by the Royal touch, or that powdered spiders would cure the ague. In attributing the "extinction" of the plague in the East to quarantine, Sir William Pym wholly omitted to state, that the most important sanitary measures had been adopted in Egypt, Turkey, etc., during the last twelve years. With regard to yellow fever, it was not denied, that five outbreaks of that disease had taken place at Gibraltar during the first twenty-eight years of the present century, notwithstanding the operation of quarantine. Sir Wm. Pym admitted that an outbreak had occurred in 1810, when he himself was at the head of the quarantine, and speaking of its supposed cause, he simply said, "we must presume it was breach of quarantine." Surely, such a conclusion was illogical and inadmissible. He did not attempt to show, that in 1814, the disease was introduced; and, as to 1828, he said he knew little of that epidemic, though he was sent out to inquire into the circumstances attending it, and it was therefore no more than his duty to ascertain whether the disease was introduced or not. With regard to the Eclair, it was not denied, that half the crew having been cut down, and the disease still prevailing, no communication was permitted with the crew for five or six days after the vessel's arrival. Sir Wm. Pym stated that her arrival was not known until the 29th of July, and that he went down on the following day. But, surely, when a vessel arrived, there ought to be no necessity for communicating with the superintendent of quarantine in London; his views ought to be known to officers at the different stations, so that no time might be lost in adopting the requisite measures. In that case no one was permitted to land, and not even a letter was received. Such a case showed the necessity for some important changes in the quarantine laws. Some measures of Medical police were indeed necessary upon the arrival of such a vessel as the Eclair. The proper mode would have been to remove the unfortunate crew from the seat of the pestilence, and enable them to breathe fresh air. Sir William Pym thought that on shore much alarm would have been created lest the disease should spread; but it was a fact, that at the very time when the Eclair was lying in quarantine, two men were landed from a Government steamer off Woolwich, and died in the Hospital of yellow fever, but the disease did not spread in consequence. Two cases also were landed at Southampton from the La Plata, without injury to those on shore.

Dr. H. Gavin said, he had never heard a paper characterised by a less regard for facts, a more loose style of language, or a more inconsequential mode of reasoning than that which had just been read. Sir William Pym had stated, among other things, that persons were not liable to a second attack of yellow fever. This was untrue, as shown by Dr. Fenner, of New Orleans, who had had ample opportunities for judging, and who stated, that if a person had had the disease severely, and remained afterwards in the same place, he was not so liable to have a second attack; but that if he had suffered during a mild epidemic, his subsequent exemption was not so great; and if he went for a short time to the north of England, or Denmark, or other countries, and then returned, he was more liable to the attack than ever. Sir William Pym stated also, that the Highflyer was the means of introducing the yellow fever into Trinidad. He (Dr. Gavin) knew the island well, and that was the first intimation of the kind he had ever heard. The fever began to manifest itself in the island long before the Highflyer's arrival. He himself attended the wife of an innkeeper, who lived in a low part of the town, close to a common sewer. The location of the fever in Trinidad was so well marked, that the spots in which it would occur were perfectly well known, and accurately predicted. The story about the La Plata was another mis-statement of facts; for it had been abundantly shown that the disease arose from exposure to an infected atmosphere, and it would have been developed on board any ship then arriving at St. Thomas's, and remaining there a sufficient length of time.

Mr. Spencer Wells moved that the debate be adjourned, as the subject was a very important one, and it was impossible to discuss it at so late an hour.

The President said, that the adjournment of a debate was contrary to the rules of the Society, but the object might be gained if a short paper on the same subject could be prepared for the next meeting.

Mr. Wells undertook to prepare the paper, and the subject will be accordingly re-introduced for discussion at the next meeting.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—THURSDAY, JUNE 1.

A Petition was presented by Mr. Macaulay, from the Royal College of Physicians, and the Royal College of Surgeons, Edinburgh, against the London University Medical Graduates Bill.

FRIDAY, JUNE 2.

A Petition was presented by Mr. Wigram, from the President and Censors of the Royal College of Physicians, against the Graduates Bill.

CHOLERA IN JAMAICA.

Sir J. Pakington asked the Under Secretary for the Colonies whether Her Majesty's Government had lately received any information as to the re-appearance of cholera in Jamaica; and whether it was intended to take any measures, either by the renewal of the appointment of an Inspector, or otherwise, for the promotion of sanitary regulations in the West Indies?

Mr. F. Peel said, the Government had received notice that several cases of cholera had appeared in different parts of Jamaica, but the latest accounts were favourable, and he hoped it had now disappeared. The Governor, Sir H. Barkly, had proposed the institution of a combined fund for the purpose of providing Inspectors, and taking such other measures as might be necessary; but, as to assistance from the Government at home, he had to state, that it was not intended to apply to Parliament for any such assistance. (Hear.)

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 2nd inst.:—

BLANDFORD, T. BRICKENDEN, Weston Bamfylde, Somerset.
BOOTH, JOHN GREGORY, Haslingden, Lancashire.
CLUBBE, CHARLES, Sheffield.
CREASY, JAMES GIDEON, Edenbridge, Kent.
DEAMER, WILLIAM, Bentinck-street, Manchester-square.
DOBBIN, JOHN WILSON, Belfast.
DOLMAN, ARTHUR HENRY, Melbourne, Derbyshire.
MARSDEN, WILLIAM FREDERICK, Liscard, Cheshire.
MOXON, WILLIAM, Rugeley, Staffordshire.
SILLIFANT, FRANCIS SYNGE, Coombe, near Crediton, Devon.
WARD, JOSEPH HAYDON, Epsom.
WHITE, FREDERICK GEORGE, Australia.

At the same meeting of the Court, Mr. WILLIAM DICKSON SMYTH passed his examination for Naval Assistant-Surgeon.

NOTICE TO STUDENTS.—ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a recent meeting of the Court of Examiners the following Resolution was agreed to:—"That this Court do meet, from time to time, as shall be necessary, until the 21st of July next; and that from and after such date, until Friday the 6th of October next, this Court do not meet except at the special summons of the President."

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 1:—

COTTEN, EDWARD, Woodford, Essex.
WILSON, CHARLES COOPER WATSON., H.E.I.C.S., Bengal.

ROYAL COLLEGE OF SURGEONS, IRELAND.—At a meeting of the College on the 5th, the following Officers were elected:—*President*, Charles Benson. *Vice-President*, Sir Philip Crampton, Bart. *Secretary to the College*, Edward Hutton. *Council*, Alexander Read, Arthur Jacob, Thomas E. Beatty, Andrew Ellis, Robert C. Williams, Robert Adams, William Hargreave, James Barker, William Collis, John H. Power, John M'Donnell, Hans Irvine, James S. Hughes, Edward Hutton, Robert Pentland, Richard G. H. Butcher, Augustus E. Tabuteau, and Robert Mayne.

APPOINTMENTS.

ST. BARTHOLOMEW'S HOSPITAL.—At a meeting of the Governors of this Hospital, on Wednesday, Dr. William Senhouse Kirkes was elected Assistant-Physician. Mr. Holmes Coote was elected Assistant-Surgeon.

VACANCIES.

KENSINGTON DISPENSARY.—A resident Medical officer is required for this Institution.

PARISH OF ST. MARY, ISLINGTON.—A Dispenser is wanted in connexion with the Workhouse. Election June 19.

BEQUESTS.

THE LATE MR. JOHN WRIGHT, of Sparkbrook House, has bequeathed the following sums:—Nottingham General Hospital, 100*l.*; Birmingham General Hospital, 100*l.*; Queen's Hospital, Birmingham, 100*l.*; Birmingham Dispensary, 500*l.*; Birmingham Eye Infirmary, 200*l.*; Asylum for the Blind, Birmingham, 100*l.*; Institution for the Deaf and Dumb, Birmingham, 100*l.*

DEATHS.

BIGGS.—May 30, at Clifton, aged 48, Robert Joseph Biggs, Esq., Surgeon, of Kingswood Hill.—(*Bristol Mercury.*)

BUCKLEY.—Lately, in Sidney Avenue, Blackrock, Dr. Buckley, aged 59.—(*Saunders's News Letter.*)

GILL.—May 31, at Nottingham, aged 48, John Gill, Esq., retired Surgeon of the H.E.I.C.'s Service, second son of George Gill, Esq., of Nottingham Park.—(*Sheffield Independent.*)

GOWLAND.—April 18, at Robin Hood's Bay, aged 55 years, deeply regretted, Edmund Gowland, Esq., Surgeon.—(*Hull Advertiser.*)

NOWELL.—May 25, Richard Bottomley Nowell, Esq., Surgeon, Dewsbury.—(*Leeds Mercury.*)—M.R.C.S.E., 1829; L.S.A. 1828.

QUIN.—May 11, at Castle-place, Belfast, George Quin, Esq., Surgeon.—(*Northern Whig.*)—L.R.C.S. Edin., 1837; L.S.A. Ireland; Certificated Surgeon to Factories and Printworks in Belfast and neighbourhood.

RONAYNE.—May 31, aged 45, Charles Ronayne, Esq., M.D., of Harrogate, formerly of York Place, Leeds.—(*Leeds Mercury.*)—M.D. Edin., 1837; Physician to the Leeds Public Dispensary.

STANGER.—March 21, at D'Urban, Natal, after a few days' illness, of inflammation of the lungs, the Hon. William Stanger, M.D., F.G.S., Surveyor-General of the district, and *ex officio* Member of the Legislative and Executive Councils. This event, says the *Natal Mercury*, will create universal gloom among the community. Dr. Stanger had been connected with public affairs in the district ever since its settlement as a British Colony, with the exception of two years' absence on leave. In him the Government has lost an able, upright, and zealous coadjutor, and the Profession one of its brightest ornaments. His eminent scientific attainments, and his Professional skill, secured for him an honourable post in the Niger Expedition, and he was one of the few survivors of that disastrous affair. It is feared that the constitutional debility induced by the energetic part he took in that expedition hastened the crisis which has deprived the colony of so great an ornament.

STONE.—May 23, at Charlotte Street, Fitzroy Square, Dr. Thomas Stone. As a Medical Student, Dr. Stone was the friend and associate of Professor Wilson, Hogg, and Lockhart, and not an infrequent contributor to the celebrated "Noctes Ambrosianæ" of *Blackwood's Magazine*. After graduation, Dr. Stone was appointed Inspector of Hospitals in Sir De Lacy Evans's expedition to Spain. As an alumnus of the University of Edinburgh few men were more distinguished; and no member of the Royal Medical Society of Edinburgh, from 1828 to 1831, can fail to remember how his wit and talent gave zest and interest to the evening meetings of that popular Institution. Associated with Professor Sir William Hamilton, Dr. Stone effectively assailed the theories of the phrenologist in his examinations of the skulls of "Daft Jemmie," the murderer Burke, and the miscreant Hare. Of late years the deceased devoted himself to psychological researches. To the *Psychological Journal* Dr. Stone was an extensive contributor; and although he rarely paraded his name before the public, many elaborate papers, both in public Journals and in more private works, might have had his name appended to them. After his return from Spain he settled in Spring Gardens, and the pages of the *Polytechnic Review*, of which he was both proprietor and editor, testify alike to his genius and varied talent. For some years Dr. Stone was Private Physician to the Earl of Pembroke, and accompanied His Lordship through a lengthened tour on the Continent. He was for some time Medical Superintendent

of Wyke House Asylum, Brentford, and latterly of Haydock Lodge, near Manchester.

Williams.—May 30, at Cowbridge, after a short illness, Edward Williams, Esq., Surgeon, aged 58.—(*Cardiff Guardian.*)

Young.—May 31, of pleuro-pneumonia, after a short illness, Edward Young, Esq., Surgeon, Hart Street, Henley-on-Thames, aged 54.—(*Berkshire Chronicle.*)—M.R.C.S.E., 1823; L.S.A., 1822; Medical Officer of the Henley Union.

King's College.—The first annual dinner of this Institution, took place on the 1st inst., at the Albion Tavern, Bishopsgate-street, when the company, consisting of members of the Council, the Principal, Professors, Masters of the School, formor students, and all who had been in any way connected with King's College as teachers or students, sat down to an excellent repast. The Bishop of Lichfield presided.

Medical Benevolent Fund.—We beg to remind our readers, that the biennial dinner of the Medical Benevolent Fund takes place on Wednesday next, June 14, at Freemasons' Tavern, as may be seen by reference to the advertisement.

Belfast Clinical and Pathological Society.—The first annual meeting of this newly-organised scientific body of professional men of Belfast, and the principal towns in the provice of Ulster, was held on the 27th ultimo., in the General Hospital,—Dr. T. H. Purdon, President, being in the chair. The meeting was most numerously and influentially attended. The President, before retiring, after his year of office, addressed the meeting, showing the advantages arising from the members of the Profession meeting together, from all parts of the province, at stated periods, for the reading of papers, and the discussion of subjects in connexion with the practice of medicine. He concluded by congratulating the Society that the chair was to be occupied, during the ensuing year, by so eminent a member of the Profession as the President-elect, Dr. J. C. Ferguson. The office-holders for the ensuing year (elected by ballot), were declared as follows, viz.:—President, Dr. J. C. Ferguson; Town Vice-Presidents, Drs. Moore, Pirrie, and Stewart (Lunatic Asylum); Country do., Dr. MacLoughlin (Lurgan), and Young (Holywood); Treasurer, Dr. Halliday; General Secretaries, Dr. Malcolm, and Surgeon H. M. Johnston; Museum Committee, Drs. Malcolm, Ferguson, Ross, Pirrie, Moore, Murney; Surgeons Aicken, Armstrong, Johnston, and Drs. Horatio Stewart (Queen's College), Lynch. Microscopical Committee, Drs. Purdon, Malcolm, and Murney.

Common Lodging-houses.—Captain Hay, one of the Commissioners of Police, has made a second Report to the Home Secretary, on the operation of the Common Lodging-houses Act. The Report shows abundantly the value and necessity of superintendence of the lodging-houses. The testimony borne by Medical men in the most crowded parts of London to the improvement in the health of the occupants of these tenements is very decided; they write in the strongest terms of the great advantages which have arisen. There are now registered 1441 common lodging-houses, accommodating about 30,000 persons; and there are 3276 other lodging-houses under the observation of the police, estimated to accommodate about 50,000 more, requiring more or less to be done in the way of improvement before they are registered. Only ten cases of fever occurred in the registered houses during the year.

Health of the Baltic Fleet.—By a letter from the Surgeon of one of the ships in the Baltic, just received, dated Hango Roads, May 27, we learn, that small-pox is prevailing to a great extent in H.M.S Neptune and Nile. In the former ship. it is said, that nearly all the officers are *hors de combat* with this disease. The hospital-ship Belleisle had not arrived.

The War.—The following is the report from the Surgeon of the Tiger of the killed and wounded:—"Captain Giffard, loss of left leg above the knee, wound of right leg, and various contusions; doing well. William Tanner, ordinary, lacerated wounds in the front of both thighs, gunpowder laceration and compound fracture of little finger of left hand, and other contusions; doing well. Charles Hood, boy, 2nd Class.—This poor lad is riddled with grape and canister shot, one of which has penetrated the abdomen. He has also a severe compound fracture of the left leg. I entertain no hope of his recovery. William Trainor, aged 38, gunshot wound of left knee; amputation was performed on board, but he died during the transit from the shore to the town, of exhaustion. John Giffard, aged 18, midshipman.—Had both legs shot away; amputation was performed on board; from the shock to the system and hæmorrhage, combined with exposure to the sun and unattended on the beach, he died shortly after being landed." The Surgeon adds, that every possible attention that humanity can suggest has been shown by the authorities at Odessa, and that the survivors are under his own special care.

The Cholera is on the increase in Lisburn, Ireland.

The Potato Disease.—There are symptoms of the recurrence of this disease in some parts of Ireland.

Mortality Notabilia.—The rate of mortality has been high, and is still above the average. The present return, however, exhibits a reduction in the deaths; the numbers in the two previous weeks having been 1188 and 1143, and that of the week that ended last Saturday, 1090. During the six weeks that have elapsed since the 22nd of April, the mean weekly temperature has been below the average. In the ten corresponding weeks of the years 1844-53, the average number of deaths was 915, which, if raised in proportion to increase of population becomes 1007. The mortality of last week, therefore, exceeds by 83. The epidemic class of diseases shows a tendency to become more fatal. The deaths included in this class were last week 309, while the average is 212. Two deaths from cholera were registered in the week, of which the following are the particulars:—In the Workhouse, Mile-end New Town, on 26th May, a woman, occupation not known, aged 40 years, died of "cholera (48 hours)." In Limehouse, at 8, Rich Street, on 27th May, the wife of a coachman, aged 35 years, "spasmodic cholera (35 hours)."

London Fever Hospital.—The Resident Physician reports, that "140 patients have been admitted during the past month. The diseases are chiefly typhus or spotted fever of a virulent character, and scarlatina, which appears to be growing still more prevalent; upwards of 100 patients are now under treatment. The institution being unendowed, and its funds being low, an urgent appeal has been made to the public for its support.

Births.—The births of 789 boys, and 735 girls—1524 children—were registered in London. Average, 1392.

Meteorology.—The mean height of the barometer was 29·658 in. The mean temperature of the week was 52·3°, which is 4·1° below the average of the same week in 38 years. The highest temperature in the week was 70·3° on Thursday; the lowest was 40·8° on Monday. The mean dew-point temperature was 48·4°; and between this and the mean air temperature the difference was 3·9°. Wind south-west first four days, and north-east rest of week. Rain, 0·91° in., more than half of which fell on Monday; horizontal movement of air, 875 miles; electricity, positive, except during the fall of rain or hail, when it was alternately positive and negative, and very strong. Strong galvanic currents and volleys of loud sparks were shown during these times.

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June* 3, 1854.

Causes of Death.	June 3.				Sum of Ten Weeks.
	0 to 15	15 to 60	60 and upw.	All Ages.	
All Causes	527	352	180	1090	9150
Specified Causes	526	352	179	1057	9082
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases	235	51	23	309	1928
Sporadic Diseases:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	6	24	21	51	421
3. Tubercular Diseases	53	129	7	189	1920
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses	50	32	27	109	1135
5. Diseases of the Heart and Blood-vessels	3	20	12	35	380
6. Diseases of the Lungs and of the other Organs of Respiration	75	41	35	151	1211
7. Diseases of the Stomach, Liver, and other Organs of Digestion	24	24	16	64	595
8. Diseases of the Kidneys, etc.	2	10	1	13	103
9. Childbirth, Diseases of the Uterus	..	4	1	5	88
10. Rheumatism, Diseases of the Bones, Joints, etc.	3	4	2	9	82
11. Diseases of the Skin, Cellular, Tissue, etc.	..	..	1	1	21
12. Malformations	4	..	..	4	45
13. Premature Birth and Debility	39	2	..	41	233
14. Atrophy	26	1	6	33	192
15. Age	..	..	25	25	415
16. Sudden	..	2	1	3	72
17. Violence, Privation, Cold, and Intemperance	6	8	1	15	241
Causes not Specified	1	..	1	33	68

BOOKS RECEIVED.

The Microscope: its History, Construction, and Applications. By Jabez Hogg, M.R.C.S. London: Orr and Co. 1854.
Journal of the Statistical Society of London. June. 1854.
Annual Report of the Clonmel District Lunatic Asylum—1854. Clonmel. 1854.—[Very creditable to Dr. Flynn.]
On the Structure and Use of the Spleen. By Henry Gray, F.R.S. London: Parker. 1854.
The Art of Good and Cheap Cookery for the Working Classes. London: Groombridge. 1854.—[A useful tract by the Editors of the *Family Economist.*]
The Penny Census of England and Wales. London: Groombridge. 1854.
Lectures on Education. Delivered at the Royal Institution of Great Britain. London: Parker. 1854.
Orr's Circle of the Sciences. Nos. 23 and 24.
Orr's Household Handbooks. No. 6.
The Land we Live in. Part III. London: Orr. 1854.

TO CORRESPONDENTS.

Dr. Gairdner, Edinburgh.—Many thanks.

Mr. Dixon's letter, with the interesting paper on the Ophthalmoscope, shall appear next week.

Mr. Lord, of Hampstead, has sent us an excellent letter on the Parliamentary Committee on Poor-law Medical Relief. We regret that our columns are so crowded this week, that we can only announce that the Convention of Poor-law Medical Officers have agreed:—"That the principles embodied in the succinct paragraphs appended to the Memorial presented by the Deputation of Poor-law Medical officers to Lord John Russell in 1851, contain the main features required in an amended system of Poor-law Medical relief, being adapted to secure fairness to the Medical officer, benevolent aid to the sick poor, and calculated to regulate the expenditure to the satisfaction of the ratepayers and the nation at large." The principles alluded to are:—"1st. Permanence of office during capability and good conduct of the Medical officer. 2nd. Payment in proportion to the extent and character of his duties. 3rd. Responsibility to Professional authority." "During the eight years that have passed since the origin of the Convention, many early members have retired from the posts of Union Surgeons; still they retain a lively remembrance of the evils under which they laboured during their tenure of office, and of the sufferings which they witnessed, not of their Professional brethren only, but also of the sick poor; and now, being free from the imputation of personal or pecuniary interest, they again unite to assist in promoting an investigation that must end, if properly conducted, in erasing one blot, at least, from our country's code."

Errata.—In the report of Dr. Crisp's case of Biliary Calculus (page 582), the number of calculi should have been "506," instead of "5 or 6." In Mr. Jones's paper on Amputation at the Knee-joint (page 570, line 12 from the bottom of the second column), for "while the palm thrust through," read "while the catlin thrust through."

Dr. G. will find some account of *Sumbul* in the present Number. Perhaps some Correspondent will inform him where he can find the best account of the grape disease.

B. W.—Mr. Curling, Mr. Quain, and Mr. Ashton.

H. S. F.—The new regulations of the Medical department of the East India Company's Service have not yet been published.

Mr. Lizars' paper shall be published before the end of the present Volume.

Dr. Stokoe.—The course has not been completed. We are not aware if it will be published separately.

[To the Editor of the Medical Times and Gazette.]

SIR,—A work was advertised in the *Medical Times and Gazette,* and other periodicals, to be published on the 1st of May, by Highley and Co., entitled, "On the Specific Treatment of Phthisis and Hooping-cough. By John Hastings, M.D." After many inquiries at the publisher's, I was ultimately informed on the 1st of June, that they had received no such work for publication. Now, Sir, anxious as I am to learn the nature of this specific treatment, my disappointment is exceeded by the trap that is laid for patients of all classes, who fancy that such a work must be in existence, and that the doctor is the only man in the world who can cure phthisis and hooping-cough. I am, &c. QUO LIBER.

Mr. Christmas.—It would not be just to decide upon the case without hearing both sides.

[To the Editor of the Medical Times and Gazette.]

SIR,—I have no right to question your judgment upon my publication. My "Treatise on Stammering" may not satisfy you; but I would ask you, in justice, to withdraw the charge of its being secret, and therefore quackish. A system which rests upon *viva voce* instructions, applicable to cases of great variety, both as regards cause and effect, cannot be described in any formula of words, and consequently can only be explained in practice. I have no secret beyond this; but, even if I had, I should doubt the accuracy of the canon which would declare such an individual as Dr. James, the inventor of the powder so efficacious in fever, a quack, and require every discoverer of a new remedy to be as open as Dr. Jenner,—unquestionably a noble example, but one which could not be generally followed, without a sacrifice most unreasonable to demand. Hoping you will do me the justice to insert this, I am, etc.,

125, Regent-street, June 3, 1854. JAMES HUNT.

[We insert Mr. Hunt's note, but it does not alter our opinion.—ED.]

[To the Editor of the Medical Times and Gazette.]

SIR,—As a friend to Mr. Brady's Registration Bill, I would ask, was it not lost in the House of Commons in consequence of the intention of registering distinctions, instead of one general, simple registration without titles; for if one gentleman is registered M.D., M.R.C.S., and L.A.C., and another only L.A.C., surely this must create dissent and great dissatisfaction in the Profession, as the public would not probably accord the same ability to the one as to the other; and yet, I maintain, there is after all little or no distinction. I therefore conclude, that it was impracticable to carry the Bill, and these differences must ever militate against any future measure of the kind. Would it, therefore, not be much wiser, under the circumstances, to endeavour to obtain simply a Registration Bill of all legally qualified practitioners' names and addresses only, in place of the one now thrown overboard; for, if we are to reconcile a multitude we must be liberal; besides, you know as well as I do, that multiplicity of diplomas does not make the best practitioner, after all, but still goes far to mislead the public, as the title of Apothecary, and that only, in these days, is indeed a bitter pill. And yet, perhaps, it is the best test of all of a man's ability to practise his profession, and certainly the most powerful of all. I am, etc.,

London, June 6, 1854. A REFORMER.

[To the Editor of the Medical Times and Gazette.]

SIR,—Cards similar to this have been dropped plentifully into the areas of the houses in the neighbourhood of Judd-street and King's-cross.

So gross a piece of Medical misbehaviour ought, in the opinion of many respectable persons, to be exposed in the columns of the *Medical Times and Gazette.*

"Medical Lying-in Institution, 80, Judd-street, (corner of Leigh-street,) Brunswick-square.—Conducted by Mr. G. O. Hopton, F.S.A., Resident Surgeon and Accoucheur, and Consulting-Surgeon to the St. Martin's-lane Dispensary for the Diseases of Women and Children; with eminent physicians and qualified assistants. Mr. Hopton attends Invalids and Pregnant Women at their own homes.—Charges strictly considered, and suited to their several means. The Medical Gentlemen and supporters attached to this Institution, convinced of its practical advantages, wish especially to recognise and render their services available to Lying-in Women, and by giving to others gratuitous advice, morning and evening, before Twelve and after Six.—For particulars, apply to Mr. Hopton, 80, Judd-street."

J. H.—Glasgow.

L. A. C.—None; unless the druggist should charge for the medicine he supplies, or make some gross blunder which would bring him before a coroner's jury, or render him liable to a civil action.

Mr. Ledger.—Many thanks.

The report of the meeting of the Irish Association arrived too late for insertion this week.

Mr. Haynes Walton.—The cases are not forgotten. They are kept back to form part of a future series, to appear in a few weeks.

[To the Editor of the Medical Times and Gazette.]

SIR,—From a recent letter in your Journal I learnt, that at St. Bartholomew's Hospital heavy fees are required for the posts of house-surgeon, dresser, &c., and also that it is the only London hospital where the system of buying appointments is still kept up. Having waited some weeks without observing any contradiction of the statement, I am led to infer its truth. Can you inform me whether, in the coming session, it is intended to persist in the same plan? I write as an interested party, and am, Sir, &c. A PROVINCIAL STUDENT.

[We understand that the system of fees alluded to is to be abandoned, either wholly or in part.—ED.]

Mr. Ransom, Cambridge.—We must defer this subject until next week.

COMMUNICATIONS have been received from—

SECRETARY OF THE VEGETARIAN SOCIETY; Mr. URLING; Dr. STOKES; Dr. LYONS; Mr. MARKWICK; Dr. FLYNN; Mr. DIXON; Sir JAMES CLARK; Mr. GRAMSHAW; Mr. MACKENZIE; Dr. WOOD; Sir JOHN FORBES; Mr. LORD, Hampstead; Dr. MCWILLIAM; Mr. TUCKER; Dr. J. ARNOTT; Mr. PRESTWICK; ASSISTANT SECRETARY OF THE GEOLOGICAL SOCIETY; Dr. CRISP; Mr. LIZARS, Edinburgh; Mr. JONES, Jersey; Mr. HUNT; Dr. GARRETT; Mr. LE NEVE FOSTER; Mr. WILDE, Dublin; Mr. BROWNE; QUO LIBER; Mr. CHRISTMAS; Dr. PEACOCK; Dr. BENCE JONES; Mr. ROWDON Dr. GAIRDNER; Dr. G.; B. W.; H. S. F.; A REFORMER; Mr. WILLIAMS; Mr. HAYNES WALTON; Mr. HASTINGS; Mr. EUBULUS WILLIAMS; Mr. GREENFILD; Mr. HORNIDGE; Dr. SLOANE; Mr. ROYSTON; Dr. QUAIN; Dr. BRISTOWE.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending June 3 :—

	Males.	Females.	Total.
Workhouses...	37	51	88
Military and Naval Asylums ...	4	...	4
General Hospitals	25	21	46
Hospitals for Special Diseases ...	10	4	14
Lying-in Hospitals	1	...	1
Lunatic Asylums	5	2	7
Military and Naval Hospitals ...	10	1	11
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	...	...	...
	93	79	172

ORIGINAL LECTURES.

CLINICAL LECTURES

ON THE

RELATION OF RENAL DISORDERS TO DISORDERS OF THE STOMACH,

AND TO OTHER ACUTE AND CHRONIC DISEASES.

By H. BENCE JONES, M.D., F.R.S.

Physician to St. George's Hospital.

Lecture XII.

ON MALIGNANT AND SCROFULOUS DISEASE.

In arriving at the diagnosis of any case, the process usually consists in forming, with more or less care, a conjecture, and then determining, by examination, whether that conjecture be true. In urinary disease, the conjecture first disposed of usually is, whether Bright's disease is present; then whether any concretion has formed in the passages; then the supposition usually is, whether simple inflammatory action be present; and finally, we generally ask the question whether the symptoms agree with those produced by malignant or scrofulous disease. Though both these diseases are of rare occurrence, yet they are often the cause of doubt and difficulty, being sometimes mistaken for some other disease, and being at other times thought to be present when really they do not exist. Neither of these diseases admits of satisfactory curative treatment, though in scrofulous disease the benefit sometimes obtained from medicine is so great, that even the Medical man may, for a time, at least, be deluded by the hope of a perfect recovery. Hence I shall be able to speak of palliative treatment only; and the little I have to say would not justify me in choosing these diseases as the subject of a lecture, were it not that, in regard to diagnosis and prognosis, the utmost knowledge of both these diseases is most essential. For example, a patient has blood, pus, and albumen in the urine, with pain on making water, and irritable bladder. Do these symptoms arise from fatal scrofulous disease, or may he recover perfectly by passing a small calculus? Often the question has to be asked, is there simple chronic inflammation, or is malignant disease the cause of the inflammation. What, then, can be done, to distinguish between scrofulous and malignant diseases, and between these and calculus, or Bright's disease? When each of these different diseases is fully marked by its own most peculiar symptoms, no difficulty is met with in the diagnosis. When a patient comes with markedly phthisical aspect, with tubercles and vomicæ detectable in the lungs, occasionally passing blood, and always pus, with sometimes shreds or granules of matter in the urine, it would not be easy to overlook the scrofulous disease of the kidney; or if another comes with malignant disease elsewhere, and urinary symptoms, with blood constantly in the urine, no more doubt would exist about malignant disease being present, than about Bright's disease existing when highly albuminous urine of low specific gravity, containing fibrinous casts, is passed, while the patient has general anasarca. Nor, if a few blood-globules only were found in the urine after exercise, while uric acid or oxalate of lime crystals were constantly present, and no other morbid appearance existed, would there be any great difficulty in the diagnosis of renal calculus. But the difficulties of diagnosis are not to be met with in model cases. Exemplary cases are scarcely more common than exceptional cases, in which either some of the usual appearances and symptoms are wanting, or other symptoms are present which do not agree with those that are generally observed.

It will be my endeavour, in this lecture, to set before you some cases, showing—1st, some of the difficulties of the diagnosis of these diseases; and 2ndly, the palliatives which you may find beneficial.

A Medical man from the country applied to me in consequence of the occasional passage of blood in the urine after exercise. He complained of some pain in the loins; he was easily fatigued; spoke of his fear lest he should be obliged to give up his Profession. He looked worn, and the urine contained oxalate of lime crystals, and blood globules. I was unable to detect any other disease. There was a very small quantity of albumen in the urine. The pulse was 100.

From the occurrence of blood after exercise, from the oxalate of lime crystals, and from the fact that, after the most careful examination, I could find no proof of any disease of the kidney, I conjecture that a renal calculus existed. I saw no more of this patient. The *post-mortem*, which occurred months afterwards, was thus reported:—Left kidney about the size of two fists; extremely hard, and infiltrated throughout with opaque, white, solid encephaloid matter. Right kidney healthy. Great enlargement of the lymphatic glands in front of the spine and at the upper part of the abdomen. Liver enlarged and studded throughout its whole extent with masses of encephaloid matter, varying in size from that of a pea to that of a pullet's egg. Lungs studded throughout with small, opaque, hard, white masses, from the size of a pea to that of an almond. Portions of the liver, lung, kidney, and lymphatic glands, when examined under the microscope, all showed the same encephaloid deposit.

In this case, then, no appearance indicating malignant disease was found during life in the urine; nor, though he was seen by many, was the true nature of the case known until after death.

A mechanic, aged 37, was sent to me with a statement, that he was suffering from malignant disease of the kidney. The diagnosis was founded on the microscopic appearances of the urine. He first passed blood in quantity a year before I saw him; then a little blood was passed when he finished making water. He had some pain in the left lumbar region. On examination of the urine, I could find only a few blood-globules, and very considerable quantity of oxalate of lime. I could find no proof of malignant disease. Six months after this, I again saw him. He had had another slight attack, but otherwise had been much better. I could not, on this occasion, find any proof of malignant disease. I again saw him a year afterwards, when he told me his medical man had changed his opinion regarding the existence of malignant disease in consequence of his improvement. For the last year, I have had no account of this patient.

In this case, probably, the microscopic appearances misled the observer in his diagnosis; for the apparent recovery of the patient was altogether opposed to the assumption of malignant disease. The error, which I mention only to show the difficulties that exist, was of the opposite kind to that mentioned in the first and following case.

T. A., aged 45, was admitted into St. George's Hospital under my care, April 16, 1851. He stated, that in August, without any cause, blood first appeared in the urine. He had pain in the right side, under the ribs, and in the loins. He was leeched, and that relieved the pain; but it never entirely left him. Since then, the blood has passed at variable intervals; but while resting for three months he passed none. For the month before his admission he passed it more frequently, and for the last two days the urine has not been free from blood, the urethra being at times blocked up by the coagula. There has been no pain or retraction of the testicle; but he has had severe pain in the right groin, and in the inside of the thigh. The urine, when it was free from blood, was free, plentiful, and clear. The bowels were regular. In two days, with perfect rest and gallic acid, the blood disappeared. After some days it returned, and was increased after a fit of coughing. The gallic acid was increased, but the blood increased rather than diminished. An infusion of matico, after two days, again stopped the blood; it recurred after some days, and was again stopped by matico. He remained rather improving until the 4th of June, when he was made an out-patient. When the water was clearest and freest from blood, the microscope always detected some blood-globules, some oxalate of lime; no pus-globules, and no other remarkable appearance. There was always some albumen in the urine. I saw nothing of him until the 3rd of February, 1852, when he said, that since he went out of the Hospital he had had blood in the urine occasionally, about once in six weeks at first, then at longer intervals; now the blood comes very rarely, but the pain in the loins has been increasing. It is a heavy, aching pain in right loin, with numbness down the inside of the thigh not so far as the knee. There is no retraction of the testicle. Is obliged, on account of the pain, to keep from work. Standing, even for less than an hour, brings on the pain. He thinks himself very well in other ways. The urine still contained blood-globules and oxalate of lime.

In November, 1852, he came to me suffering with most intense neuralgia of the face and back of the head. With difficulty it was relieved by quinine. He had the same pain as before in the loins, but no blood that he knew of in the urine.

On the 19th of December, 1853, I was requested to go to him for most violent hæmoptysis. He was breathing with the greatest difficulty, and bringing up florid blood in considerable quantity. He was pulseless, and with difficulty able to speak. The following day he died.

On examination by Mr. Prescott Hewitt, the right kidney was

larger than natural, and was of a globular shape. It was converted into a mass of encephaloid disease, in which all traces of the structure of the kidney were lost. The pelvis of this organ, much dilated, was also filled with encephaloid deposit, which extended far down the ureter, and blocked up its cavity to within two or three inches of the bladder. This encephaloid deposit was, for the greater part, formed of a firm structure of a fawn colour; but in some parts it was of a reddish tinge, and broke down readily. The other kidney and the bladder were healthy. No cause for the hæmorrhage was found in the lungs, which were healthy. The heart was also healthy.

In this case, microscopic examination of the urine, repeated frequently, gave no indication of the malignant disease. The occurrence of the blood when no exercise was taken, made me suspect scrofulous disease rather than calculus; but in this also I was mistaken.

Sometimes no urinary symptoms whatever are observed, the malignant disease existing in another more vital part, causing the renal disease to be entirely overlooked.

W. M., aged 31, came to me for increased action of the heart, with excessive frequency of his pulse. He said that, two months previously, he had been largely depleted for pleurisy. He complained also of pain across the loins. He was, however, ruddy, and appeared in good condition. The heart's action was rapid and violent. The sounds loud and distinct, without murmur; the impulse increased. Pulse 140, extremely weak, thready. The left side of the chest was perfectly dull on percussion, and throughout the inferior two thirds no respiration was audible. At the anterior upper third of the lung the breathing was tubular, and at the apex almost cavernous. Here, also, pectoriloquy was distinct, and attended by an almost metallic resonance. In the right lung the breathing was vesicular, but somewhat exaggerated. The urine was clear and acid, not albuminous. He improved with rest and sedatives. After a week he had pain across the loins, and was unable to lie on the right side, and he had vomiting. The sickness became more and more urgent, and, in fourteen days from its first occurrence, he died.

Examined 28 hours after death. Body well formed, but much emaciated. Before the chest was opened, it was very evident that the left side was somewhat larger than the right, and that the intercostal muscles were pushed outwards. The subcutaneous veins of this side were also apparent, as well as those about the shoulder and upper arm of the same side. On opening the chest, the pericardium and heart were found somewhat deviated to the left side; this appearance was owing to some very strong and old adhesions, which united the pericardium to the pleura which lines the ribs themselves. Behind the pericardium the lung was found perfectly consolidated in its two lower thirds, and in its upper lobe anteriorly and laterally; the tissue was still crepitant, but containing some red frothy fluid, but posteriorly this tissue presented several large cavities, with irregular surfaces. This lung was, in the whole of its length, firmly adherent to the chest at its back part, but anteriorly the space which was situated between the adherent pericardium and the lung was occupied by a quantity of lymph and serum. The consolidation of the lower part of the lung was partly owing to hepatization, and partly to large masses of encephaloid matter, which had evidently made its way along the bronchial tubes and vessels from the posterior mediastinum. The hepatization was for the greater part of the grey kind, and had in several places run on to suppuration, forming small irregular abscesses. The tissue of the lung which was in the neighbourhood of the larger cavities in the upper lobe was consolidated by grey hepatization, but without a single spot of tubercular matter. The root of this lung, and the posterior mediastinum, contained large masses of encephaloid deposit surrounding the parts in their neighbourhood, and projecting in various directions. One of these masses had made its way into the pericardium, in the neighbourhood of the vessels of the left lung, from whence it was traced into the left auricle, into the cavity of which it projected in the shape of a large irregular excrescence on the left wall of the auricle. The pulmonary veins, although compressed, were still free. The other parts of the heart were free from disease, the heart itself being of the natural size. A large quantity of thin puriform fluid was found in the cavity of the pericardium, but without any increased vascularity of the part. The right lung was emphysematous, and much larger than natural. At its posterior part it was loaded with large quantities of red frothy fluid. A quantity of puriform fluid was found in the cavity of the abdomen. Large masses of encephaloid disease were found in the sub-serous cellular tissue of this cavity. One of these masses capped the upper part of the left kidney, the tissue of which appeared to be healthy, with the exception of a spot the size of a sixpence, which presented an encephaloid deposit. The other masses were situated in the cellular tissue surrounding the large vessels in the neighbourhood of the origin of the cæliac axis, and the left half of the pancreas was converted into an irregular shaped mass of the same nature, the structure of the gland having here completely disappeared. The kidney on the right side was much smaller than natural, and its calices, infundibula, and pelvis were much dilated, but its secreting tissue appeared to be healthy in structure. The bladder was not diseased. The other viscera presented nothing remarkable.

Sometimes another urinary disease exists at the same time, and thus the symptoms are made obscure. Thus granular disease of the kidney may exist with encephaloid disease, and the secondary symptoms produced by the former may alone force themselves on the attention.

On November 30, a patient was suddenly seized, while at work, with loss of power and of sensation, beginning in the left arm, and quickly depriving him of the use of his leg on the same side. He said he never felt any loss of consciousness. He crawled to the door of the shop where he was working, and obtained aid from a passer-by. He was admitted into St. George's Hospital.

Dec. 6.—He had regained some degree of power, but there was total loss of sensation. He says his speech was at first affected, but he had no paralysis of the face and tongue; but he has occasionally pain in the head. From the 6th to the 11th he took five grains of grey powder every night; this salivated him severely. He gained power, however, and was allowed to get up on the 30th; he was found to have a bed-sore; the salivation still continued. He was given tonics and wine, but got weaker; hiccup and difficult respiration came on, and he died January 10.

There was effusion in the subarachnoid tissue; the ventricles were much dilated, and filled with perfectly transparent serous fluid; in the right thalamus opticus there was an encephaloid tumour, about the size of a pea, very soft, of a dark brown colour; in the right kidney there was a large encephaloid tumour, about the size of an orange; the tumour was at the upper part of this organ, and had destroyed the greater part of the secreting structure of the gland. On making a section, it was soft, and quite diffluent, and resembled the white matter of the brain; the outer portion was more dense, and highly vascular. The remaining portion of the kidney was soft and flabby, and presented a rough, granular surface. A small tumour, of the same nature, about the size of a walnut, was found in the upper part of the left kidney. The rest of the kidney was soft, flabby, and highly granular. Nothing else remarkable was observed during the examination.

It must also be remembered, that malignant disease may occur in very early youth. Here is a large tumour, from the museum of our Hospital, involving one kidney, which was removed from a child three years of age, who applied as an outpatient, and was supposed by many to labour under ascites. On *post-mortem* examination, it was found that the fluctuation of the abdomen was altogether dependent on this tumour. The liver and other viscera of the abdomen were healthy. There was a large fungus hæmatodes of one kidney; the other was healthy. There were also masses of fungoid matter in the lungs.

As far as I have hitherto observed, then, the microscope has not enabled me certainly to predict the presence of malignant disease of the kidney. I must say the same of incipient malignant disease of the bladder. The symptoms of this disease are more distressing than when the kidney is affected; but even when I have felt confident of my diagnosis, I have sometimes been unable to confirm it by the microscopic discovery of malignant cells, in consequence of the highly alkaline urine acting on the cells. In other cases, in which small masses of malignant matter were passed, the microscope has confirmed the diagnosis which the general symptoms had made most probable. Nor has the microscope, as yet, enabled me to speak certainly regarding the commencement of scrofulous disease. The means of distinguishing between scrofulous disease and calculus of the bladder or kidneys, are very insufficient; but by careful attention to the progress of the symptoms, more certainty may be attained than by help of the microscope.

Here are two still doubtful cases; the one being the description of his own case by a Medical man; the other that of a delicate girl, whose mother died of consumption at an early age.

A Medical man, aged 35, March 5, 1850, gave me the following account of himself:—

"I was always sickly. At 22, I suffered from indigestion, with lithic acid and lithate of ammonia. When 28, caught purulent ophthalmia and had a severe diarrhœa. When 29 (Feb., 1844),

first had bloody and scanty urine, with irritability of the bladder. This soon passed off, and was followed in a month by excessive flow of water, very light coloured. In same year I went to West Indies, and from oppressive heat again passed large quantities of pale urine, with bright crystalline deposit. Symptoms disappeared on my return to England; but I was soon attacked with great irritability of the bladder, with pain in the kidneys and loins; obliged to make water every hour or oftener. I consulted Dr. Prout; at his suggestion was sounded by Mr. Liston (Feb., 1845). I improved up to Nov., 1846, when I went to Italy. The damp, relaxing climate of Rome suited me very badly. It induced a constant hæmorrhage of black blood, attended with pain at the neck of the bladder. Bark and steel did no good; on my return to England styptics stopped the hæmorrhage. The summer of 1848 was passed in Switzerland, 4000 feet above the sea-level. "Mountain air seemed to give me new health. Nothing that I have tried in my life has had the same good effect." Hæmorrhage, for many weeks resisting all treatment, ceased in three days after going up the mountain, and did not return while there, except one day during a very heavy thunderstorm.

During the last five or six years the urine has been always more or less serous; average sp. gr. 1015. During the last year or two it has also contained more or less pus. I found him perfectly free from cough or chest affection.

Blood-globules, pus-globules, oxalate of lime, present in the urine.

During some years has passed from time to time very small calculi of oxalate of lime, and very rarely carbonate of lime, not larger than pins' heads.

He said that he was very susceptible to atmospheric changes, east winds and damp weather sometimes inducing hæmorrhage, and the hæmorrhage coming in the evening more than at any other time of day.

I had frequent opportunities of seeing this gentleman from the spring of 1850 until the winter of 1853, when he died,—nearly ten years from the time of the commencement of the disease. No examination was permitted, so that some doubt exists whether the symptoms were caused by malignant or scrofulous disease; but from the length of time that the complaint lasted, and from the constant presence of pus in the urine, I conjectured that scrofulous disease existed, though I could not find any proof of tubercles in the lungs.

March 30, 1850, I was consulted regarding a girl, 11 years of age, pale and delicate; she had for four years suffered from pain in the loins. In the summer of the previous year the urine was observed to contain albumen, and sometimes blood. The blood did not come after exertion. She could jump from any height, without producing or increasing the appearance of blood. The urine was sp. gr. 1010, contained blood-globules, pus-globules, and oxalate-of-lime crystals. It was acid to test-paper. She was put on infusion of buchu and dilute sulphuric acid. She had been sounded for stone, and the operation had caused intense suffering.

June 4.—Feels better than for two years. The urine still contains undoubted pus-globules, a trace of albumen, and no oxalate of lime.

Feb., 1851.—Cod-liver oil in drachm doses was tried. It was omitted at the end of the month, on account of the passing of much blood. Gallic acid was given, and it was continued during the summer with great benefit.

Nov., 1852.—The urine still contained blood and pus globules, and oxalate of lime.

May, 1854.—Still more blood in the urine. I could detect no disease in the lungs. With thirty-grain doses of gallic acid frequently repeated, the hæmorrhage was restrained. She is thin and delicate-looking, but able to take much exercise, and without much fatigue. She is not anæmic, and has no chest symptoms at present.

In confirmed cases of scrofulous disease the stethoscopic examination generally gives decided evidence of disease; and the general symptoms, as in the following case, are very conclusive.

J. N., aged 24, tailor, admitted to St. George's July 12, 1839; drinks ale until he gets drunk for the last five years. Six or seven months ago first found that he had increased desire of making water. Sometimes twelve times in the night. A month or six weeks after passed blood, sometimes like worms. Has passed no blood now these eight weeks. For two months, when he has been at work, he could not continue sitting, in consequence of excessive desire of making water, and when he rose up he had excessive pain over the pubes; was always worse after getting drunk, and then he observed that he passed blood. Has occasionally had severe pain across the loins. It is now about two months since he first had cough. A month ago first spat blood, which has sometimes been half a pint of a night, which has continued ever since at times, especially after taking anything warm. Has lost flesh the last two months; sweats, and has relaxed bowels. Never has had any swelling of the legs or face. On admission he felt very weak and faint. Some pain in the epigastrium, which he perceived first yesterday. Bowels have been very relaxed, but are not so now. Cannot sleep for the cough. Perspires a good deal; very thirsty; pulse 100, weak; great emaciation; voice hoarse. Says, before this attack, he had always been very healthy, and never had any cough. VS. ad ℥viii., plumbi acet. gr. iss., ext. papav. gr. ii., 6tis horis; emp. canth. mod. reg. epigast.

13th.—Hæmoptysis much diminished; in no pain; blister has drawn well; feels stronger; is obliged to get up about every hour to make water; pulse 80.

15th.—Some few streaks of blood in the expectoration yesterday; not any to-day; blister rose well; pain in the epigastrium better; shortness of breath; slept pretty well, and perspires much; voids urine very frequently, and in small quantities. Urine slightly albuminous; not quite clear, darker than oil; slightly acid.

16th.—Urine passed this morning 8 oz., when seen by reflected light in white utensil, of a bright orange colour; on the addition of nitric acid gives a coagulum, which is not seen on diffusion; acid, sp. gr. 1010.

20th.—Urine, with reflected light, has a redder hue, with transmitted light of orange colour; stood through the night, is now alkaline, sp. gr. 1015. Flocculent sediment. Coagulum as before.

Went out at his own request to die.

Sometimes after cod-liver oil the irritable bladder, the purulent urine, and the chest symptoms, will be greatly remedied, and the patient for a time thinks himself entirely recovered.

As in malignant disease, so in scrofulous disease, there may be a complication with Bright's disease, of this the following cases are striking examples:—

C. L., aged 17, harness-maker, Harris ward, admitted January 6, 1841. In consequence of very severe pain along the urethra, and in the glans penis after making water, which he is obliged to do very frequently during both day and night. Looks very pale and emaciated; rests very little at night, and has a constant dull pain in the loins; pulse quick, and weak; appetite bad; six months since, says he first felt the pain in his loins; three months since had a sense of uneasiness in making water; took no notice of either malady until the last few days; has used no remedies; six years ago had a scrofulous abscess in the left hip-joint; two years ago had general anasarca; there is a cavity in the left lung; urine is highly acid, charged with albumen, and a small quantity of pus, oil-coloured, sp. gr. 1006; anasarca, he says, lasted only a week; two years ago had effusion of blood in spots on the legs, and spitting of blood; cough ever since; his father died of consumption, aged 47; first had scalding in September; pain in the loins more severe during the last two weeks; pain excessive after making water, which is every hour, and small in quantity at a time; no swelling now; hectic and wasting. Morphiæ acet. gr. ¼ hâc nocte.

9th.—Relieved by cupping; urine does not cause so much pain.

11th.—Complains of more pain in the left kidney; urine in the same state, but does not cause quite so much pain, or come so frequently; cough slightly troublesome.

23rd.—Pain in the right side of chest; is much purged; says his bowels have been much relaxed ever since his admission.

29th.—Urine containing more albumen; passed with more difficulty and frequency; bowels generally relaxed.

February 2.—Urine containing a great quantity of albumen; chest symptoms improving; still pain in the region of the left kidney; pulse quick and feeble; urine passed less frequently, still some difficulty.

6th.—Pain in the region of the left kidney entirely gone; chest symptoms much improved; pulse quiet; pain in passing his urine; less frequently made than hitherto; hectic flushes and heat of skin subsided; urine slightly acid, clear; much albumen.

9th.—Bowels much relaxed, otherwise improving.

13th.—Still passes his water very frequently, and with considerable pain.

24th.—Has rather less pain in passing his water; bowels much purged.

25th.—Less purged.

March 8.—Died.

Examined fifteen hours after.—The lungs were filled with tubercles, and their apices presented large vomicæ, which were

lined by an internal coating. In some parts the structure of the lung was inflamed. Pericardium and heart healthy. Left kidney twice its natural size. The apex presented evident fluctuation. When cut into, the whole of the kidney presented the scrofulous degeneration. The apex was converted into a large pouch, containing scrofulous matter. The mucous membrane of the calices-infundibula and pelvis was lined by a thick layer of the same substance. The ureter was very much enlarged, and quite hard; its interior was nearly filled up by scrofulous deposit, a very small canal only being left for the passage of the urine. The capsule of the right kidney stripped off very easily; surface of this organ was smooth and mottled. Its internal structure presented the mottled degeneration of Dr. Bright. Ureter of the natural size. Bladder very much contracted. Its mucous membrane was lined by a thick layer of scrofulous matter; this was very adherent, and when cut into presented the appearance of crude tubercle. The head of one hip-bone had disappeared. The cartilages of the acetabulum, and of the os femoris, having been completely destroyed. The remaining part of the neck, and of the bony part of the acetabulum, had become united, and presented perfect bony anchylosis; so perfect was the bony union, that it was impossible to trace the limits of the respective parts.

S. M., aged 17, Queen's ward, admitted April 18, 1849, with great œdema of the legs and feet; ascites, with much flatulence; pulse 130, weak; tongue clean; heart sounds natural. On examination by stethoscope, the breathing was good everywhere. Says that she had dropsy of the legs for ten months on and off; sometimes the face is swollen. She has a highly scrofulous look, and is stunted in her growth; the urine pale, scanty, and containing much albumen; bowels much relaxed. A week after her admission the bowels were still irritable. She complained of exceeding tenderness of the abdomen and great pain in the loins. Her feet were more swollen, and very blue; the tongue glazed, dry; pulse 114. There was more breathing on the left than on the right side of the chest. The urine was highly albuminous, with many well formed pus-cells and a very few scattered fibrinous casts. The whole body and extremities became excessively tender and painful, without any erysipelatous redness; the pulse rapidly fell, and she died ten days after her admission.

On examination, there was much effusion in both pleuræ; the lungs were quite healthy without any tubercles; the heart was small, but quite healthy; there was a small quantity of fluid in the peritoneal cavity; the liver was quite healthy; the spleen was of a firm texture, granular, and lobulated; the left kidney was large, and weighed 7 oz., of flabby texture, and its surface pale and mottled; the capsule was easily removed, leaving the exterior surface perfectly smooth, with numerous stellated veins. On section, the cortical substance was much paler than the medullary; the right kidney was much diseased, the cortical and medullary portions being full of tubercular and purulent matter; the pelvis of the kidney was completely blocked up by the deposit; the ureter was enlarged, its coats thickened, and the interior presented some spots of ulceration; the bladder was healthy; uterus, Fallopian tubes, and ovaries exceedingly small.

In conclusion, then, as no certain microscopic or chemical test exists for the early stage of scrofulous and malignant disease, it will be best, in doubtful cases, to refuse to give a positive opinion. Suspend your diagnosis until, by carefully watching the progress of the case, you find sufficient evidence of the nature of the disease. Thus, your diagnosis will remain uncorrected, and your prognosis will be sure.

Surgery for Private Soldiers.—A series of lectures is now in the course of being delivered in the Artillery Hall to the regiment of the Royal London Militia, by Mr. Borlase Childs, Surgeon to the corps.

Southampton County Court.—F. Cooper *v.* Roydes.—This was a plaint brought by Mr. Cooper, Surgeon, against the defendant, to recover 10*l.* 1s. 6d. for medicine and attendance. The delivery of the medicine having been proved, an objection was raised that the plaintiff was not a certificated Surgeon under the Apothecaries Act. Mr. Cooper, however, urged that he was in practice before the Act passed, and, therefore, not liable to its provisions; but Mr. Barber, for the defendant, elicited, upon cross-examination, that he was then only an apprentice, and thereupon contended that the plaintiff could not recover, as he was not provided with the certificate alluded to. Mr. Pocock, for the plaintiff, contended that there was a moral obligation on the part of the defendant to pay, which stultified the Act of Parliament; but the Judge thought otherwise, and directed a nonsuit, the costs of the court and defendant's attorney falling on the plaintiff.

ORIGINAL COMMUNICATIONS.

ON LITHOTRITY.

By S. FENWICK, M.D.

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[Read before the Newcastle and Gateshead Pathological Society.]

Upon looking over the writings on lithotrity, I have been much struck by observing, that the greater part of them are rather apologies for the operation than rules for its performance, and that the majority of authors seem to have contented themselves with repelling the attacks of the advocates for lithotomy by reference to statistics, instead of determining, from the results of their own experience, to what class of cases the operation ought to be confined. It is, I imagine, in consequence of this, that so much diversity of practice exists in the Profession, some Practitioners treating almost every case of stone by the lithotrite, others only using it in the most favourable cases, while others, and many of them men of the greatest surgical experience, reject it altogether, and recommend every sufferer from the disease to submit to the operation of lithotomy. A Surgeon commencing practice finds such a difference in opinion, such an array of men of eminence for and against the crushing of the stone, and such a total want of fixed rules for his guidance, that he feels unable to determine which method he will employ, and has to trust entirely to his own perhaps limited opportunities of observation, and form his practice from the results of individual experience alone. Having had the opportunity of treating a number of stone cases by lithotrity, and of seeing also the results of the practice of others, I thought that a few remarks upon this subject, accompanied by cases, might, perhaps, not prove unacceptable.

In discussing the merits of any operation, the first point is, to determine whether it is applicable to all cases of the disease for the cure of which it is proposed, and, if not, to what classes of cases it should be confined. It is now generally admitted, that in many instances the use of the lithotrite is inadmissible, and that the safer and better plan is to clear the bladder by lithotomy. I shall, therefore, seek to show in what the advantage of lithotrity consists, and under what circumstances it is to be preferred to the older procedure. I shall also mention what I have found from experience to be the best method of performing the operation, and conclude with some remarks upon the forms of the instruments to be employed in it. As the necessarily confined limits of a paper of this kind prevent me from fully discussing the subject, I shall confine my remarks almost entirely to the results of my own experience, believing that this plan will be more useful than any long array of statistics, drawn up by the advocates of the rival operations.

I shall first draw attention to a few of the most successful cases of lithotrity that have come beneath my notice, and shall endeavour to ascertain whether they possessed any characters which will enable us to expect, under similar circumstances, equally favourable results.

Case 1.—A gentleman, about 62 years of age, consulted me on account of symptoms of stone in the bladder. He had been sounded previously, but no calculus had been discovered. A sound was passed into the bladder and a stone of small size detected. It was broken up by the lithotrite, and perfect recovery ensued. I had the opportunity of hearing, four or five years after the operation, that no return of the symptoms had taken place.

Case 2.—A man, about 30, was admitted into the Newcastle Infirmary, in the year 1836, affected with the usual symptoms of calculus. It was readily discovered and broken up by the hammer. The patient was discharged, cured, in a few weeks; and, when I last heard of him, six or seven years after the operation, he remained entirely free from his complaint.

Case 3.—A stout, healthy-looking man, aged 53, applied to me, during the summer of this year, on account of a complaint which had been treated as disease of the kidneys and bladder. He had been affected for two years, but the symptoms had

become greatly increased during the last nine months. The urethra was very irritable, preveuting, by spasm, the passage of the sound for a few seconds, but otherwise it was healthy. The bladder was capacious aud healthy, and was able to retain ten ounces of water. A calculus of considerable size was found in it. It was apparently round, it readily altered its position, and gave a sound, when struck, like one composed of lithic acid. The urine was natural. I recommended him to submit to the operatiou of lithotrity at once, and, on the followiug day, I seized and crushed the calculus five times. The diameter of the stone varied from one inch to one inch and a quarter, or a little more.

I operated five times in the next two weeks, during which time he passed the stone shown in this bottle; but, as I found that the spasm of the urethra was much increased, and that the pain during the operation was also greater, he was recommended to return home for a week or two. When sent away, nothing remained in the bladder but a few pieces of the shell of the stone. On his return, these were also broken up and passed by the urethra; so that, within four or five weeks, he was perfectly cured, and was able to return to his employment. He has since continued free from all symptoms, and no pieces can be discovered by the sound.

Case 4.—A blacksmith, aged 46, of an irritable temperament, consulted me, about two years ago, on account of symptoms of stone. A sound was passed, but the calculus could not be satisfactorily felt, although I thought that the instrument grated over something lying behind the prostate. I succeeded in dislodging it from its situation, by making the patient lie upon two chairs with his face downwards, and striking smartly upon the sacrum with my hand. It proved to be a flat-shaped stone, and gave a sharp, riugiug sound on being struck. After some preparation, the operation was performed; but he was so unmanageable, that we were obliged to have recourse to chloroform. The stone required about five or six operations before it was broken up entirely; it was most readily seized by laying the patient upon his left side, with the hips well raised. He has continued perfectly free from his complaiut ever since. This bottle contains the fragments.

Case 5.—A man, about 43, who looked worn down by illness and pain, consulted me, three years ago, on accouut of stone. The bladder was healthy and capacious; the urethra was natural; the urine was albuminous. The stone seemed of au oval form; it was soft, aud readily grasped by the lithotrite, its diameter being about an iuch. After about six or seven operations, he was sent home perfectly free from any remains of the calculus, and has remaiued well ever since. The time required for this mau's cure was rather long, probably about three months. This arose from my desisting from the operation for a considerable period, in consequence of inflammation of his bladder, excited by the roughness with which I conducted one of the operations. This bottle contains a part of the fragments passed.

Iu order to obtain any practical couclusions from these cases it is necessary to compare them with the results of the operations performed by the knife. The plan which has beeu so generally employed for this purpose, of comparing a large number of unselected operations treated by both methods, seems to me but little suited to the purpose intended, and the long and angry discussions which have taken place upon the subject, conducted by the appeal of both parties to statistics, have only produced false impressious. If we were to prove that 40 out of 1000 persous lithotomised, and 50 out of 1000 of those treated by the lithotrite, had died, it would certainly prove that more persons have lived after the former than after the latter operation; but it would not show that the former operation is to be exclusively employed, unless the nature of the cases in both series had been the same. To take a similar iustance, what would be thought of any one attempting to prove that all fractured legs ought to be set, because only one out of 100 of those cases treated by splints, and 50 out of those amputated, had died? Would not a persou arguing thus be immediately reminded, that a distinction should be drawn between the nature of the cases, and that a general rule, founded upon such a rude application of the numerical method of reasoning, was worse than useless to the Profession.

It will be remarked, that the above cases present certaiu advautages to which it is probable no improvements can enable lithotomy to attain.

1st. Instead of lying for weeks upon the back, with the urine dribbling from the wound, noue of these persons were confined to bed beyond a few days. Aud although, by the use of chloroform, we can remove all suffering during lithotomy, we cannot prevent the constant soreness and pain that follow the use of the knife during the many weeks succeeding it.

2nd. There was no danger incurred of important parts being wounded, such as the rectum or the vasa deferentia, as there would have been had the patients been subjected to the older operatiou.

3rd. The cure was more rapid. Thus, in one case, only a few pieces of a large stoue remained at the end of a fortnight, aud in three or four weeks the man was able to work. After lithotomy, however favourably the patient has progressed, it is long before his former strength is regained; but, after successful lithotrity, he often improves after each operation, and, as soon as the stone is removed, he is frequently able at once to return to his employment.

4th. The danger of death is much less after lithotrity. It must be remembered that all the above cases were meu between 30 and 65, at which ages a glance at the accompanying Table(a)

	1 to 10	11 to 20	21 to 30	31 to 40	41 to 50	51 to 60	61 to 70	71 to 80
Number of cases	1466	731	205	141	123	161	126	19
Number of deaths	112	71	31	24	27	44	39	7
Average mortality	1 in 13·08	1 in 10·20	1 in 6·61	1 in 5·83	1 in 4·59	1 in 3·65	1 in 3·23	1 in 2·71

will show that the chances of death are exceediugly great after the lateral operation. I have operated with the lithotrite between fifty and sixty times, and, with one exception, have never seen dangerous symptoms. Indeed, I have never seen any unplcasant results, excepting in cases in which my own imprudence or want of skill has caused them. I am perfectly willing to allow, that, as each stone usually requires five or six operations before its removal, the patient's risk is greater than the above statement may at first appear to convey; but we have it so entirely iu our power to see him in a fit state before each operation is attempted, and to do much or little, according as he is able to bear it, that I consider the chief matter in the discussion is to show that the placing of a lithotrite in the bladder, and the crushing of a stone in that cavity, is an operation which, under certain circumstances, is attended with but small risk of dangerous consequences.

But it must be borne iu mind, that these advantages are only to be expected from lithrotrity uuder certain circumstauces; and it is, therefore, a matter of the greatest importance that it should be clearly determined when these exist. The cases I have above quoted as perfectly successful agree in the following conditions:—

1. The ages were between 30 and 65; there was, therefore, neither the excessive irritability of youth, nor the debility of old age, to contend against.

2. The urethra iu all these cases was capable of admitting instruments of considerable size, and, consequently, of permitting the ready passage of the fragments of the calculi. The bladder was healthy, and although in some cases very irritable, yet in all able to retaiu 6 or 8 ounces of fluid. The kidneys were in a natural condition, aud there was, consequently, less fear than in another class of cases, to which I shall shortly refer, of inflammation followiug the operation.

3. Iu all, the calculus was loose in the cavity of the bladder; in each it was readily crushed; and in no instance did its diameter exceed $1\frac{1}{4}$ inch.

Where the above conditions co-exist in any case of stone, I believe it ought to be laid dowu as a surgical rule, that the lithotrite should be employed, and that lithotomy should only be regarded as an amputation, is in a simple fracture of a limb. No Surgeon ever thinks of removing a leg for a simple fracture, unless some more serious injury be also associated with the broken boues, and a few cases of such accidents, terminating in gangreue, and eventually requiring an operation, do not shake his confideuce in the ordinary rules of treatment. In like manner, it is not reasonable to abandon lithotrity, or the attempt to lay dowu rules for its performance, because an occasional case, performed under the most favourable circumstances, proves uusuccessful. I am desirous of drawing atteution to the necessity of general rules for treatment in this disease; because, in the majority of cases, the above favourable conditions co-exist at one period or another of the complaint; and, if the above rule should prove to be correct, and be generally acted on, few persons above the age of 30 will ever be subjected to lithotomy. At present, however, a large proportion of the cases presenting themselves to the operating Surgeon do not present the above conditions, and I will, therefore, attempt further to show under what circumstances lithotrity should still be preferred.

(a) Extracted from Coulson's work on "Lithotomy and Lithotrity."

I have had no experience in crushing stones in children, and out of twenty cases of calculus which I have treated within the last six years, only two were under puberty; and, as neither of these was a proper case for the use of the lithotrite, I must speak entirely from theory. The general rule appears to be to employ the knife, and, in the majority of cases, I believe it to be correct. We have in children usually the stone relatively larger to the urethra, and, consequently, to the lithotrite, than at a later period of life; so that frequently considerable difficulty must be experienced in reducing the foreign body to fragments in its subsequent expulsion. But, what is more unfavourable to the success of lithotrity, the system is more irritable; thus, I have known in this Hospital death ensue in a child simply from sounding the bladder on suspicion of the existence of a calculus. A glance at the table will also show that, at this period, lithotomy is a very successful operation; so that little advantage is to be expected from the lithotrite. I do not think, however, that this instrument should be altogether abandoned even in children. I have seen calculi of so small a size extracted, that a few movements of the blades would have been sufficient to have broken them up. (Specimens were here shown.) The following rule ought, therefore, I believe, to be employed:—Whenever, in children, the stone is so small and soft that two or three operations will be alone required, and where the child is in good health, and of a phlegmatic constitution, lithotrity should be preferred; in all other cases, recourse ought to be had to the knife.

The condition of the urinary organs is necessarily one of the most important considerations before attempting either operation, and no means should be neglected which may enable the Surgeon thoroughly to ascertain whether or not they are diseased. I have treated cases with the lithotrite, in which strictures were present; but when the narrowing of the urethra is extensive and permanent, it forms a complete bar to the operation. Where hypospadias exists, with narrowing of the entrance of the urethra, of which I have had two instances complicated with stone, it is better to lay open the part with the knife. In other strictures, if slight, and lower down in the canal, I have employed dilatation alone. It often happens, that after one or two sittings, spasmodic stricture occurs. Whenever this is observed, the Surgeon should immediately leave off all operative proceedings for a few weeks, and attempt to lessen the irritability of the passage by medical treatment. The spasmodic action, in itself, is of no consequence, but it is a mark of that irritable condition that often precedes inflammation of the bladder and kidneys.

[To be continued.]

CASE OF ABNORMAL SOUNDS IN THE EAR RELIEVED BY CHLOROFORM.

By JOHN WEATHERFORD, Esq.

I was consulted on the 21st of March, 1854, by a lady of middle age, who had then suffered some days from a distressing noise in the right ear, recurring at uncertain intervals, and immediately excited by discordant sounds, such as arise from crunching paper, or carriage wheels passing over gravel, etc.; a slight degree of swimming and confusion of ideas accompanied each attack, also a rush of blood, and a sense of heat, to the orifice. On a subsequent visit, I was informed that, twelve months before, she had received a severe injury on the head by a fall; slight symptoms of concussion having manifested themselves, but not of importance enough to demand Medical advice or treatment.

Treatment.—The ear was syringed more than once to remove any hardened secretions or other extraneous matter, but without effect. Aperient and alterative medicines continued six weeks; a blister behind the ear, another to the neck; leeches to the occiput. No very manifest improvement was derived from the remedies employed, except that, after each leeching, the sensation of heat and rushing diminished, the abnormal sounds continuing to return with more or less frequency and urgency, disabling the patient from her domestic avocations from a dread of falling while under the attack.

May 24.—I advised the external application of chloroform, the vapour to be directed into the meatus externus by placing the mouth of a phial to that part. This had the effect of quieting the sound, and, by frequent repetition of the application, of prolonging the intervals between the paroxysms, until all fear was removed by the confidence reposed in the remedy. The lady is now gone into the country.

7, Henrietta-street.

THE LONDON PRACTICE OF MEDICINE AND SURGERY.

ST. THOMAS'S HOSPITAL.

CASES OF TETANUS.

[Under the care of Mr. SOLLY and Mr. SIMON.]

Case 42.—Injury to the Upper Maxilla from a Splinter of Wood.—Acute Tetanus on the Seventh Day.—Treatment by Chloroform Inhalation.—Death on the Fifth Day.—Robert Stewart, aged 22, was admitted, under the care of Mr. Solly, on May 3, 1853, on account of tetanus following an injury to the face. His history was, that ten days before he had been struck a violent blow over the left side of his face by the revolving wooden pin of a circular saw, some splinters of which broke off, and were driven into his mouth. A week after the accident, he began to suffer from spasmodic twitchings in the back, attended by severe pain. In a day or two these increased, and, during the contraction, the back would be bent into the position of opisthotonos. He could open his jaws well until the day before admission, but for several days he had not been able to masticate easily.

May 3.—(Time of admission; third day of the disease.)—The jaws are fixed, and he cannot open the mouth at all. Attacks of spasm occur every four or five minutes, affecting chiefly the muscles of the neck and back, but involving also those of the face, chest, and extremities. The patient frequently puts his hand to the epigastrium, and complains of a darting pain there. Pulse 82, soft and full. The face is still swollen from the effects of the contusion, and the least touch about the inflamed parts excites a paroxysm of spasm. Chloroform having been administered to insensibility, Mr. Solly examined the mouth, and found that a fragment of wood had been driven up through the gum, and was lodged in the superior maxilla. The external wound having been enlarged, a jagged splinter, an inch and a-half long and an inch broad, was extracted. This operation was done about seven in the evening, and so great was the relief following it, that for several hours the spasms almost ceased to recur. About one a.m., however, they again increased both in frequency and severity.

May 4.—The attacks of spasm again very severe; pulse 84, of good power; skin perspiring. A purgative enema has been given. Chloroform has been repeatedly inhaled, and always with the effect of calming the tendency to spasm; under its influence fluid nutriment has been injected into the stomach.

May 5.—At one this morning he was in extreme agony from almost constant spasms. Mr. Morton, the House Surgeon, allowed him to inhale chloroform for a full hour, during which an injection of beef tea, with 40 minims of laudanum, was given. For half an hour after the inhalation he remained quiet, and as if asleep. After that the spasms again returned. At 11 a.m., chloroform was again inhaled, and a nutrient injection, with egg and wine, given. An hour later the paroxysms were more severe than ever. The pulse had now become more feeble, 116, sharp and small. During the afternoon chloroform was employed four times, the period of relief from the use of it becoming shorter and shorter after each inhalation. The exhaustion increased rapidly, but the intellect remained perfect almost to the last, and he kept begging to be allowed to inhale the chloroform, from which only he felt any relief to his sufferings. At six in the evening, the extremities and the face had become quite cold, and the heart could be scarcely felt to beat. After that he became comatose, in which condition death took place at half-past six.

A *post-mortem* examination was made on the following day. Some small fragments of wood were found in the antrum, and the bone was considerably splintered. The infra-orbital nerve had been torn across. The antrum contained a quantity of pus. The thorax and abdomen were examined, but no important visceral disease found, excepting some congestion of the lungs. The head and spinal canal were not allowed to be opened.

Case 43.—Primary Amputation of the Foot.—Acute Tetanus on the Fourteenth Day.—Treatment by Nicotine.—Much Relief.—Relapse.—Death on the Fourth Day.—The following case is of importance, on account of its being an almost uncomplicated experiment in therapeutics. The remedy tried was nicotine, the active principle of tobacco. We shall have to show that it appeared to exert for some time great power in controlling the tendency to spasm, although it failed eventually to cure the disease. Mr. Snoad, Mr. Simon's dresser, took very detailed notes from hour to hour of the progress of the symptoms, from which we abstract the following:—John Caly, an Irish labourer,

aged 39, was admitted June 29, 1853. His right foot had been severely crushed in an accident just before. As soon as the collapse had a little passed off, Mr. Simon performed, under the influence of chloroform, a primary amputation at the articulation of the calcis with astragalus, leaving only the latter bone. The stump afterwards did well, with the exception of a little sloughing of the edge of the anterior flap. On July 10 the ligatures had all come away. At this date the unhealed portions of the stump were healthily granulating, the man was in fair health, and his bowels were kept regularly open. On the 12th (14th day), he first complained of stiffness about the jaws.

July 13.—He has passed a restless night, suffering from twitching pain at the epigastric region, and difficulty in breathing. In swallowing some tea this morning he had a severe spasm, and bit his tongue. There is complete opisthotonos, and also trismus. Twitchings of the facial muscles occur frequently. Pulse 90, strong and full. Ordered to have ice applied to the back, and to commence the use of nicotine. At 11.15 a.m., the pulse being then 80 and small, the first dose of the medicine was given, consisting of one eighth of a minim. The same quantity was repeated every half hour until 1·15, when it was increased to a quarter of a minim. After each dose the man had been able to open his mouth; there had been throughout no spasms, and the tendency to twitchings of the face had gradually disappeared. At 2·30 he swallowed two eggs and an ounce of brandy. At 2·45 the quarter minim was again administered. An enema was also given, which brought away fæces of natural appearance. 3·45. Nicotine ♏ ¼. Pulse 100. 4·45. Nicotine ♏¼. The bowels have acted once spontaneously. 6·15. Vomiting has occurred for the first time. 9. No further vomiting; the bowels have twice acted. Very slight twitchings now and then occur. Pulse 90. Nic. ♏¼. 10.30. Has swallowed a considerable quantity of beef tea without difficulty in swallowing. 12. Remains almost free from spasm; can open the mouth wide. Pulse 90, full and regular. A little hiccough usually follows each dose. Nic. ♏¼.

14th.—At 1 a.m. he swallowed easily ℥iv. of beef-tea. 2. Nic.; he does not complain of pain in the back, or at the epigastrium. 3. Is comfortable, and inclined to sleep. 4. Has dozed for an hour; pulse 100; Nic. 4·15. Pulse reduced to 90. 7. Nic.; a very slight spasm has occurred since its omission. 11. Nic. 7 p.m. Nic. 9·20. Nic.; the bowels have acted freely. 10. A rather severe paroxysm has occurred, during which the tip of the tongue got protruded, and was bitten off.

15th.—1 a.m. Bowels freely open. 4. During the last three hours he has slept quietly; Nic. 8. Complains more of pain in the back; bowels freely open; pulse 84, feeble; skin clammy. 11. Feels comfortable, but is very weak. 1·30. Nic; the muscles of the back and abdomen are still rigid, and the body is arched. 6 p.m. Nic.; body more arched. 7·30. Has had three rather violent paroxysms; Nic. 8. Spasms occur every three or four minutes, and are rather severe; Nic. 8·30. Nic. 8·45. Nic. 8·55. Nic. 9·15. Nic. ♏ss.; spasms not nearly so frequent. 9·40. Nic. ♏ss.; spasms much less severe. 10. Nic. ♏ss.; only one slight spasm since last dose. 10·30. Nic. ♏ss.; no spasm; he can open the mouth much wider. 11. Nic. ♏ss.; but very slight occasional twitchings. 12. Has dozed an hour; but little tendency to spasm.

16th.—1 a.m. Has been asleep, but is awoke every now and then by slight spasms. 1·45. Nic. ♏ss. 2. Has had severe spasms; pulse 94; Nic. ♏ss. 3. Has had two slight spasms; Nic. ♏ss. 4. Slight spasms; pulse 96; Nic. ♏ss. 4·45. Has had severe spasms; Nic. ♏ss.; 5·30. Has slept at times; slight spasms now occur every four or five minutes, but he is able to swallow beef-tea, arrow-root, however, without much difficulty. 6·15. Has had a rather violent paroxysm; Nic. ♏i. 7. Frequent spasms; pulse 84, soft and regular; Nic. ♏ss. 8. Has slept an hour; body still much arched, and abdomen very hard. 9·45. Has slept since last note, but still suffers from occasional twitchings; Nic. ♏ss. 10·20. Has had violent spasms; Nic. ♏ss. 11. No spasm since last note; pulse 60; respirations 36, and embarrassed. 12. Spasms again more frequent, occurring rather violently every six minutes; countenance flushed and livid; profuse perspiration. 1·30 p.m. Has had several spasms, and now swallows with much difficulty. An enema, containing two grains of the extract of belladonna, is to be given. 2. Severe spasms after an attempt to drink; pulse 80, feeble; ice is to be applied to the spine. 2·30. Speaks better, and expresses himself as relieved by the ice. 3. Has swallowed without difficulty. 5. Spasms occur about every fifteen minutes. The belladonna enema is to be repeated 5·50. Has had a paroxysm so violent, that he was almost thrown out of bed. Pulse 90, full, and of good power. Two grains of extract of belladonna dissolved in a drachm of water, have been poured down his throat. 6·15. The muscles of the lower extremities before rigid, are now relaxed. The pupils are becoming dilated; pulse 80, feeble. He has hitherto been quite conscious, but now wanders a little. Repeat the belladonna enema. After this date no improvement took place; spasms continued to recur; the patient sank into a very exhausted condition, and died at about 10·30 in the evening. No *post-mortem* was permitted.

It will be seen, that the symptoms with which this case commenced were of the most serious class, and indicative of implication of the upper cervical region of the cord. That it terminated fatally must not therefore be deemed to show inefficiency on the part of the remedy tried. On the contrary, its effect in temporarily controlling the disease, proved it to possess great power, and probably, had the case been a milder one, the event might have been different. Nicotine is well worthy of further trials. With regard to the slowness which the pulse maintained throughout the whole course of the disease, it was probably in part due to the influence of the medicine, as we find it decreasing somewhat soon after several of the doses. Sometimes, however, though very rarely, the pulse throughout even acute tetanus, does not, until the last few hours, become rapid. *Case* 42 is an example of this.

CONCLUDING COMMENTS ON THE SERIES OF TETANUS CASES.

The above conclude the collection of cases illustrative of the course, treatment, and terminations of tetanus on which we have recently been engaged; and we must now devote a little space to some general comments on the whole. The series has included more or less detailed reports of forty-three cases, and the incidental mention of several others. Of these, eleven are of especial interest, from their having terminated in recovery. As we remarked at page 488, the proportion between recoveries and deaths in tetanus is not at all truthfully indicated by this series, since the cases have avowedly been selected. Having on the occasion referred to entered so fully on the statistics of that point, it will be unnecessary again to allude to it; and we may, therefore, confine our attention in the following comments to certain subjects relating to the natural history, and more particularly to the therapeutics of the disease. These may be conveniently arranged under the following heads.

Predisposing and Exciting Causes.—So vast a proportion of tetanus cases are of traumatic origin, that, in attempting to estimate the relative influence of the reputed predisposing causes, it becomes of the utmost importance to consider to how great an extent the different classes subject to them are relatively liable to injuries. Thus, for example, it has been proved, and our series quite bears out the rule, that absolutely a much greater number of men than of women die of tetanus. Does it follow therefrom that the male sex is of itself in any degree peculiarly liable to the disease? By no means. The proportion of capital operations on the two sexes, the far greater number of accident beds in our hospitals allotted to men than to women, and general experience, all concur in proof that men receive a greatly disproportionate share of those injuries by which tetanus is usually caused. Yet, in spite of this source of fallacy, grave calculations have been made and put into print as to the relative liability of the two sexes. By some the proportion has been stated as 8 to 1; by others as 4½ to 1. Now there chances to be one kind of injury to which women are more exposed than men, at least in ordinary domestic life. We allude to burns. Let us see how the question stands with them. Out of the 41 traumatic cases which we have recorded, no fewer than 13 occurred to females (one in three); and, out of 13 of the whole number in which the exciting causes were burns, *all excepting two were of that sex.* It is impossible to obtain data for an exact calculation; but when we find that immediately an injury is selected to which, from its nature, females are more exposed than males, the disproportion between the number of resulting tetanus cases in the two sexes becomes reversed, it seems fair to conclude that the first calculations are deceptive, and that the two sexes are in at least an equal degree liable to the disease. *A priori* conjecture might indeed have led to the expectation that women would suffer from it more often than men, since they are acknowledged to be more prone than the latter to diseases of the nervous system, such as epilepsy, chorea, etc. For anything that is really proved to the contrary, such may, indeed, be the fact.

With regard to *previous health* as a predisposing cause, it

would appear that in a large majority of cases the patients had been of good general condition, and, in many, remarkably so. In Case 8 the man had, two years before, been the subject of worms; in Case 14 ascarides were found in the rectum at the autopsy; and, in Cases 3, 15, and 35, the sufferers were epileptics.

When the question of *age* as a predisposing cause is considered, we are met with the same difficulties in forming a conclusion which were noticed under that of sex. The very young and the very old are comparatively little liable to accidents; the latter, moreover, are in numbers in no sort of proportion to their juniors. Writers tell us that tetanus is a disease of early and adult life, sparing, in this country at least, the two extremes. Such a conclusion is exactly what might have been predicated from the above-mentioned circumstances; it is just possible, however, that it may have some foundation in other causes also. The youngest age in our series is 4 (Cases 17, 25, and 28), and the oldest 63 (Cases 31 and 35). Two cases of the latter age are perhaps as many as should be expected at so advanced a period; and, with regard to the immunity of infancy, it must be remembered that it does not hold in other countries—the West Indies, for instance, where tetanus from division of the funis is very common.

The influence of *season* as a predisposant may be calculated with much greater exactitude than any of the preceding. Dr. Laurie, in the paper to which we have already repeatedly referred, has done useful service by proving from the analysis of facts that tetanus is not, as has been generally supposed, peculiarly likely to occur in hot weather. The following is his summary:—"Taking the Glasgow cases as the more correct, we find August and June, two hot months, give 4; while January and February give 11. If we arrange the months in four cold—January, February, November, and December—we find 15 cases; four warm—May, June, July, and August—we have 14; and four temperate—March, April, September, and October—we have 21. When we turn to the published cases, we find the four winter months give 66; the four summer, 48; the four temperate, 51. Thus both tables combined make the disease least frequent in summer, and most common in winter. The individual months show considerable eccentricity, but still confirming the same inference, January being one of the largest, June and September the two smallest." In our own series, nearly the same proportion prevails as in those collected by the Glasgow Surgeon, February and November having the largest numbers. The gross number is, however, too small to be of much use in deciding such a question, and we have accordingly collected from the Registrar-General's Reports the following data. During the period of ten years ending 1851 there were registered in London 189 deaths from tetanus. Dividing the year into three four-month periods, hot, temperate, and cold, we find that there occurred in the hot (May, June, July, and August,) 57 cases, in the temperate (March, April, September, and October) 70 cases, and in the cold (January, February, November, and December,) 62 cases. As the Registrar's reports are made up in weeks, and do not indicate the divisions of the calendar months, this calculation is not absolutely exact, but it is quite sufficiently so for our purpose. It would appear from it, that the temperate months have the greatest number of cases, and the hot the smallest. Of individual months, April and June have the largest proportion. Further examination might, perhaps, show, that the opinions expressed by Larrey, Dupuytren, and others, are the nearest the truth; and that rapid alternations of temperature, and exposure to draughts, to damp, etc., are more influential in the production of the disease than either continuous heat or cold. At any rate, as regards prophylaxis, this appears to be the only useful lesson to be derived. Patients recovering from wounds should be careful to avoid all undue exposure. In several of the cases on our list, the outbreak of the disease was distinctly referred to such exposure (Cases 6 and 38), and probably in a larger number such cause had been present without coming to the knowledge of the Medical attendants. As it regards the influence of heat in producing nervous disease, we may, in passing, remark, that the popular belief which considers hydrophobia (a near congener of tetanus) to be peculiarly liable to occur during summer is utterly unfounded. The investigations of M. Andry(a) have proved that there is no connexion whatever between the dog days and dog madness. He shows that the greatest number of cases of rabies in wolves occur in March and April, and of dogs in May and September, while August, the hottest month, and January, the coldest month in the year, are those which furnish the fewest instances. The observations of Dr. J. Hunter,(b) as to the rarity of hydrophobia in Jamaica, and of Clot Bey,(a) as to the same in Egypt, and in Asia, and Africa generally, in all of which places dogs abound, and are exposed to great heat, strongly support the same conclusion. Much yet remains to be learned as to the etiology of these singular diseases.

A great deal has been written respecting the kinds of wounds most liable to produce tetanus, but here, also, very little of definiteness, has been achieved. It is impracticable to obtain any trustworthy calculations as to the relative numbers of the different kinds of injuries which happen, and without this all attempts to estimate the proportion of the tetanus cases consequent on each must of course be fallacious. It may easily be proved that a far larger number of cases of tetanus follow injuries to the hand or foot than any other class; but then this is explainable by the circumstance that these are by far the commonest accidents. Probably the exact kind of injury is of much less consequence than was once supposed. Modern observers agree in stating that traumatic tetanus may succeed to almost all possible forms of external violence. The series we are now analysing includes 9 in which it followed injuries to the hand or forearm, inducing gangrene, and in none of which primary amputation had been performed; 2 in which it followed amputations at the ankle-joint, 1 primary and 1 on account of chronic disease; 1 after a compound fracture of the leg, not amputated; 1 consequent on an old standing ulcer of the leg; 1 from a wound of the eye; 6 from laceration of the thigh or leg not requiring amputation; 1 from laceration of the foot; 4 from punctured wounds of the foot; 2 from injuries to the face involving fracture of the upper jaw and lodgment of foreign bodies in the antrum; 1 from a slight injury to the lip; 1 from blows on the back; 1 from a laceration of the scalp; and 10 from burns. We are acquainted with an instance not here mentioned, in which excision of the breast was followed by tetanus. Two deductions seem to be warranted from these facts, and are, we believe, supported also by those collected by others. The first is, that the disease is far more likely to ensue from an injury involving contusion, laceration, etc., and occasioning sloughing, than from clean cuts, or from injuries so violent as to necessitate immediate amputation. The second is, that injuries to the lower extremity are more liable to be followed by it than those of other parts. This is not capable of proof, but may we think be inferred, since injuries to the foot, etc., are undoubtedly of far less frequent occurrence than those of the hand and forearm.

Prognosis.—There is no disease respecting which, in the formation of correct rules of prognosis, it is more absolutely necessary to possess a correct classification than tetanus, nor is there probably one in which correct classification is more difficult. We are stopped on the very threshold, since even the distinction between idiopathic and traumatic cases is far from being well established. So trivial are the injuries known to be capable of producing the disease, that the opinion entertained by some Surgeons as to the non-existence of the former class, has really some semblance of probability. We know that, as a rule, the longer the interval between the traumatic cause and the outbreak, the milder the disease; and it is very possible that so-called idiopathic cases may be those in which that interval has been unusually prolonged, and the injury, at first very slight, has been forgotten. Case 16 is an example of the symptoms appearing after the wound had perfectly healed; and Case 23, of their supervention after mere bruising, and without any wound. In Case 37, the patient had so nearly forgotten the injury, that the history of it did not come out until she had been several days under treatment. Case 22, which we have called "idiopathic," is at best very doubtfully so, since the man had been peculiarly exposed to slight injuries to the feet, and was known to have suffered from an eruption on the latter. When we come to the divisions of the traumatic form into acute, sub-acute, or mild and chronic, the difficulties are still greater. If a case of acute or sub-acute tetanus gets well, it does so by degrees, and never by a sudden termination; it becomes prolonged, and while in that stage runs great hazard of being classed as "chronic" by those who refuse to believe in the influence of remedies. Used in any strict sense, the term "chronic" (as in "chronic" rheumatism, "chronic" bronchitis, etc.), is perhaps applicable to very few cases of tetanus, except those usually considered to be idiopathic. There are several in the series we have published to which, in obedience to commonly received notions, we have applied that term, but in which it might with much plausibility be objected to. Cases 12 and 18 are indeed the only ones which could with correctness be so designated, and even in these one is quite at a loss to say

(a) *Recherches sur la Rage.*
(b) "Transactions for the Improvement of Medical Knowledge," Vol. I., Art. 17.

(a) *L'Union Medicale.* No. 94. 1852.

whether the disease was kept down by treatment, or was essentially mild *ab initio*. Acute tetanus may be slowly developed, and if arrested in its incipient stage, would never be recognised in its true character. Cases 29 and 37 (see page 543, by mistake numbered 35) are excellent illustrations of this fact, since in one there had been slight symptoms for four, and in the other for seven days prior to the outbreak of the acute disease. From a comparison of the symptoms in the first stage of these, both of which ultimately proved very severe, and terminated fatally with those in Cases 12 and 18 (chronic), it would have been impossible in any degree to predict the very different conclusions. We do not make these remarks with any intent to invalidate the symptoms usually relied on in the prognosis of tetanus, several of which are to a considerable extent trustworthy, but in order to show that an artificial classification founded upon results must not be allowed the least influence on treatment. It would be much to be regretted should the very confident opinion given by some Surgeons of large experience, to the effect, that acute traumatic tetanus is an incurable disease, have the effect of inducing, either in general or in particular cases, any relaxation of efforts in the search after remedies. The distinctions between acute, subacute, and chronic, are to a large extent artificial, and only to be recognised fully when the case has terminated. It is very probable that, by judicious measures, many may be put in the last-mentioned class which would otherwise have ranked with one of the former.

The following are some of the circumstances most generally considered as of bad omen in cases of traumatic tetanus:—1. The Male sex. 2. An early age. 3. Appearance of the disease within a short interval of the injury. 4. Rapid development of the disease. 5. Indications of involvement of the medulla oblongata. 6. Constitutional disturbance. We have already (see above) expressed an opinion that the two first are founded on a fallacy, and of no value whatever. With regard to the third, an analysis of the preceding cases to some extent bears out the conclusions of previous authors. Of the 29 cases which ended fatally, the average interval between the injury and the outbreak of symptoms was ten days, the shortest being three days (Case 21), and the longest one month (Case 11). Of the 9 cases in which recovery took place, the average interval was fifteen days; the shortest being nine days (Case 17), and the longest twenty-three days (Case 24). In this calculation, we exclude Case 28, the history of which was not known, and Case 31, in which the exciting cause was an ulcer on the leg, of unknown duration; both of these ended fatally. It may now be regarded as a well-established rule, that the shorter the period of latency the greater the probability of a severe disease; and the longer that period, the greater the hopefulness of the case. Rapid development of the disease is undoubtedly a very unfavourable sign—it indicates acuteness, and, *pro tanto*, removes the case to a distance from the more promising class. This remark is fully borne out by the examination of the cases recorded; but we have not space here to develope it.

Symptoms of involvement of the medulla oblongata are, perhaps, taken alone, those of the worst indication. Where they have been present early, it is very rare indeed for recovery to take place. For some previous remarks on this subject, we must refer to Case 34, page 490. It would appear, that, in tetanus, as in some other diseases of the nervous system, the danger to life is exactly in inverse relation to the distance of the affected tract of the spinal cord or brain from the medulla oblongata.(a) If the lowest part of the cord be alone involved in tetanic irritability, and the spasms affect only the legs, the danger will chiefly be, that pain may wear out the patient's powers; and it may consequently be easily obviated; if the disease extend higher, the abdomen will be compressed, and the functions of its viscera interfered with; opisthotonos may also be present; if higher still, the external thoracic muscles become involved; if the upper cervical region be reached, the irritation about the origin of the phrenic nerves occasions further disturbance of respiration, by causing painful spasms of the diaphragm; but if, lastly, the pneumogastrics themselves become implicated, the peril to the patient from embarrassment of breathing, attacks of spasmodic closure of the glottis, disturbance of the circulation, etc., becomes most imminent. Irritability of the pharynx, as indicated by paroxysms of spasm, and more especially by attacks of dyspnœa and sense of impending suffocation, brought on by the attempt to swallow, are the chief signs of the medulla oblongata being involved. Notwithstanding, however, the grave nature of these symptoms, it will be seen, that they were, in a mild degree, present in more than one of the preceding cases which ended favourably. (Cases 17, 24, 34, and 41.)

Constitutional disturbance must always be regarded with great suspicion, when present early in the attack; it is, however, not very unfrequently to a considerable extent absent in cases which yet end fatally, (Cases 29 and 37;) and present in others which, notwithstanding, do well. (Cases 24, 25, 38, and 41.)

One of the most favourable features of prognosis which can occur in the progress of a tetanus case, is the simple fact of the patient continuing to live beyond the first week. Even if the symptoms are nowise abated, this circumstance may be regarded as a very hopeful one. (See Case 24.) The system appears to become more tolerant of the disease after it has lasted a certain time; and, although the latter may persist with even increasing severity, the vital powers do not so easily yield. By far the greater proportion of fatal cases terminate before the end of the first week. The average duration of those in our series was four days and a quarter, only four of them being prolonged beyond the seventh day, (to periods respectively of eight, nine, eleven, and eighteen days.)

Treatment.—With regard to the influence of anæsthetic inhalations, the large body of evidence comprised in the preceding reports, (compiled especially in relation to that question,) may be deemed to afford sufficient data for a safe conclusion. We have, however, in addition, carefully examined all the reports of cases so treated which have been published in accessible works. It would be out of place, and, in fact, impracticable, for us here to refer ever so briefly to the particulars of those cases; and we must be content, therefore, to observe, that, they have been added to the materials on which the following conclusions are based. Among those which have been recorded as recoveries under the chloroform treatment, there are some in which it seems reasonable to doubt whether the disease was actually tetanus; and several in which the form was plainly a very mild one. With a few exceptions, also, only cases of recovery appear to have been published,—a system which is fatal to the formation of anything like correct principles in therapeutics. Among the 43 cases in our own series, (partially selected also,) chloroform was tried in 12, of which 8 died, and 4 recovered. Of the four recoveries, there was not one in which it seemed reasonable to refer the event exclusively, or even principally, to the influence of the anæsthetic, and more than one had got into the list of protracted, and therefore hopeful cases, before it was resorted to.

The following propositions appear to be warranted respecting it:—

1. That, in the majority of cases, inhalation of chloroform may be practised with safety as regards immediate consequences.
2. That it is always effectual in allaying spasm for the time.
3. That it exerts, however, no preventive influence whatever, the spasms usually returning, with even increase of severity, very shortly after its suspension.
4. That its continuous administration over long periods of time is not to be recommended, since the patients sink at least as fast, if not faster, than when the disease is allowed to display itself. (a)
5. That it is of great benefit in certain protracted cases simply as an alleviant of the pain. In some of these it will procure rest for periods often of an hour or more after the suspension of

(a) The almost constant conjunction of trismus with tetanus is not really an exception to this rule, since it implies the involvement of a tract considerably above the medulla oblongata, and not of that part itself. Trismus is often quite unattended by evidences of morbid excitability of the pneumogastrics. With regard to the circumstance, that the spasm in trismus is persistent and tonic, while those of tetanus in other parts are clonic and paroxysmal, the explanation may possibly be found in the fact, that the nerves supplying the muscles which close the jaws are derived from different sources to those which supply the depressors. It may easily be supposed, that, if both flexors and extensors were supplied from a common point, the result of irritation to that point would tell equally on them—they would oppose each other, and produce probably a state of equilibrium alternating with violent paroxysms of spasmodic contortion. If, on the contrary, the sources were distinct, and but one of them involved, a permanent contraction of the set of muscles so irritated might be expected. The very different power of the elevators and depressors of the lower jaw might also fully account for the closure under circumstances where both were irritated. The same reasoning would in degree apply in explanation of opisthotonos, throwing back of the neck, etc., where persistent.

(a) A case may be found, recorded by Dr. Duseh, in *Henle und Pfr. Zeitschrift, N. F. III.*, 1852, in which a man suffering from tetanus was kept more or less continuously under the influence of chloroform for fourteen days, and inhaled in all 64½ oz. of the fluid. Recovery ultimately resulted. The patient was not kept in the third stage of insensibility all the time, the inhalation being often remitted, and again practised as soon as any indications of returning spasm were manifest. It should be noted that the disease had reached its fifth day before the treatment was commenced. Against such satisfactory results we must place those of cases such as Nos. 9, 10, 27, 29, which have been much more frequent.

the inhalation, and acts altogether much more favourably than in the earlier stages.

6. That, in certain protracted cases, it is of the greatest use in enabling a patient, while in a state of half-insensibility, to take food, who would otherwise be unable to swallow.

7. That, excepting for the two last-named purposes, its use does not seem to be attended by any commensurate benefit, while it may much interfere with the action of other remedies, and, very possibly, be actively injurious itself.

These conclusions must be understood to apply only to chloroform inhalation, since, from the cases published, there appears reason to believe that the results of that of ether have been more favourable. As, however, the latter agent has not been, of late years, used in London, we have no means of judging as to the proportion of cases in which it did not relieve, or whether in any it appeared injurious.

It may be worth a thought whether the employment of anæsthetic vapours *externally* in cases of tetanus might not promise some benefit. The spasms are for the most part reflex, and excited by peripheral irritants. A bath of vapour might be easily given by covering the bed with an impervious material, and exposing beneath the clothes a sponge saturated with ether. The patient's head should of course be left out, and the clothes well tucked in round the neck.

As it respects the influence of other remedies, in the cases in which recovery took place, the treatment has been so diverse, and in most of the individual cases so complex, that we scarcely seem able to deduce therefrom any satisfactory conclusions. Cases 8 and 25, both of a very threatening degree of severity, recovered under treatment by the extract of belladonna. Cases 10, 11, and 22 show the benefits derivable from tonics and antiperiodics in the chronic and idiopathic forms. Cases 16 and 27 illustrate the uselessness and even the disadvantages of the operation of tracheotomy. Case 17 is an example of recovery from a sub-acute attack under continued treatment by the sesquioxide of iron and Dover's powder. In several others the extract of Indian hemp appeared to be useful; but other remedies being tried at the same time it is impossible to pronounce with any certainty as to the relative influence of each. In Case 43, a very acute one, the power of nicotine in controling the tendency to spasm and repressing constitutional disturbance is fully shown, although eventually a fatal termination took place. On the whole, the evidence seems decidedly in favour of the employment of one or other of the vegetable sedatives in the more acute class of cases. Theory strongly suggests tobacco as likely to be the most efficient, and the few experiments which have yet been made with it do not justify its abandonment. A very valid objection to the employment of Indian hemp is the difficulty of procuring an extract of uniform strength. We must here repeat a remark already made, to the effect that it is much to be desired that in hospital practice more attention were paid to the securing of quiet for the patient. On the first appearance of symptoms premonitory of tetanus, the sufferer should be forthwith removed to a private ward, where he should be left in perfect darkness, in a warm, dry atmosphere, and with as much seclusion as practicable.

Duration of the Disease in Cases which Recover.—The average period occupied by treatment in the 11 cases in which recovery took place was nearly a month. In several of them slight symptoms, as stiffness of the affected muscles, etc., remained for a little time after the disease had quite passed away; but in all, the ultimate recovery appeared perfect. We are not aware that it has ever been noticed that those who have once had tetanus are liable to recurrences of the affection, or to any other symptoms of nervous disorder. An interesting case has, however, been mentioned to us by Mr. Hilton, in which a young gentleman, who, some years ago, when a boy, recovered under his treatment from a severe attack of the traumatic form, has ever since been liable when out of health to slight attacks of spasm. By avoiding sedentary habits, and engaging in almost constant travelling, he is able to keep well, and it is hoped that the tendency will in time wear out.

LIST OF SCIENTIFIC MEETINGS.

This Evening,	June 17.—	Royal Botanic Society. Four o'Clock.
Monday,	June 19.—	Chemical Society. Eight o'Clock.
———	———	Statistical Society. Eight o'Clock.
Tuesday,	June 20.—	Linnæan Society. Eight o'Clock.
Wednesday,	June 21.—	Geological Society. Eight o'Clock.
Saturday,	June 24.—	Royal Botanic Society. Four o'Clock.

Medical Times & Gazette.

SATURDAY, JUNE 17.

SIR JOHN FORBES'S BILL.

In our last Number we published *in extenso*, a scheme of a Bill drawn up for the consideration of the Profession by one of the oldest, most consistent, and most influential of Medical reformers; and, in a leading article in the same number, we enumerated certain objects, which, in our estimation, it is essential should be secured for the Public and the Profession by any Medical Reform Bill we could advise the Profession to support.

The subject of Medical reform has been so long before the Profession, has been so often discussed in conferences, and written about in journals and pamphlets, that there are few men of mature age who have not some scheme of reform which they hold to be superior to all others, and to which they would have all others reduced. If the Profession had now to be regulated by law for the first time, were there no Medical Corporations in existence, or if a Secretary of State would legislate on the subject with a special view to the public good, without regard to the opposition of interested Corporations, then we believe but little difficulty would be experienced in framing a measure with which the great bulk of the Profession would be fully satisfied, and by which all the security that can be afforded by legislation to the public against uneducated Practitioners would be gained. But there are laws to regulate the Profession on the Statute-book, some twenty Medical Corporations, each having separate interests, are in existence, and Secretaries of State have hitherto refused to deal with Medical reform until these twenty apparently irreconcileable interests agree in recommending to him a Bill with the provisions of which they are all satisfied. The consequence is, that the difficulty of devising a scheme of Medical reform having the slightest chance of becoming law is immense, and that no Bill can become law unless some are willing to waive their treasured projects, and others to forego their pecuniary interests and corporate dignity.

In the present article, our intention is simply to examine the scheme of Sir John Forbes's Bill, for the purpose of learning whether it secures to the Public and to the Profession those objects to which we have previously alluded as essential.

Supposing a Bill in accordance with this scheme to be enacted, the following would be its working:—

A youth desirous of entering the Profession would, as soon as he pleased after he had attained his seventeenth year, have to submit to an examination in ancient and modern languages, arithmetic, geometry, mathematics, and physics; and, having passed this preliminary examination, he might enter himself at a School of Medicine. After the completion of his first year's Medical studies, the student would have to appear before Examiners, appointed to test the knowledge he had acquired during the year in the following subjects,—viz., chemistry, botany, materia medica, pharmacy, and the rudiments of anatomy. Being found proficient in these subjects, the student would have to follow a curriculum of Medical studies, to be laid down for him by a Medical Council, of the constitution of which we shall presently speak; and having done so, and being of the age of 22, he might present himself for his final examination. This final examination, it is proposed, shall be entrusted,—

In England, to the Royal College of Physicians and the Royal College of Surgeons;

In Ireland, to the King and Queen's College of Physicians, and the Royal College of Surgeons of Dublin;

In Scotland, to the Royal College of Physicians and Royal College of Surgeons of Edinburgh, and to the Faculty of Physicians and Surgeons of Glasgow.

His final examination before the Colleges of Surgeons "shall comprise the subjects of anatomy, physiology, surgery, and midwifery;" and that before the Colleges of Physicians "shall comprise the subject of scientific and practical medicine, technically so called, in contradistinction to surgery, and the sciences wherewith medicine is essentially connected."

Having passed these examinations, the candidate might claim a diploma as Surgeon from the College of Surgeons, and also claim to be admitted as a Member or Licentiate of the same College. If he desired to practice his Profession, he must then register himself and his qualification. No one whose name was not on the Register might, without the risk of being punished by fine or imprisonment, assume a title calculated to mislead the public,—*e. g.*, Physician, Doctor, Surgeon, Apothecary,—nor practise as such, without the risk of being fined 10*l.*

Now, it will be seen that the value of the Bill to the public must consist in the character of the Medical Council to whose hands is to be entrusted the working of the measure, and in the means at the disposal of the Council for insuring efficient examinations.

It is proposed that the Medical Council shall consist of fourteen Members and a President.

The President to be appointed by the Secretary of State, and to be necessarily a member of the Imperial Legislature; seven of the Medical members to be elected by the Royal Colleges of Physicians and Surgeons of England, Ireland, and Scotland, and the Faculty of Physicians and Surgeons of Glasgow,—*i. e.*, one by each corporation; the remaining seven members to be nominated either by the President of the Council, or to be elected by the Registered Practitioners of England, Ireland, and Scotland. The means by which this Council would be able to raise the standard of the examinations are these:—the Examiners constituting the preliminary Boards would be appointed by the Council, the curriculum of study would be determined by the Council, and the members of the Council might be present at any examination the student has by their regulations to undergo.

From this summary of the machinery, and probable working of the measure, it is evident that the Bill would secure to the Public a supply of fully qualified Practitioners, and enable all to distinguish the educated Practitioner from the uneducated pretender to Medical skill.

As regards its bearing on the Professional wants. In the Bill are two schemes for the appointment of the Medical Council. By the one scheme, seven of the fourteen members are to be elected by the Profession, by the other they are to be nominated by the lay President of the Council, with this restriction on his choice, viz., that five of the seven must be chosen from the body commonly denominated General Practitioners. The former scheme is that which we trust may be adopted. The Profession have ever contended for, and are morally entitled to, a voice in the management of their own affairs. Moreover, the presence at the Council Board of seven freely-elected Practitioners would, we are satisfied, exercise a most salutary influence in keeping up the standard of education and the quality of the examination. Again,—a point of considerable importance,—confidence would be reposed by the Profession in a Council so constituted, while it would be withheld from one in the appointment of which they had no voice. The tenth Clause, by which the Minutes of the Council meetings are to be open to all registered Practitioners, would prove of the highest advantage to the Profession.

As to uniformity of education, that would be fully secured by the Bill, and a slight alteration in it would also secure uniformity of examinational test. The alteration we would suggest is, that by the Act itself it should be compulsory on all Examining Boards to conduct part, at least, of their examination in writing. Now, if the written questions and answers were open to the inspection of the Council, and, at the same time, members of Council might be present at the oral examinations, full security, on this head, would be attained.

As to uniformity of title for those who have passed the essential State examination, that would be secured by the Bill. Everyone before he could register must have passed an examination before a College of Surgeons, and would be entitled, in virtue of that examination, to be registered as a Surgeon.

And finally, as regards reciprocity of practice, those found qualified to practise their Profession in Ireland or Scotland would be, by the Bill, entitled to practise it in England; so those registered in England might, if they so pleased, register in Ireland or Scotland.

So far, then, provided seven members of the Council be elected by the Profession, this scheme of a Bill meets all the essential requirements of the Public and the Profession, and should Sir John Forbes succeed in carrying it, he will have added another to the many claims he already has on the esteem and gratitude of the Profession.

POOR-LAW MEDICAL OFFICERS.

The Select Committee on Poor-law Medical Relief was appointed on the 22nd of May. It consists of Mr. Pigott, Mr. Miles, Mr. Grey, Mr. Seymour Fitzgerald, Mr. Bramston, Sir John Trollope, Lord Henry Cholmondeley, Viscount Goderich, Mr. Barrow, Mr. Deedes, Mr. Water, Mr. Grenville Berkeley, Mr. Robert Palmer, Mr. Rice, and Mr. Henry Berkeley,—Sir John Trollope, late President of the Poor-law Commission, Chairman. The subject thus fairly started, and Lord John Russell having said that "the Government were desirous of placing no obstacle in the way of the appointment of the Committee," let us hope that the inquiry will issue at least in dispelling that ignorance which the Earl of Shaftesbury alluded to at the dinner of the Medical Benevolent College, when he said that "the merits of Union Medical Officers are not so fully known in higher quarters as they ought to be. I believe their services are overlooked; and the miserable pittance they receive is a disgrace to the authorities of our land, and a very great injury to the public generally."

Now, we doubt whether even the Members of the Profession are really aware of the whole amount of truth involved in the above statement of the noble Earl, and we therefore call their attention to a few facts derivable from the "Return of Poor-law Medical Officers," lately presented to Parliament, in the hope that it will induce Medical men to arouse themselves, and not allow the Committee on Poor-law Medical Relief to have only such informants as Parish-clerks, Relieving-officers, and members of Local Boards; but that they will, however distasteful to themselves, force on the Committee evidence which should make every legislator blush that he is a member of a Parliament which can perpetuate such injustice.

We are much indebted to Mr. Ransom, a Medical Officer of the Cambridge Union, for enabling us to lay before our readers "An Abstract of the Duties of the Medical Officer of the Second District of the Cambridge Union, for the Quarter ending Lady-day, 1854." In that period he had 277 cases, involving 2104 attendances at patients' own residences, and 1440 attendances at the surgery; he had supplied 790 mixtures, 514 pills and powders, and 94 lotions and embrocations. In the year 1853, the same gentleman had attended in all 1032 distinct cases, which would give 1 in 10 of the population of the district as seeking Poor-law Medical relief, involving, at the rate of the Lady-day quarter, 12,384 attendances. What is the *re-*

muneration given to this Member of the College of Surgeons and Licentiate of the Apothecaries' Company of twelve years' standing for such labour, to say nothing of the care and anxiety attending Union practice? It amounts to this—*one shilling and seven-pence three-farthings for each case*, or THREE-HALFPENCE FOR EACH ATTENDANCE! But this is not all. The population of the Cambridge Union of late years has greatly increased, so much so as to exceed the numbers allowed by the Poor-law Commissioners to form one district. What, then, have they done? The Union was formerly divided into two districts. Three have now been formed; but the salary of the three Medical Officers now only exceeds by *five pounds* that previously received by two. The gentleman above referred to, had, up to Lady-day 1854, received 85*l.* per annum, exclusive of extras, but for the future (if there should be a future to such proceedings) his remuneration is to be 60*l.* per annum, while his duties for the present quarter he expects will exceed those of the Lady-day quarter; so that, calculating by the above estimate, this gentleman will rejoice in a Medical practice remunerating him at the rate of *one shilling and twopence* per case, and a fraction over *a penny* for each attendance! and this "after ten years' arduous discharge of his duties to the satisfaction of those placed under him"! We can only wonder how such a thing is possible as penny or three-halfpenny Government fees for attendance on the sick poor of Great Britain.

And now to show another phase of this monstrous system. In the same county, but in another district, one Medical Officer attends a population of 5612, for which he receives 187*l.* 10s. Allowing the same proportion of poor as in the former case, and the same number of attendances per case, this gentleman would have 6s. 8d. per case, or 6½d. for each attendance. It may, however, be said, that in the latter case those cases and attendances are spread over an area of 27,000 acres, whereas, in the former instance, the area is only 3,470 acres, thus involving the necessity of horse keep or hire. But we find no uniformity even on this plea; for in the county of Lancaster, in the Little Bolton District and Workhouse, one Medical Officer has a population of 32,000 to attend on 13,000 acres, for 80*l.*; while in the Chorlton Union (same county) the Medical Officer has a population of 26,000 on an area of only 483 acres, for which he receives 150*l.* per annum.

To revert again to Cambridge. In the Wisbech Union we have seven Medical Officers, whose Professional standing is denoted as follows:—L.S.A., 1831; M.R.C.S.E. and L.S.A., 1838; L.S.A., 1852; M.R.C.S.E., 1836, and L.S.A., 1834; L.S.A., 1817; L.S.A., 1833; M.R.C.S., 1827. These gentlemen, assuming the same rate of cases to population for them as in the No. 2 District, receive 2s. 5d. per case, or 2½d. for each attendance!

To illustrate still further these inconsistencies. In the county of Middlesex, in St. James's, Westminster, one Medical Officer has 350*l.* a-year for attending a population of 36,000, on an area of 164 acres; while, for Clerkenwell, five Medical Officers have a salary of 280*l.* among them for attending a population of 64,778, on 380 acres—(both districts being under Local Acts)—the highest salary being 105*l.*

But we should weary our readers were we to pursue this species of exposure. Throughout the Return to which we have referred, which exposes one mass of inconsistency, we find evidence of the pettiness of little Poor-law oligarchies,—of Boards which must, and do, pay their butchers and bakers a remunerative price, and which, by some manœuvre, cannot avoid paying their Law Officers a handsome remuneration; but who, it seems, can get Medical men of long standing in the Profession to heal the sick and cure the maimed at the rate of three-halfpence a visit! There are and must be limits to forbearance. Let us hope that, for the sake of the poor themselves, the Committee, well informed by those only who can give them information, will not aggravate or perpetuate injustice.

We feel, that if the Committee, and ultimately the Legislature, do not act well, and do their duty in this matter, the Profession must act for them, and that to some purpose. A few such statements of the duties actually performed by Poor-law Medical Officers as that of Mr. Ransom, contrasted with the remuneration, would have an important influence upon the settlement of this question. We shall be happy to receive such information, and will take care that it is seen in the proper quarter.

MALPRAXIS BY UNQUALIFIED PRACTITIONERS.

A case has just occurred at Meltham, near Huddersfield, in Yorkshire, which exhibits in a most remarkable manner the utter inefficiency and anomaly in our present laws relating to Medical practice. The life of a woman in the prime of youth appears to have been deliberately sacrificed by the neglect of persons pretending to act in a Medical capacity, but without possessing any qualification to entitle them to do so. We are glad that it is in our power to bring the particulars of this tragedy before the eyes of our legislators. They will surely be disinclined any longer to regard with apathy a system of Medical government in which such atrocities can be perpetrated.

To the readers of this Journal, and to professional men in general, the bare facts of the case are amply sufficient, and they may be briefly recited. A woman, named Jane Taylor, aged 28, the wife of a weaver at Meltham, and who seems to have been previously in the enjoyment of excellent health, was seized with hæmorrhage about the eighth month of her pregnancy. In consequence of the alarming condition to which she was rapidly reduced, her husband and her female friends had recourse to a person practising as a Medical man. We must observe, in anticipation of facts which we shall presently disclose, that the cause of her sufferings was *placenta prævia*. We need not point out the course which ought to have been adopted. The *soi-disant* doctor attended the patient, sent her medicines, watched by her bedside, but never examined the condition of the uterine organs. The hæmorrhage, of course, increased; and when the husband went to inform the Meltham doctor that he thought his wife was dying, he was comforted by the assurance, that she was "only letting her spirits down, and she must take her medicine oftener!" Notwithstanding the medicine, however, Jane Taylor gradually sank, exhausted by incessant hæmorrhage, and she died in the presence of the Practitioner above referred to.

A Coroner's Inquest was subsequently held upon the body, and the above facts were stated in evidence; but the Professional testimony was still more striking and conclusive. Mr. William Greenwood, Surgeon, of Huddersfield, deposed to the following facts:—

"I have made a *post-mortem* examination of the deceased. The body was that of *a very stout, healthy woman*, in the last stage of pregnancy. On examining through the vagina, I found the os uteri dilated to the size of a crown-piece, and, as far as I could judge, the *placenta presenting*. On opening the body, which was remarkably fat, I found the womb in its usual situation during the last month of pregnancy. The whole of the abdominal viscera were perfectly healthy. On opening the womb, *I found a fine male child naturally presenting with the head downwards;* the membranes had not been ruptured. I removed the child, and then very carefully examined the situation of the placenta, *which surrounded the os uteri*. I found the right side of the placenta lacerated and separated from the womb. This, I have no doubt, has been the cause of the flooding. *There is no other cause.* All the other parts were perfectly natural and healthy. The cause of death is exhaustion from the flooding, caused by the presentation of the placenta. The duty of a Medical man, in such a case as the present, is to introduce the hand, dilate the os uteri, and deliver the patient by turning the

child, and bringing it away by the feet. If this operation is not done, death is certain from exhaustion by flooding."

The Jury, not being satisfied by the above very luminous statement of facts and opinions, sent for Mr. Tatham, of Huddersfield, who, of course, gave precisely similar testimony, and this evidence would have been confirmed by any educated Practitioner in the kingdom. But the sapient Jury could not be persuaded that any blame could attach to the Practitioner who was employed, and they accordingly brought in a verdict of "Died from Hæmorrhage." We are glad to learn, however, that the magistrates have since committed the pseudo-doctor to take his trial at York on the charge of manslaughter.

The case speaks for itself, and needs no comment upon our part; but we must draw attention to the summing up of the Coroner. That worthy functionary instructed the Jury that it was "no part of their duty to consider whether or not the deceased had been attended by a properly qualified Practitioner."

We wonder that the Coroner did not go a step further, and, in imitation of the medico-legal views of Mr. Justice Maule, instruct the Jury that if the Practitioner were a properly qualified man, *then* he would be guilty of manslaughter, because he ought to have known better; but if, on the contrary, he possessed no qualification at all,-*then* he must be triumphantly acquitted, *because he knew no better*, and the patient ought not to have trusted herself in his hands! The Meltham Jury, however, returned a verdict acquitting the unqualified Practitioner of all blame, but we hope that the Judge and Jury at the York Assizes will view the question in a different light.

REVIEWS.

Result of an Inquiry into the Invariable Existence of a Premonitory Diarrhœa in Cholera. By D. Macloughlin, M.D., etc. London. 1850. 8vo. Pp. 61.

On the cholera re-appearing here in 1848-49, the General Board of Health put forth the statement that diarrhœa is frequently a premonitory symptom of cholera, and, also, that cases of cholera occur without any premonitory diarrhœa. Last year, on the 8th of November, they stated, in the *Times* newspaper, that, "indeed, the very worst cases of this formidable disease were those where these symptoms (purging and vomiting) are wholly or partially absent, the powers of life being struck down at once by the poison."

Dr. Macloughlin had, long before the 8th November, undertaken the inquiry into the question of the relation between cholera and diarrhœa; and the Registrar-General feeling the necessity of having this question fully investigated, lent his valuable assistance. He directed all his sub-registrars to obtain a report from the Medical attendant on every individual who died of cholera, stating whether the individual had or had not a diarrhœa previous to being seized with cholera.

If he had a diarrhœa, the Medical attendant was required to state for how many hours, how many days, or how many weeks, this diarrhœa had persisted before the attack of cholera had come on.

Where it might be stated that cases of cholera did occur without any premonitory diarrhœa, Dr. Macloughlin made it his duty to see the Medical attendant on these cases, and also their relatives and friends, and thereby ascertain the true history of the case, and report the information thus obtained to the Registrar-General.

It appears, from the pamphlet before us, that, during the last outbreak of cholera, from the month of July, 1853, to the 11th Feb., 1854, 878 deaths from cholera were reported to the Registrar-General. Out of this number, 21 were said to have been cases of cholera without any premonitory symptoms, that is, that 21 persons in perfect health were said to have been struck down at once into spasms, vomiting, etc., into cholera, in fact, without having been warned by a diarrhœa that an attack of cholera was coming on. Dr. Macloughlin visited the Medical attendants, and the relatives of these 21 cases, and he found that 15 of them had a diarrhœa for a few hours, a few days, or a few weeks, previous to the attack of cholera.

That the friends of the 16th case had an interest in concealing the truth, but that the collateral circumstances went to prove that this individual had a diarrhœa for some time previous to the moment of being seized with cholera.

The 17th was certified a case of cholera without any premonitory diarrhœa, without inquiry into the case.

The same was done in the 18th case, the Medical attendant having certified that this was a case of cholera without any premonitory diarrhœa, without having made any inquiry into the previous state of health of the patient; nor could her friends give any information, but that she was ill, very ill, she said, on going to bed.

The 19th case was one of hypercatharsis, in consequence of having taken an over-dose of purgative medicine.

The 20th was a case of retrocedent gout.

The 21st was a case of strangulated hernia, consequently, according to Dr. Macloughlin, in the last outbreak of cholera in London from July, 1853, to February 11, 1854, which proved fatal to 878 individuals, every one of these cases of cholera had a diarrhœa for some hours, some days, or for some weeks previous to the attack of cholera. It is unnecessary to call the attention of the Medical Profession to the importance of such researches.

The author also brings forward charges against the General Board of Health, that they have mis-stated facts, and suppressed facts, to support their pre-conceived opinion that cholera is not a contagious disease.

The following is an amusing instance of the sort of proceeding which may be very naturally expected to arise when the highest Medical positions in the country are filled by lawyers:—

"The General Board of Health put forth a statement in the *Times* newspaper of the 8th of November, 1853, relative to a supposed case of cholera, which had proved fatal at Lewisham on the 28th October, 1853, 'that the mere absence of purging or vomiting at the time is no evidence that the case was not a case of malignant cholera. Indeed, the very worst cases of this formidable disease are those where these symptoms are wholly or partially absent, the powers of life being struck down at once by the poison.'

"In consequence of the above statement, I waited on the General Board of Health, to ascertain on what grounds they had made the above statement; and I there saw the President of the Board, who candidly acknowledged that he knew nothing whatever of Medical science, and nothing of cholera in particular; but he was so kind as to refer me to a member of the Board, who was evidently as well informed as the President. This gentleman replied to my inquiries, that such cases as the above were reported to the Board, and that the Board had taken it for granted that they had been reported correctly. On pressing him, as it is a scientific question of importance, to give up his authority, that I might make further inquiries, he evaded giving a direct answer, by referring to what was related to have occurred in other countries, and especially in India.

"As the point is one of the highest importance to ascertain whether cholera strikes down at once, in any case, the powers of life, without giving a warning of its approach by a diarrhœa, I addressed a letter, on the 23rd November, 1853, to the President of the General Board of Health, in the hope that I should obtain from the President the information which the member of the Board, to whom he had referred me, could not give. But that letter has remained unanswered. I shall leave you to form your own opinion as to the conduct of the President, and that of the General Board of Health, in this instance, who have put forth a statement more than doubtful, and who have not the candour to admit that they were in error."

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

GASTROTOMY PERFORMED IN A CASE OF CANCEROUS STRICTURE OF THE ÆSOPHAGUS.

By Dr. E. FENGER,
Surgeon-in-Chief to the Friedrich's Hospital, Copenhagen.

The operation of gastrotomy, as performed by M. Sedillot, of Strasburg, has been lately repeated by the Danish Professor, Dr. E. Fenger. As in the first cases, the operation failed to preserve the life of the patient, and the Profession must decide as to the fact of its propriety.

A man, aged 55, of good constitution, was admitted into the

Friedr'ch's Hospital, Copenhagen, Jan. 10, 1853. Habitually in good health, he had experienced, especially after eating rapidly, attacks of vomiting, attended with a slight flow of blood; but for the last two or three years the blood had ceased to appear upon the voided matter. From this time he had suffered less, feeling only during his work occasional sharp pains in the epigastric region, nausea accompanied by an acid taste, and rarely attacks of sickness. He had once drunk freely of spirits, and nine months ago had been treated for delirium tremens; his limbs were still tremulous. A fortnight before his admission the patient began to feel a fixed pain in deglutition, which he referred to the pit of the stomach, where there seemed to exist an obstacle difficult to overcome. For the last five days he has been able to swallow only fluid aliment. The abdomen was distended superiorly and sonorous upon percussion except at the upper part, where there was evident dulness. A sound, introduced into the œsophagus, was stopped at about eight inches distance from the dental arch by some obstacle which could not be removed, and the attempt excited pain and the desire to vomit.

M. Fenger, after repeated trials at dilatation, performed, at the desire of the patient, who was made acquainted with the dangers of the proceeding, the following operation, March 23:— An enema having been previously administered, the patient was rendered insensible by the action of chloroform. An incision was then made, commencing at the lower border of the ensiform cartilage, and extending downwards, outwards, and to the left, by the border of the costal cartilages, to the outer border of the rectus muscle. The skin, aponeurosis, and muscles, were divided; the epigastric artery was cut through and tied. The peritonæum was next divided, and the left lobe of the liver was felt. The index and middle fingers of the operator, introduced through the wound, touched the diaphragm, the spleen, and, lastly, the stomach. Its anterior surface was scized and dragged to the wound, where it was secured by needles and ligature. The front of the stomach was then opened with care, and the mucous membrane fixed to the exterior; half a cup of mucilaginous liquid was introduced by means of a glass tube, the wound simply covered, and the patient put to bed. During the day he had some attacks of colic, but he slept well. On the morning of the 25th he had a sensation of hunger; pulse 104. Some greenish fluid flowed from the stomach. Towards midday the countenance altered, and he died, 58 hours after the operation.

Autopsy.—There were no traces of peritonitis; near the spleen there was a small quantity of thick brown fluid. The mucous membrane of the stomach was natural. A cancerous tumour occupied the lower part of the œsophagus. There was no disease in other organs.—*Virchow's Archiv. für Path. Anat.* Vol. VI. Liv. 3, p. 350. 1854.

FOREIGN CORRESPONDENCE.

HERNIA.

VIENNA.

I have made the inquiries you desired with regard to the results of Professor Schuh's modification of the operation of invagination for the radical cure of inguinal hernia.

After having been informed of the great number of cases operated upon, I relied upon being able to compound a satisfactory, and not valueless, account, for your perusal, but I was grossly deceived. I have looked through the journals of Professor Schuh's clinic, from 1843 to 1853, and have not been able to find more than eighteen cases mentioned, and that in such a cursory and desultory manner, that I could scarcely extract anything but the fact of the operation having been performed, and of the result observed as the patient quitted the Hospital.

The 200 cases mentioned to me, have no doubt been operated upon, but I have not been able to find any documents alluding to them. The eighteen cases before mentioned, were all operated by the method of Professor Schuh, who, as I have already informed you, first invaginates the scrotal integuments as high as possible, and then fixes the invaginated skin in the inguinal canal by two sutures, introduced by means of a *sonde à dard*, pierced at its upper end by a needle.

Two sutures are applied by thrusting the needle through, one on the internal, one on the external side of the upper end of the canal, so as to stand abreast.

A strong double thread is used, and first introduced into the eye of the needle with the noose-end; this having been passed through the invaginated skin of the scrotum and abdominal integuments, the needle is withdrawn, and re-introduced armed with the other end of the double thread. A bunch of long-threaded lint, the thickness of which depends on the diameter of the inguinal canal, is then laid across the noose which hangs out of the inguinal canal, and is then drawn up by means of the ends of the threads, so as to fit tightly into the inguinal canal thus completely filled up by the invaginated scrotal integuments and the lint.

The end of the thread is then passed through the noose, and drawn tight; the invaginated skin and lint are thus held firm in the inguinal canal, and can be loosened or drawn tighter as necessity requires. The irritation is quite sufficient to light up the adhesive inflammation necessary to insure success. As to the results, peritonitis supervened in 2 cases of the 18, and terminated fatally in 1; 9 of the whole number quitted the Hospital "cured." How long they remained so I was not able to ascertain. Among the cases not perfectly cured, there were a great number in which the hernia was of considerable magnitude, and the retention of which, by means of the truss, was singularly facilitated by the operation. As I was informed, the same ratio as maintained in these 18 cases holds in all the cases operated upon by Professor Schuh.

Passing through Munich, I did not fail to make inquiries about Professor Rothmund, and was sorry to hear that but little confidence can be placed in his communications about the results of his radical operations for hernia. I was assured that he scarcely ever saw one of his patients after they had quitted the Hospital, most of them being journeymen of different crafts, travelling through the town, etc.; and of course there is no operation where long observation of the patient is more necessary than in this, to arrive at strict and true results as to its ultimate value.

From a gentleman of Tubingen I heard of a method of radical hernia cure performed by Professor Bruns of that town, which consists in fixing the invaginated integument by means of little ivory balls of the size of a pea, with sutures arranged like those of Professor Schuh. Inflammation supervening, the balls are drawn tighter and tighter, till they gradually work their way through the suppurating tissues, and at last make their appearance on the outside.

I understand that one case was cured by this method (I am not aware how often it was practised). I rather believe that some hints were dropped about severe attacks of peritonitis attending its execution.

GENERAL CORRESPONDENCE.

SIR JOHN FORBES'S MEDICAL REFORM BILL.

[To the Editor of the Medical Times and Gazette.]

SIR,—Having read in your Number of to-day the scheme of a new Medical Reform Bill compiled by Sir John Forbes, I shall feel obliged if you will allow me, through the medium of your columns, to suggest the following alteration of Clauses 36 and 37.

Clause 36.—And be it enacted, that every Physician or Surgeon, or Apothecary, or Licentiate in Medicine, who, after the passing of this Act, shall act or practise as such in any part of Great Britain or Ireland without having been duly registered according to the provisions of this Act, shall for every such offence forfeit and pay the sum of ten pounds, to be recovered by the Medical Council, by action of debt, in any of Her Majesty's Courts of Record at Westminster, or in the County Court of any county in which the offence is committed, as the Medical Council may think fit.

Clause 37.—And be it enacted, that every unregistered person who shall wilfully and falsely pretend to be, or take or use the name or title of, or practise as, Physician, Doctor, Surgeon, or General Practitioner, or Apothecary, or use any name, title, or addition, or perform any act of a Medical Practitioner implying that he is registered under this Act, or recognised by law as a Physician, Surgeon, or Apothecary, or Practitioner in Medicine, Surgery, or Midwifery, or that he is a Fellow, Member, or Licentiate of any College to which he does not belong, shall be deemed guilty of a misdemeanour in England and Ireland, and in Scotland of a crime and offence, and, being convicted thereof, shall be punished by fine or imprisonment, or both, as the Court before which he shall be convicted shall award.

In Clause 36 of the original, the same penalty is to be inflicted on the qualified man not registering and on the unqualified man practising, and who, of course, cannot register. In both cases the penalty is ten pounds, recoverable by action of debt in one of the

Courts of Record at Westminster. Now, Sir, it is not just or fair that the punishment should be the same for the real Medical Practitioner who can register but neglects doing so, and for the quack who cannot register, but yet practises Medicine, and who has no claim whatever to have his feelings considered in the matter. Certainly we are often told that law is not justice; but I have never yet heard that justice cannot be made law.

At present, the Society of Apothecaries can recover a penalty of twenty pounds in any County Court (of the county where the offence is committed) against any unqualified person practising Medicine. No matter how little that power is used, still it exists. Therefore let me ask, what would be the advantage acquired if the original Clause 36 should become law by a penalty of ten pounds, recoverable only in the superior Courts, attended by the usual costs, etc.?

Sir, I hold it equal in importance with uniformity of Medical education, that illegal practice ought not only to be discouraged, but also that any Bill having for its object Medical Reform, can only lay claim to such a title by having among its clauses one calculated thoroughly to prevent unqualified persons acting as Medical Practitioners; and I think there can scarcely be a doubt that if the modification I suggest of Clause 37 be adopted in the new Bill, that object will be effectually attained; and no milder measure will ever prevent the quack from gulling the public, and taking the bread from the man who has expended his time, labour, and money in acquiring the knowledge of his profession. With the exception of Clauses 36 and 37 as original, I think the Bill of Sir John Forbes deserves the support of those who desire to see theirs take its proper place among the learned professions, for his Bill goes further in liberality and to elevate the standard and uniformity of Medical education than any other hitherto brought forward; and, trusting that the compiler may meet with perfect success, and receive all the credit and thanks due to his efforts in the good cause, I am, &c.

St. John's Wood, June 10, 1854. M.R.C.S.E. and L.S.A.

P.S. I hope I shall see in your columns some communication from Sir John Forbes respecting the above Clauses.

[We most readily give publicity to the foregoing strictures on some of the Clauses of Sir John Forbes's Medical Bill; and we are sure that the author of that Bill will give these and all other suggestions for its improvement his best consideration.—Ed.]

[To the Editor of the Medical Times and Gazette.]

Sir,—I am glad to find that there is a chance of a new Medical Reform Bill, by Sir John Forbes, being brought forward, the scheme of which I have read; and I think it is the best that has appeared. There is one thing I should like to see added, that is, that no University shall be recognised, unless a residence is required previous to granting a degree, and that the degree of M.D. shall not be granted to any General Practitioner, unless he means to practise as a Physician only, as I think there ought to be a difference made between a General Practitioner and a *pure* Physician. An attorney cannot practise as a barrister without first giving up altogether, for some time, the practice of the attorney, and that is the reason the legal profession has been kept so respectable. I am, &c.

Bristol, Nov. 13, 1854. M.D. Edin.

MESSRS. DE MORGAN AND TUSON.

[To the Editor of the Medical Times and Gazette.]

Sir,—As the Editor of the *Lancet* has refused to publish the second letter which I sent to him, in reply to his repeated misrepresentations of myself and others, you will greatly oblige me by inserting in the next number of your Journal the following letter, containing the concluding statements and observations, which I feel it my duty to address to him.

May 30, 1854. I am, &c. Henry Mortimer Rowdon.

[TO THE EDITOR OF THE LANCET.]

Sir,—Among the Notices to Correspondents in your last Number, I observe one intended for myself, in which you positively decline to insert any further letters from me, on account of an article concerning the *Lancet* which I had addressed to the Council of the Medical and Chirurgical Society.

That article was published in the *Medical Times and Gazette* of May 13, and differed little in its expressions regarding yourself from those contained in my letter to you, published in the *Lancet*, p. 501. In your Notices to Correspondents, dated May 20, a week after the publication of the article of which you now complain, you acknowledged the receipt of my second letter, which you said you should carefully examine; but the reason which you *then* assigned for not promising to publish it, was, because you feared that the patience of your readers was nearly exhausted on the subject. At that time, before you had examined my letter, and when you must have been fully acquainted with the nature of my communication to the Council of the Medical and Chirurgical Society, you did not say one word regarding the reason which you *now* offer for refusing me all further opportunity of refuting your mis-statements. I am, therefore, forced to the conclusion, that when you *did* examine my letter, you found it too conclusive against the statements and arguments which you had yourself advanced on the subject, and which you so eagerly desired that the Profession should be made to believe. If you consider that I am attaching too much importance to the arguments contained in my last letter to you, you will have your remedy in publishing it. Your present objection to do so, being so entirely inconsistent with that which you first offered, I cannot but regard as an unworthy excuse for denying me the justice to which I was in common fairness entitled, in defending myself from your misrepresentations.

In a late leading article, page 476, among other vaunting expressions, you say, "Let any man who can complain of the partiality of this Journal come forward." If I had ever allowed myself to be imposed upon by assurances of the impartiality of the *Lancet*, I should have great reason to complain, that, after you have occupied thirty-six columns of the most conspicuous parts of your Journal in misrepresenting Mr. De Morgan and his colleagues, including myself, you now refuse more than four columns for the refutation of your charges. This is not, however, the only, or, indeed, the chief instance of your striking want of impartiality and honourable dealing. In Nos. XIII. and XIV. you professed to lay before the Medical public a faithful record of "all the correspondence and documents relating to the expulsion of Mr. Tuson from the Middlesex Hospital." That object you did not faithfully carry out, for some of the most important parts, both of the correspondence and of the proceedings of the Weekly Board and Governors of the Hospital, you entirely suppressed; and as the matters thus particularly omitted were opposed to the view which you yourself professed to entertain, and which you clearly desired the Profession should also take of the subject, I am compelled to believe that they were not omitted without design, and that you purposely neglected to apply to authentic sources for such further information as could alone have enabled you to represent the matter faithfully and impartially to the Profession, and have justified you in invoking their judgment thereon. By your own account, p. 521, you declare that "all the letters and documents which you had published in the *Lancet* were taken from a pamphlet published in 1847." You did not add, as you ought in good faith to have done, that you had copied *verbatim* the pamphlet which had been drawn up and signed by Mr. Tuson himself, and circulated by him as his own *ex parte* statement to the Governors of the Hospital, to whom he appealed for support at the Quarterly Court then approaching. Its title, endorsed on the outside leaf, is as follows, *Statement of E. W. Tuson, for Twenty-two Years Connected with the Hospital, Oct.*, 1847. You also (p. 521), say that "the statements contained in that pamphlet have never been contradicted." This is utterly untrue, for many of them had been publicly contradicted by myself at two very full special meetings of the Governors of the Hospital, in the presence of Mr. Tuson: and a further written statement, in contradiction of many very important points, was made by Mr. De Morgan to the Weekly Board of the Hospital, on the 16th of November, 1847, and entered on the Minutes of that date. I may remark, that these contradictions were made at the proper time and place, viz., before the Governors and Weekly Board of the Hospital, whose duty it was to hear the statements on both sides, and to judge for themselves.

What, I will ask, must be thought of your character and motives as a public Journalist when, in order to retaliate upon an opponent, you seek for the facts on which your charges and imputations are to be made, in such an *ex parte* statement as that which, in the case of Mr. Tuson, you have made the foundation for your aspersions and calumnies upon Mr. De Morgan and his colleagues. And what can even the most thick-and-thin supporters of the *Lancet* say to clear you from the censure of the Profession which you have thus corruptly misled on a matter of such general importance as that which involved the dismissal of a Medical officer from a public Hospital? The suppressed facts and documents to which I have here alluded I shall presently explain; and I appeal to the members of our Profession, with entire confidence in their sense of justice and impartiality, for

their attention to this concluding explanation, which, in the defence of myself and others, you have driven me to make. I had hoped that my first letter to you, accompanied as it was by a printed statement issued by the Weekly Board to the Governors of the Hospital, containing the particulars of *seven other cases*, besides those of Messrs. Seager and Lewis, would have made it unnecessary for me to refer more particularly to them. That printed statement I sent to you for your own private information; but, as you have taken no notice of it, and have persisted in your former assertions and arguments, I have now no alternative but to state the facts publicly. If further injury and annoyance are entailed upon Mr. Tuson, he will again have to thank his hollow friends for wantonly trifling with his misfortune, and making it subservient to their own unprincipled attacks upon others. You yourself know better than any one the pains I have taken to save Mr. Tuson as much annoyance as was compatible with the duty which your reprehensible proceedings had forced upon me.

You have, throughout your statements, made it appear, that the instance of antedating the cards of Messrs. Seager and Lewis formed the chief, if not the only ground of complaint against Mr. Tuson. For instance, to quote your own words, p. 427, you say, "Thus, after many years' service, and for no other fault perceivable to us than that of antedating two cards, was Mr. Tuson pursued for nearly three years, and virtually expelled from the Middlesex Hospital." This is entirely incorrect; for, as I have already stated, there were seven other charges, equally bad, or worse, and all of which, according to the Minutes of the Weekly Board of the 30th of November, 1847, which you have so improperly omitted, *were fully proved*. In my first letter to you, I refrained from entering into the particulars of any other cases than those of Messrs. Seager and Lewis, because I greatly desired and hoped that Mr. Tuson might be spared further exposure, and also because you had made those cases the chief foundation for your own statements and conclusions. In your leading article, p. 522, you returned to the defence of those two cases; to which defence I replied fully in my second letter to you, which you have made a pretence for refusing to publish. I therefore assume, that you have virtually abandoned all further defence and extenuation of the cases of Messrs. Seager and Lewis. If I am in error on this point, and you should ever again be disposed to maintain that Mr. Tuson's conduct in that matter was other than that which I have held it to be, I shall call upon you to publish my last statement and explanations regarding it. Some of the arguments you used at p. 523 I must again notice, because they are very important, and in some degree applicable to another case, that of Mr. Lane.

You say, if Mr. De Morgan, instead of raising the outcry in November, 1845, had waited till Messrs. Seager and Lewis had completed their education, he would still have had his remedy against Mr. Tuson or the students, by refusing his signature to their schedules. But that very act of refusing to sign the schedules of students, had already been made compulsory on several of the lecturers and Medical officers, to the very serious injury of the students, who alone suffered by Mr. Tuson's irregular transactions. If Mr. De Morgan and myself had waited until the end of the session, we certainly might have refused to sign the certificates, until our rights had been satisfied; but, should we not then have exposed ourselves to reproach, for having, by our silence, misled those pupils into the belief that all was right, when they would have discovered, too late, that all was wrong? Should we not also have been open to blame, for not protesting, at the onset, against the improper issue of the tickets; and also to the suspicion of having in some degree connived at Mr. Tuson's irregular proceedings? It must be clear to every one, that no Medical school could be conducted with any degree of credit or success, if the rights of the lecturers could only be secured by the infliction of serious loss and disappointment to the students. All your arguments upon these points I hold to be monstrous. To illustrate still further the damaging effect of the practices which you say we ought silently to have borne our part in, I will refer you to the case of Mr. Lane (No. 6 in the printed statement of the Weekly Board), which occured as long ago as 1842, and was the first that was made prominently the subject of complaint and appeal to the Medical Officers and Lecturers. The particulars of that case are reported in the evidence, which, by order of the General Court, was prepared for the inspection of the Governors of the Hospital, and also in the correspondence which you suppressed, on the ground that it referred to private matters of dispute between Mr. Tuson and his pupils.

It will there be seen, that the consequences were by no means limited to Mr. Tuson and his pupils, but very nearly concerned all the Executive Board of the Hospital, as well as the other Medical Officers and Lecturers. This case of Mr. Lane had been privately made known by him to many of the Medical Officers and Lecturers individually soon after their occurrence; but every one of those gentlemen, although he lamented the injurious results to Mr. Lane, expressed himself unwilling to take any active interference in the matter. At last, after Mr. Lane had addressed a complaint to the Weekly Board, in 1844, which was not made known to the Governors then present, the case was brought very prominently to the notice of Dr. Ashburner, at that time the Physician Accoucheur of the Hospital, to whom Mr. Lane appealed in urgent terms for his intervention to obtain redress.

It was *Dr. Ashburner*, and not *Mr. De Morgan*, as you have unjustly made it appear, who then stepped prominently forward and expressed to his colleagues his clear and strong conviction, that they could no longer tolerate such gross irregularities and injuries without incurring the suspicion of conniving at and abetting a course of conduct to which he then applied the strongest terms, but which I do not now feel called upon to repeat. Through Dr. Ashburner's repeated representations to his colleagues, of the duty which he conceived to devolve upon them, they were at last brought to the determination of calling the attention of some of the authorities of the Hospital to the occurrences which were then reflecting so much discredit and injury upon the Hospital, and upon all who were engaged in its duties.

Very shortly after followed the instance in which Mr. Tuson antedated and issued the cards of admission of Messrs. Seager and Lewis to the lectures of Mr. De Morgan and myself, and the proceedings which were then adopted have already been recorded. The important question which remains to be considered is this,—whether, when several such transactions on the part of Mr. Tuson, entailing such serious consequences to the pupils of the School and Hospital, had occurred in succession during the course of three or four years, the other Medical officers and lecturers could, *longer than they did*, turn a deaf ear to the repeated complaints of the students who formally applied to them to redress the injustice occasioned by their own colleague. Here was the case of Mr. Lane, who had pursued his duties with great diligence, and had obtained several prizes in the annual competitions for honours. He had, moreover, distinguished himself by his general proficiency, and by his invariable steady and gentlemanly conduct; yet, through Mr. Tuson's irregularities and neglect, he had been exposed to the very heavy inconvenience and loss of postponing his examination for the diploma of the College of Surgeons. Will any one of the gentlemen, whose names were affixed to the Memorial which you published in your Number for May 20, p. 544, stand forward, and say, that if *he* had been used as Mr. Lane had, he would not have vehemently complained of Mr. Tuson's conduct, and have equally sought and claimed redress from the other Medical officers? or, will those gentlemen maintain, that the regret with which they, in common with most other persons, witnessed the dissensions which then existed between Mr. Tuson and his colleagues, could have offered any reason or justification to the Medical officers for allowing matters to continue to go on as they had done? It was obviously the duty of the Medical officers and lecturers to force inquiry into the truth or untruth of the charges which had been made against Mr. Tuson, so that they might be in a position to silence for ever such damaging and discreditable reports, or to take some decided steps to disclaim their participation in, or countenance of, such transactions. Can the most strenuous of Mr. Tuson's supporters assert, that such direct instances of injury and wrong to deserving students, circulated as they were among the Medical students of the Metropolis generally, were not calculated to produce very serious injury to the Hospital, and to bring into disparagement the character of all who were publicly associated with Mr. Tuson, if they had silently allowed such things to exist? And will even you yourself, Sir, persist in affirming that these were merely *private* matters of dispute between Mr. Tuson and his pupils, which "his opponents had the bad taste" to meddle with? It can be distinctly proved, that from first to last, the steps which were taken by the Medical officers and lecturers were calculated *solely to force inquiry;* but, in adopting measures to insure a full investigation, they did not, and could not add one iota to the evidence which the complainants had to make, nor in any way detract from the facts and statements which Mr. Tuson had to offer in his defence; neither could they, in the slightest degree, be supposed to influence the minds of those whose duty it became, in accordance with the laws and constitution of the

hospital (Chap. VIII.), to hear and decide upon the evidence on both sides.

Although two or three attempts were made by the lecturers, through their Secretary, Mr. De Morgan, to bring the matters fairly before a competent tribunal, no complete investigation was made until the appointment of the Committee of Inquiry on the 4th of February, 1847. To prove that the previous inquiries had been conducted in a very superficial and incomplete manner, the Motion made by Mr. Baily, and carried at the Weekly Board on the 13th of January, 1846, and which you have again so triumphantly quoted (page 552), was subsequently corrected, and superseded by the mover of that Resolution himself. Mr. Baily's Motion was to this effect:—That, "Although Mr. Tuson was wrong in antedating tickets, they did not consider such conduct to have proceeded from a corrupt or unworthy feeling." When the Report of the Committee of Inquiry was made and discussed, and further explanations made, Mr. Baily was the first to change his opinion, and was greatly instrumental in producing a very opposite decision of the Weekly Board, to which I shall presently advert. The seconder of Mr. Baily's Motion (Mr. Propert), who had been a staunch supporter of Mr. Tuson, was also so far convinced of the unsoundness of that Motion, that, at a special meeting, on the 13th of December, 1847, he moved a Resolution in which these words are recorded: "That, in the opinion of this meeting, Mr. Tuson, in the course of his transactions with his pupils, has been guilty of conduct which is in the highest degree censurable," etc. The Committee of Inquiry was appointed after due notice had been suspended in the Board-room of the Hospital for many days by the Quarterly Court of Governors, and mainly at the instance of the late Chaplain, Mr. Laing. The names of the gentlemen appointed on that Committee I here subjoin:—Wm. Tooke, Esq., the Hon. Captain Maude, the Rev. F. Hope, John Deacon, Esq., George Vaughan, Esq., John Labouchere, Esq., A. A. Goldsmid, Esq., Robert Mitford, Esq., and Wm. Hawes, Esq.

In order to give full effect to the labours of that Committee, the selection was made of men of acknowledged honour and integrity, who were removed far above the suspicion that they could be influenced by any other consideration than the determination to perform faithfully a very sacred duty. Yet you have taken upon yourself to say, in your last leading article (page 552), "that the majority of them were adverse to Mr. Tuson." The whole of that Leading Article is full of the most glaring and unpardonable errors. Instead of there being "53 for the appointment of the Committee, and 52 against it," the numbers were—for the appointment of the Committee, 33; against it, 15. Instead also of "being carried by a majority of one," the majority was more than 2 to 1. Then you say, "Mr. Bond Cabbell was in the chair;" whereas Sir R. H. Inglis was in the chair. These are very gross mistakes, and might have been avoided by the most casual reference to the Minutes of the Hospital. It must be left to the Profession to judge what credit is to be attached to the representations of one who is so utterly reckless in what he states. It will be perceived, that the appointment of the Committee of Inquiry was deliberately made by the Governors at large, at a Special Court, which was very fully attended, and the decision of which was carried by a very large majority.; and from that hour the responsibility of all measures against Mr. Tuson devolved upon the Weekly Board and Governors of the Hospital, and in no way upon the Medical officers. The duties which were then confided to that Committee, were "to inquire into the government and general management of the Hospital, *with power to call evidence and to take such measures thereon as they think fit.*" When that Committee had concluded their Report, and presented it to the General Court of Governors on the 17th of March, a full opportunity was given to Mr. Tuson and his friends to call their Report in question; and accordingly a Motion was made by Mr. Tuson's friends, that the seventh paragraph, as follows, should be omitted:—

"7thly and lastly. Your Committee have the painful duty to report, that, after mature and anxious consideration of the subject, it is, in their opinion, essential to the welfare of the patients in the Hospital—to that harmonious action among the Medical officers by which alone their duties can be most efficiently discharged, and the restoration of the School of Surgery attached to the Hospital, that Mr. Tuson, one of the Surgeons, should resign his appointment."

The Motion for the omission of that paragraph was negatived by a large majority, and the further consideration adjourned to the Special Court of Governors, which was then ordered to be called for the 21st of April. At the Special General Court, held on the 21st of April, Sir J. Bathurst in the chair, 102 Governors present, having met to consider the Report of the Committee, adjourned for one week, viz., until April 28.

At the Special General Court of Governors, held on the 28th of April, Sir R. H. Inglis, Bart., in the chair, 90 Governors present, the Motion was made, that the 7th paragraph of the Report of the Committee should be agreed to, and, after considerable discussion of the evidence on which it was founded, and of other statements which were then made, it was carried by a majority of 51 to 33.

At these Special and General Courts, the proceedings of which you have entirely suppressed, and also in the interval between them, a *full* and *fair* opportunity was given to Mr. Tuson and his supporters to represent his persecution to the Governors at large, and to convince them of the injustice and oppression under which you say he laboured,—and that opportunity was in no manner neglected. It is well known to all who were present at those crowded meetings that no means were left untried to enlist the support of the Governors on the side of Mr. Tuson. It was impossible not to admire the generous sympathy with which Mr. Tuson's difficulties were regarded by all the Governors present, and how fairly they weighed every argument which tended at all in his favour;—but the result, upon every occasion, was unfavourable to him; and the responsibility of those decisions must wholly devolve upon the body of Governors then present. At those meetings, many statements regarding Mr. Tuson's transactions were publicly made, and letters from relatives of pupils read, still more seriously reflecting upon the character of Mr. Tuson, but which he neither noticed nor denied.

Another Quarterly Court of Governors was held on the 4th of November, 1847, when 55 Governors were present, at which it was resolved, "That a Special Court should be convened for Dec. 13, to take the case of Mr. Tuson into consideration, with a view to come to a decision thereon, and that the suspension of Mr. Tuson should be continued until the decision of such meeting."

In conformity with that Resolution, an inquiry was completed by the Weekly Board strictly in keeping with the Laws of the Hospital, Chapter VIII. At the meeting of the Weekly Board, on Nov. 30, it was resolved, "That, after having heard the charges against Mr. Tuson, and also such evidence and statements as he offered in reply thereto, each of the eight charges against Mr. Tuson was proved." The Board further unanimously arrived at the conclusion, "That Mr. Tuson has been guilty of gross misconduct; and that further measures are necessary on the subject; and, also, that the General Court, specially convened for the 13th of Dec., with a view to come to a decision, be recommended to pronounce Mr. Tuson dismissed from the office of Surgeon to the Hospital."

At the Special Court of Governors, held on the 13th of Dec., B. B. Cabbell, Esq., in the chair, present 80 Governors, after some discussion, it was eventually agreed, that, to save Mr. Tuson as much unpleasantness as possible, the Medical Officers would resign, with Mr. Tuson, in a body.

In the correspondence and documents which you laid before the Profession, and which are concluded at page 402, all these important proceedings of the Special Courts of Governors, and the Weekly Board, subsequent to the 24th of August, are entirely suppressed. It may be well to state, that the Weekly Board consisted of 26 lay Governors, all of whom were men of the highest character, equally incapable of being biassed by the Medical officers as they were of expressing censure unless it had been fully merited and called for at their hands in the strict discharge of their duty.

I must again assert, that the measures which, from time to time, were adopted in reference to Mr. Tuson by the Medical Officers and Lecturers were strictly confined to the object of compelling an investigation into the charges that had been formally brought to their notice; and that they cannot be held to be in any way answerable for the decision which the Weekly Boards and the Special Courts of Governors eventually arrived at. I must also repeat that, from my own personal knowledge, Mr. De Morgan took no other part whatever against Mr. Tuson than that which, as Secretary and Treasurer of the School, he was required to do at the instance of his colleagues. If any Medical Officer at that time took a more active part in the matter than another, it was Dr. Ashburner, who, I am sure, will confirm my assertion. Yet you have made it appear throughout your columns, and for your own purpose, that Mr. De Morgan was the chief mover and mainspring of the whole proceedings. The eagerness with which you have pursued your object of injuring Mr. De Morgan has led you to take up the following absurd positions:—that Mr. De Morgan, in order to "jump into Mr. Tuson's place," first over-

came the scruples of the ten or twelve Medical officers, and made them *unanimous* in their support of his proceedings; that he cajoled eighty Governors to appoint a Committee of Inquiry; then, that he suborned that Committee to make a hostile report regarding Mr. Tuson; and, lastly, that he persuaded the members of the Weekly Board and the Governors at six Quarterly and Special Courts to turn out an innocent and injured man, in order to raise Mr. De Morgan from Assistant-Surgeon to full Surgeon! But this is altogether too monstrous to need further notice.

I must now ask the attention of the Profession to the course which you yourself have all this time pursued under the strong convictions which have recently found expression in the *Lancet*. As you have ever been so ready to hold up to review, and, if possible, to general censure, the motives and actions of others, it is not only fair, but it may probably be useful, that your own conduct should now and then be submitted to the same rigid scrutiny, and that your actions should occasionally be compared with your professions.

In your Leading Article (page 313), after indulging in the most inflated language of self-laudation regarding your consistent and unflinching efforts to annihilate the soul-crushing systems of monopoly and favouritism in public hospitals and public appointments, you ask, "Through what means are these systems approaching to their end?" "The constant exposure and public censure, which, *through this Journal*, are sure to attend every intrigue and every job." "Thanks to *an independent Press*, bad deeds can be no longer perpetrated in the security of darkness and *silence*." To apply these high-sounding professions to your conduct in the case of Mr. Tuson. You acknowledge (page 427) to have received a notice from the Secretary of the Medical School in January, 1846, which I need not again transcribe, calling your attention to the fact, that Mr. Tuson's persecution, as you call it, had then begun in earnest. Mr. Tuson's own pamphlet, which you have permitted yourself to take as your authority for your late misrepresentations, was widely circulated, and, being entirely an *ex parte* statement, was wholly favourable to Mr. Tuson, and, therefore, more calculated to excite your indignation, and to call forth your interference. Although, therefore, the alleged "envenomed and rancorous persecution" was sufficiently notorious, yet *you*, the boasted friend and defender of the oppressed, and the righteous exposer of unjust deeds, never once raised your voice to stop the persecution which you declare to have been in force, or to assist the person whom you represent to have been so unrelentingly assailed. It was a subject of wonder, at the time, to many of Mr. Tuson's supporters, that you then held aloof on a question which was supposed to accord so closely with your often-repeated professions and sympathies.

The mystery did not until recently receive its solution. Could the Editor of the "independent press," *i.e.*, the *Lancet*, possibly have asked himself what personal object he was likely to attain by the voluntary indulgence of such virtuous sympathy? Was there any particular reason, over and above the broad principle of the thing, why Mr. Tuson should be rescued from injury and oppression?—No. Had any of Mr. Tuson's opponents at that time been rash enough to incur the displeasure and enmity of the *Lancet*?—No. Then your boasted independence in the cause of justice, and the fearless exposure of what you supposed to be a case of tyranny and oppression, would clearly have been thrown away. So Mr. Tuson's alleged wrong was laid carefully by, to be served up with all the hypocrisy of fresh indignation on some more propitious or convenient occasion.

Seven years afterwards, it chanced that the Secretary of the Middlesex Hospital School, Mr. De Morgan (to use your own words, p. 552), "volunteered to bear testimony against the principles on which your Journal had, for upwards of thirty years, been conducted." *Now*, then, the expediency of taking part with Mr. Tuson, and the duty of recording his wrongs, became palpable enough. True, it was rather late to be of much service to Mr. Tuson; the attempt would probably be damaging and offensive to him; but, still, Mr. De Morgan had to be punished for his offence, and the scruple was over-ruled. It might also have occurred to you, that a careful investigation of the facts, from authentic sources, might defeat the project of making out a strong case against Mr. De Morgan; so the obvious duty of ascertaining the accuracy of the facts and statements was pointedly neglected.

Wherever truth, and reason, and justice prevail, there I would ask the question, whether it is not alike discreditable to yourself, and humiliating to those members of our Profession who support and applaud the *Lancet*, that you should thus, by your own acts, and your own voice, stand condemned before the world for such a shameless repudiation of your principles and professions?—that you should have used the wrongs and grievances which, if they had been *real*, you were long ago bound to expose, and as far as possible to redress, as a means of effecting an unscrupulous retaliation upon another?—and that you should so far have forgotten what is due to our Profession, as recklessly, if not designedly, to misinform them on matters of considerable moment, and so to call down their censure on those whom you had so grossly misrepresented?

The incorrect statements and unwarrantable conclusions which you have so sedulously repeated, have no doubt made impression on many of your readers; and it would be too much to expect that my refutation will prove sufficient to obliterate altogether the convictions which your pages were calculated to convey. You boldly expressed a wish, p. 312, "that Mr. De Morgan's conduct in relation to the expulsion of Mr. Tuson from the Middlesex Hospital, could be brought before the Manchester Medico-Ethical Society;" and as the subject on which these charges have been respectively made, is a very serious one, and fully entitled to the best solution it can receive, I am anxious to accept your challenge in defence of the cause which you have so maliciously attacked and misrepresented; particularly as I consider myself to be fully as much implicated in the causes which led to Mr. Tuson's retirement from the Middlesex Hospital as Mr. De Morgan. I shall, therefore, be glad of an opportunity to submit the grounds on which I have based my statements and charges against you, either before the Manchester Medico-Ethical Society, or before any court of Medical men in London. Your supporters in the country, page 504, and elsewhere, have lately, in most unmistakably ironical terms, thought it necessary to keep you to the challenge and ordeal which you had yourself proposed, and I trust their solicitations will not be without effect. In the meantime, as I have lived long enough to know that if justice is even eventually obtained it is always tardy, and sometimes incomplete, I am glad to seek and to find consolation in the following memorable words: "*As the commendation of those who are themselves the objects of praise, adds tenfold to the eulogy, so we often find that the best antidote against a calumny is to be found in the character of the calumniator.*"

I am, Sir, your obedient servant,

HENRY MORTIMER ROWDON.

Nottingham-place, May 30, 1854.

THE ROYAL COLLEGE OF SURGEONS AND THE GRADUATES OF THE UNIVERSITY OF LONDON.

COPY OF THE PETITION OF THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND AGAINST THE BILL TO EXTEND THE RIGHTS ENJOYED BY THE GRADUATES OF OXFORD AND CAMBRIDGE TO THE GRADUATES OF THE UNIVERSITY OF LONDON.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled,

The humble Petition of the Council of the Royal College of Surgeons of England,

Showeth,—

That a Bill is now before your honourable House, entitled, "A Bill to extend the Rights enjoyed by the Graduates of the Universities of Oxford and Cambridge, in respect to the Practice of Physic, to the Graduates of the University of London." That, by the said Bill, it is proposed to enact, among other things, "That every Bachelor of Medicine and Doctor of Medicine of the University of London shall, by virtue of his degree, and without the necessity of undergoing any previous examination, or of obtaining any further authority or licence, be forthwith entitled to practise Physic in all or any of its branches, including Surgery, as fully, effectually, and extensively, in all respects, as any Bachelor of Medicine, or Doctor of Medicine, of either of the said Universities of Oxford and Cambridge, is or can be entitled to practise by virtue of his degree, or under any power, licence, or authority, conferred, or capable of being conferred, upon him by either of the said last mentioned Universities." That the corporation of Surgeons, as a body for the promotion of the art and science of Surgery, and for the examination of Surgeons, has existed for more than a century. That the Royal College of Surgeons was incorporated by Charter of His late Majesty King George the Third, for the advancement of the study and practice of the art and science of

Surgery, which Charter has been confirmed with the grant of further powers by Charter of His late Majesty King George the Fourth, and by Charters of Her present Most Gracious Majesty. That the said Royal Charters empower the Council of the College to appoint Examiners of Surgeons, and such Examiners are always selected from among the most distinguished Practitioners in Surgery. That the Royal Colleges of Surgeons already established in the United Kingdom are fully sufficient for the purpose of testing the qualifications of Practitioners in Surgery. That the public interests do not require the constitution of any new examining authorities in Surgery. That conferring on the University of London the right of granting licences to practise Surgery would infallibly lead to the creation of several new Licensing Boards, and, by establishing separate interests and conflicting rights, would increase the difficulties of any Medical legislation for the purpose of securing uniformity of qualification throughout the United Kingdom. That the ground upon which it is sought by the said Bill to authorise the University of London to grant licences in Surgery is, that the Universities of Oxford and Cambridge already possess such powers. But your Petitioners desire to state, that the Universities of Oxford or Cambridge now never exercise such powers. That your Petitioners therefore submit, that the possession by the Universities of Oxford and Cambridge of powers which have been allowed to fall into disuse does not furnish any just reason for extending such powers to the University of London. That this College accepted from the Government the public trust of maintaining, exhibiting, and explaining, by annual lectures, the Hunterian Museum, purchased by Parliament, on the faith that the privileges by which the requisite funds are provided should not be disturbed. That, in the execution of this trust, confided to the College by the Government, the Council has already expended a sum exceeding 190,000*l.*; that a very large annual expenditure is incurred in the maintenance and augmentation of this unrivalled collection; and that an increasing demand on the College funds may be fully anticipated. That the means to meet such cost are solely dependent upon the fees paid by persons obtaining the diploma of the College. That the Museum is not only freely open to the Medical Profession, but to the public. That the said Bill, if allowed to pass into a law, will seriously interfere with the rights and privileges which, for the public benefit, have been conferred upon the said Royal College of Surgeons. Your Petitioners therefore humbly pray your honourable House that the said Bill may not be allowed to pass into a law, and that the Royal College of Surgeons of England may be heard by their counsel, agents, and witnesses against the said Bill, and such of the Clauses thereof as affect their interests. And your Petitioners will ever pray, etc.

JAMES LUKE, President.

GEORGE JAMES GUTHRIE, WILLIAM LAWRENCE, } Vice-Presidents.

ROBERT KEATE.	F. C. SKEY.
B. C. BRODIE.	JOSEPH HODGSON.
B. TRAVERS.	THOMAS WORMALD.
JOSEPH SWAN.	GEORGE PILCHER.
EDWARD STANLEY.	JOHN BISHOP.
JOSEPH HENRY GREEN.	G. W. MACKMURDO.
JAMES MONCRIEFF ARNOTT.	WILLIAM COULSON.
JOHN FLINT SOUTH.	GEORGE GULLIVER.
CÆSAR HENRY HAWKINS.	RICHARD PARTRIDGE.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

A Meeting of the Metropolitan Counties Branch of this Association was held, pursuant to requisition, on Tuesday last, at the Society's Office, Soho-square, Sir John Forbes in the chair.

The Chairman explained that the first business of the meeting was, to take into consideration the proceedings of the Worcester Council in connexion with the Metropolitan branch of the Association with reference to the right claimed by the latter to have a control over the admission of its members.

Dr. Cormack thought the meeting should be put in possession of what the Council had done in the matter.

The Secretary then read a statement proposed for the adoption of the meeting, of which the following is a summary:—

It commenced by referring to a clause in the "Rules for District Branches," providing that all members of the Association be "admissible" on signifying their desire to be enrolled, which clause the central Council asserted entitled any member of the Association to become a member of a branch. In reply it was urged, that the word "admissible" did not indicate that any member of the Association should, *ipso facto*, be a member of a branch, but that he should be capable of becoming so under certain conditions laid down in the bye-laws. Instances were then given in which the Newton Branch, the Lancashire and Cheshire, the Suffolk, the South-Western, the Midland Counties, and the Yorkshire branches had exercised power over the admission of their members. It was contended that the branches should have such power in order to prevent the admission of charlatans and unprincipled persons, whose real character might not be known to the Worcester Council. Reference was made to a communication from the General Secretary, of the 7th instant, informing the branch "officially," that the admission of members was in accordance with the 17th law, "That each member, on applying for admission, be nominated by two members, as a pledge of eligibility," which was contrasted with a letter written in July last by Mr. Sheppard, stating that he would not admit any members from London unless properly proposed and seconded, and sent through the Metropolitan Counties Branch. The document then proceeded:—"The Metropolitan Counties Branch observe with surprise and regret, that they are accused by the Central Council of endangering 'the harmony which has been maintained in the Provincial Association since it was first formed,' by their desire 'to advocate principles at variance with the original rules of the Society.' This charge of being wilful promoters of discord in the Association they indignantly repel, as utterly unfounded. It has become evident to them, however, that some more efficient control should be exercised over the admission of members both to the Branches and to the Parent Association than at present exists. The efficiency of the Association depends on a greater amount of care being taken in the admission of members. It must aim at increasing its respectability as well as its numbers."

Dr. Cormack read a letter from the Secretary of the Lancashire and Cheshire branch, stating, that it was a rule with that branch that members should enter the Association through it,—becoming members of the branch as well as of the parent Society. (Hear, hear.)

The Chairman said, he hoped that, whatever course was adopted on the present occasion, the members would be careful not to do anything which would confirm the apprehension entertained by the General Council that the Metropolitan branch was introducing dissension to the Society. Those who had known the Society, as he had done, from its commencement, had been extremely gratified to observe the great harmony which prevailed between the parent Association and its branches; and it would be a painful thing if, after so lengthened a period of peace and harmony, dissension should be introduced into their ranks. Every Society, however, had a right to vindicate its own rights—(hear, hear)—and, in doing this, he hoped that each branch would be careful to do it in such a way as not to give unnecessary offence to the mother Association.

Mr. Ancell moved that the statement read by the Secretary should be adopted by the meeting, and forwarded as a memorial to the Council at Worcester, in reply to the Resolutions which had been forwarded to the metropolitan branch. He concurred in what had fallen from the Chairman, as to the desirability of maintaining harmony; and he was sure that all that the Branch Council had done had been in that spirit. It had been hitherto supposed that the Association might go on with a rather lax code of laws or a lax administration. If, however, there was any defect in the laws, it was evident the sooner they were put right the better. The law for the introduction of members into the branch Association was, "that each member, on applying for admission, be nominated by two members as a pledge of eligibility." The Worcester Council did not recognise that law, considering that when a person was nominated and seconded, even by the Secretary, he was *ipso facto* a member. Such a rule, however it might work for a time, could not be always carried out, and the time was now come when such a lax operation of the law ought not to be allowed. (Hear, hear.) He thought the Worcester Council had been rather harsh in its expressions respecting the conduct of the branch Association. The document which had been read was temperate and firm, and he believed it was just such a document as ought to be forwarded to Worcester in reply to the communication recently received from the Council. There could, however, be no objection to modify any of the expressions which might be deemed objectionable.

Dr. Burnett, of Alton, seconded the Motion. He thought the Worcester Council had brought a heavy charge against the Metropolitan branch,—that of producing dissension and division; but, in his opinion, the recent conduct of the central body was the most likely to bring about such a result. (Hear, hear.)

There were many members of the Association (of whom he was one) who felt that they had no right whatever to interfere with the polity of the Profession, unless they re-established themselves upon a principle widely different from that which now governed them. (Hear, hear.) There was no representative principle in the Association, and they could not bring forward any great measure to regulate the Profession; indeed, such a measure must, from the necessity of the case, prove an abortion. The country was advancing in civilization, learning, and social reputation; and was it possible that the Medical Profession could be maintained upon the old, worn-out principles which had hitherto regulated it? And was it likely that the Provincial Association, organized as it was, would suggest any measure of reform at all adequate to the requirements of the Profession? Instead, then, of the Metropolitan branch having excited dissension and disturbance, the Association itself, in presuming to bring forward a Bill to regulate the Profession, had thrown the ball of discord. The Branch Association, therefore, was bound to take up the subject, not in an angry or contentious spirit, but in a spirit of justice. (Hear, hear.)

Mr. Clarke hoped, that in any communication which might be forwarded to Worcester, all expressions of an angry nature might be expunged. The Council at Worcester believed that a bye-law of the Metropolitan branch interfered with a fundamental law of the Society, and, in their communication on that subject to the branch, there was no expression which could be regarded as an insult; it was only when the branch called in question the right of the Worcester Council to define its own laws, and sit as a parent Council, that stronger expressions were employed. He hoped that the statement which had been read by the Secretary, if forwarded to Worcester, would be carefully modified. It contained several expressions which he thought objectionable; and its general tone was hardly consistent with their position as a Branch Association. They were all members of the same body, and he was sure that the Council at Worcester had a common interest with them,—that of the prosperity of the Association. (Hear, hear.)

The Secretary said, that in the printed laws of the Provincial Medical and Surgical Association there was nothing said about the power of the branches to regulate the admission of their own members; it was only in the "rules for district branches" that anything was said on the subject. Few persons had ever seen those rules, and he contended that they ought not to be regarded as fundamental laws of the Association.

Dr. A. P. Stewart said the meeting was not called together to indulge in mutual recriminations—(hear, hear)—but simply to ask for a decision of the question, whether Branch Associations had any check upon the admission of their members. He believed that every Association should have such a check; and he believed further, that instead of members being admitted to the branches through the Central Association, they should be admitted to the Central Association through the branches. Unless that principle were adopted, it was impossible that the Association could go on satisfactorily. (Hear, hear.) He supported the motion of Mr. Ansell, simply observing, that there were a few expressions in the Memorial which might with advantage be smoothed down; for it was only by the *suaviter in modo* that they could hope to convince the General Council, and secure its co-operation.

Dr. Hutchinson Powell said he would heartily join in a recommendation to the Worcester Council to bring forward the subject at the next Annual Meeting in Manchester; but he could not give his support to the proposed Memorial, which he thought inconsequential in its reasonings, and based on insufficient data. He would propose, as an amendment, that the matter should stand over until the general sense of the Society could be taken on the subject.

Dr. O'Connor would be glad to have the subject brought forward at the Annual Meeting, and he would second Dr. Powell's amendment. The Central Council had only acted in accordance with its published rules, and he did not see that they had manifested any hostile spirit. Instead of sending any Memorial, such as that proposed, the meeting had much better seek an amendment of the law at Manchester; then they would not be placing themselves in a hostile attitude to the Council, and they would be much more likely to secure the desired object.

Dr. Cormack thought there was some misapprehension as to the real position of the Metropolitan Branch, and he wished, therefore, to refer to the circumstances which took place when the branch was formed. A number of Medical gentlemen, living in London and the neighbourhood, met together, and resolved to form a Branch Association. They accordingly passed certain Resolutions and bye-laws. These were not fundamental laws of the Association; but they were printed rules, recommended by the Central Council, which had been found useful in guiding branch Societies; not a single branch, however, had adopted them *simpliciter*. The Metropolitan Branch, like the others, introduced certain modifications, but, unfortunately, they adopted one rule about the admission of members, which they found to be seriously injurious to their success. When persons were applied to to join the branch, they said, "We have no guarantee that so-and-so will not be admitted, and we cannot therefore join you." A correspondence then took place between the branch and Mr. Sheppard, the Secretary of the Association, who expressed his firm opinion that the branches had undoubtedly a right to admit their own members, and directed his (Dr. Cormack's) attention to the Lancashire and Cheshire Branch, which had always been most jealous of that right. The branch had gone on step by step in concert, as they believed, with the authorities at Worcester. Their proceedings, at any rate, met with Mr. Sheppard's approval, and, it was hoped, with that of Sir Charles Hastings, and the members of the Council generally. It was stated, that it would be useless to form an Association in London without the right of regulating the admission of members. The alteration was accordingly proposed; three months' notice was given, and a circular letter was sent to every member, and published in the Journal. The authorities at Worcester must have seen the notice in the Journal, but they took no notice of the proceedings. The members of the branch were not adopting an innovation; they were only doing what had been done before, and what had met with the sanction of Mr. Sheppard in his official capacity. In London it was extremely difficult to know the character of individual members who might seek admission to the Society; and it would be tantamount to a dissolution as an Association to thwart the Branch Association in that matter. He hoped that none of the points in the document which had been proposed for adoption would be lost sight of, or relinquished.

Mr. Bowling said that the Council of the Metropolitan branch was desirous of conciliating the authorities at Worcester as far as possible; but it was a monstrous thing that two or three gentlemen at Worcester should thrust into the London branch any members they thought proper, without knowing whether the other members would associate with them or not. (Hear, hear.)

Dr. Murphy thought that such a rule, if acted upon in a mischievous manner, might prove the ruin of the Association. Their little collisions of opinion would do no mischief; the great evil would arise from the circumstance of improper members being allied with the Society. (Hear, hear.) He could hardly believe that the right interpretation of the rule of the Society was that contended for by the Worcester Council; and rather than take the exact wording of the rule, he would look at the manner in which the Secretary had acted, and at the course adopted by other branches that had exercised a control over the admission of their members. There might be a difficulty as to the interpretation of the word "admissible," but he (Dr. Murphy) should adhere to the broad principle, that every Society had a right to regulate the admission of its own members.

Mr. Sibson saw no necessity for sending so long a document to the Worcester Council, seeing that that Council could not decide the question. He was strongly of opinion that no one should be admitted into a branch Association unless he received a majority of the votes of the members voting; and he hoped that the subject would be brought forward at the Manchester meeting, for no Association could go on well with its laws in a doubtful state. If an opportunity were afforded him, he (Dr. Sibson) should like to move an Amendment on the subject.

Mr. Davis, of Hertford, contended for the right of control on the part of branch Associations respecting the admission of members.

Mr. Henry Thompson deprecated anything which would tend to produce disunion between the branch and the parent Association, and thought the most peaceful course to adopt would be to recommend the consideration of the subject at the Annual meeting.

Dr. Seyton, of Sunbury, hoped that a Resolution would be passed recommending the adoption of a rule, that members of the Association should only be admitted through the branches.

Mr. Ancell said, there appeared to be no doubt that the law contended for by the Metropolitan branch was a just one, and that it had been in operation in other branches. The only objections to the document proposed to be forwarded to Worcester related to certain expressions, and not to the arguments it contained. He hoped, therefore, that the meeting would cordially adopt it.

The Chairman: I feel so strongly the importance of continu-

ing in harmony with our good mother at Worcester that I should be disposed to make some sacrifice in order to effect that object; and, although this document was brought forward by the Council of which I am a member, I confess that I differ from some of my colleagues, and think it would not be wise in our branch to adopt the statement, and send it to Worcester. (Hear, hear.) The intention of it is perfectly conciliatory, but there are expressions in it which do not look very courteous. It is not that, however, to which I object, so much as the long, elaborate remonstrance which the document contains. It is not, perhaps, in reality, written in a hostile spirit, but it has the appearance of it, and may, I think, convey such an impression to the authorities of Worcester. Some of the expressions from the Council at Worcester I think harsh and severe—(hear, hear) —and not, therefore, to be commended; but I do not think it would be becoming in us to retort them. I should be sorry, then, that the paper should be forwarded, but I should be glad to see a Resolution passed embodying Dr. Sibson's suggestion, and re-affirming strongly the opinion of this branch that some change is necessary respecting the admission of members into the Society. With regard to the admission of members through the branches, I think it would be a monstrous thing for a small body of men, a fragment of an Association, to prevent members joining a Society if they did not wish to join a particular branch. I may have reasons for not wishing to join the Metropolitan branch; there may be persons in it with whom I do not wish to associate; but, surely, that ought not to debar me from joining the general body. It is, however, most desirable that branches should have the power of rejecting or excluding whom they please. (Hear, hear.)

After a short discussion, Dr. Powell withdrew his Amendment, in favour of an Amendment moved by Dr. Sibson, "That it is still the recommendation of this Branch, that no member of the Association be admitted into this Branch unless his admission be approved of by a majority of those voting; and that they desire that the question be submitted to the Association at their meeting in Manchester; and this Branch meanwhile determines still to enforce the new rule, enabling it to reject members distasteful to the majority."

The Amendment was seconded by Dr. Traquair, but it was subsequently withdrawn in favour of a third Amendment by Dr. Bennett, "That the statement presented by the Council be adopted by this meeting, and, with such modifications as may to the Council appear desirable, be transmitted to Worcester."

This Amendment was seconded by Dr. Murphy, and, on being put to the meeting, was carried by a considerable majority.

The original Resolution consequently fell to the ground.

The Chairman then announced, that the next business was to receive communications from the Chairman of the Medical Reform Committee and the Secretary of the Gratuitous Medical Services Committee.

Communications from these Committees were then read, from which it appeared that the majority of the members had tendered their resignation, owing to the conduct of Dr. O'Connor towards Dr. Cormack. Lengthened statements were made on the subject, and Dr. O'Connor was about to reply, when, in consequence of the lateness of the hour, the meeting adjourned to Tuesday next, at four o'clock. As these statements were *ex parte*, we abstain from publishing them till next week, when we shall furnish our readers with a report of the entire proceedings.

IRISH MEDICAL ASSOCIATION.

A General Meeting of the members of the above Association and the Profession at large, was held at the Royal College of Surgeons, Dublin, on Tuesday, the 6th inst., to take into consideration various matters affecting the interests of the Profession. Among the subjects proposed by the Council for consideration were the following, viz., the Vaccination Clause in the Irish Medical Charities Act, the salaries of the Medical officers, under the Act, out of the Poor-rates, the system of dispensary-tickets, the County Infirmary (Ireland) Bill, proposing to transfer the County Infirmaries and Fever Hospitals of Ireland to the Poor-law authorities, etc. There was a numerous attendance of Practitioners from various parts of Ireland.

Among those present were Dr. Benson, President of the Royal College of Surgeons, Ireland; Professor Williams, Professor Hargrave, Dr. Jacob; Messrs. Maunsell, Ledwich, Bevan, Stapleton, Lyons, Brunker, Pentland, Tabuteau, Hynes, Purefoy, Waters, Cullenan, Ffolliott, Quinan, Thompson, O'Brien, Darley, Leeper, Roe (Cavan), Dwyer, Smyth, Walsh, Barrett, Pratt, etc. etc.

The chair was taken by Dr. Benson, President of the College of Surgeons in Ireland.

The Chairman stated, that during the latter part of the year the Society had been active in agitating certain questions which would be brought before them. They never had matters of greater importance to consider than those which now called for their best attention. They had to consider serious grievances under the Medical Charities Act and the County Infirmary Bill. The latter was of the most vital importance to the interests of the Profession. It appeared to many that it went to destroy the most valuable Medical institutions in the country. He thought the greatest efforts ought to be made to check the measure, for he feared it was not capable of modification: it was so entirely calculated to injure the Profession, to depress the industrious poor of the country by familiarising and confounding them with pauperism. (Hear, hear.)

Letters of apology were then read from various gentlemen unable to attend.

Dr. Quinan, Assistant-Secretary, read the Report of the Council, from which we give the following important passages:—

"Another subject which has engaged much of the attention of your Committee, is the Poor-law Commissioners' Report for the past year, and particularly the recommendation contained in it with respect to the County Infirmaries and Fever Hospitals throughout Ireland; and it is with much regret that your Committee have to observe, that although the Report bears the strongest testimony to the high character and usefulness of those old-established and inestimable institutions, yet it recommends what, in the opinion of your Committee, is tantamount to their total annihilation, and the substitution for them of Hospitals in connexion with and attached to the poorhouses. This recommendation has been followed by the introduction into the House of Commons of Sir John Young's Bill, the provisions of which so involve the interests of all, as to have induced your Committee to throw open the Annual Meeting of the Association to the Profession in general.

"In connexion with this or any other proposed Bill, your Committee have, however, considered the feasibility of procuring certain alterations in some clauses of the Dispensary Act, which at present press injuriously on the Medical Officers, and look to the co-operation and assistance of the Poor-law Commissioners in effecting the same. Among many changes to be desired, your Committee would direct attention more especially to the following:—

"1st. The Control of the Boards of Guardians over the salaries. This many desire to have remedied by their being paid, in part or altogether, out of the Consolidated Fund.

"2ndly. The extreme unfairness of exacting Professional services by Dispensary tickets for persons who, not being poor, but in very many instances in comfortable circumstances, and able to pay, are not the objects of this Act, your Committee would propose to have remedied by seeking for the introduction of a clause defining the proper objects for relief, and empowering the officer to recover compensation for attendance upon all others by process, civil bill, or summons before a justice of the peace.

"3rdly. The Vaccination Clause, entitling persons, even in the highest walks of life, to command the professional services of the Dispensary Officer gratuitously. This is obviously such an unjust violation of private rights, that a similar remedy should be respectfully sought for.

"The miserable and totally inadequate amount of the salaries paid to many of our brethren was at a very early period, and has since been repeatedly brought under the notice of the Commissioners; and your Committee have to record, with pleasure and thanks, their countenance and support in raising, in some instances, the salaries to a higher standard than that at first determined on by the Guardians. This, although not nearly all that your Committee would desire, and have strongly urged, may still be considered as an instalment of what they hope, by perseverance to obtain."

On the Motion of Dr. Darley, seconded by Dr. Pentland, of Drogheda Infirmary, the Report was adopted.

Dr. Leeper moved the first Resolution, as follows:—

"That the attempt to induce the more general adoption of vaccination by requiring the Medical Officers of Dispensaries to vaccinate, without ticket, fee, or deposit, all who come to them, has proved ineffective in its object, and is a most unjust interference with the private practice of the Medical Officers; and that, while we are willing to assist, by any means in our power, to extend the practice of vaccination in our several districts, we are of opinion that a line of demarcation should be drawn be-

tween those that should be and are able to pay and those that are entitled to get vaccination done gratuitously.

Dr. Pratt, of Woodlawn, seconded the Resolution.

Dr. Darley stated that, formerly, in Ireland, the Profession were paid a shilling a case for vaccination. This payment had been abolished since the passing of the Medical Charities Act. If they agreed to the principle of giving their services for nothing in any respect, the Government might well call upon them to perform other operations without remuneration.

Dr. Rowe, of Cavan, did not think they ought to throw in the way of the Legislature any difficulty opposed to the general principle of vaccination, and recommended that they ought not to appear as if contending for trifling fees. He thought, however, it was only just that every child presented at a dispensary for vaccination should have the same recommendation as a pauper.

The Resolution was then put and carried.

Dr. Hynes moved the second Resolution, as follows :—

"That we consider the present salaries of Dispensary Medical Officers to be in many instances inadequate for the duties required of them; and we therefore would endeavour to impress upon the Poor-law Commissioners the necessity there is for exercising the powers vested in them by the Medical Charities Act to remove the evil; and that we call on the Council of this Association to institute the necessary inquiries into the English system of payment out of the Consolidated Fund, with the view to see if it would be expedient to petition the Legislature for a similar measure of relief to the ratepayers of Ireland."

He said, there was no gentleman present who did not feel the utter inadequacy of salaries under the Medical Charities Act. It was but an act of justice, not only to the Profession, but to the country, that some portion of the salaries of Medical Dispensary men in Ireland should be paid out of the Consolidated Fund, and to treat them like the Medical men in England.

Dr. Ffolliot did not think there was any use in applying to the Poor-law Commissioners to increase salaries.

Dr. Hynes, as a member of a Deputation that waited on the Poor-law Commissioners on this subject, stated, that the Commissioners told them they would make an increase in every case individually in which a fair case for it was established. They had increased his own salary during the past year by 20*l.* (Hear, hear.)

Dr. Purefoy felt bound to state, that the Commissioners had increased his salary from 50*l.* to 68*l.* a-year, and that when the Guardians of his Union would not listen to his claim for an advance. (Hear.)

Dr. Faussett proposed, as an Amendment to the Resolution,—"That the subject be considered at their next meeting." He was opposed to the making of any change in the present state of things.

Dr. Hynes: The Government granted from 90,000*l.* to 100,000*l.* a-year towards the remuneration of Medical men in England, and he thought it but fair they should deal in a similar manner with Ireland. (Hear, hear.)

After some discussion, the Motion was modified by omitting the portion calling for assimilation to the English system, and substituting a clause recommending inquiry into the English system, with the view of ascertaining whether it would be expedient to apply to have it adopted in this country.

Dr. Faussett withdrew his Amendment, and the Resolution, as altered, was unanimously adopted.

Dr. Hargrave said, he could state, on the best authority, that the Poor-law Commissioners were most anxious to advance the salaries of Medical men as far as possible. (Hear, hear.) During the past year, they increased them to the extent of 8,000*l.* or 9,000*l.* Though they had great difficulties to contend with, they were desirous of still going on as they had heretofore acted.

Dr. Dwyer said, he would move, with the permission of the meeting, the following Resolution :—

"That, taking into consideration that the entire expense attending the support of each Dispensary is levied off each Dispensary district, quite unconnected with the Union at large, it is the opinion of this meeting, that the Managing Committee of each Dispensary should have, with the approval of the Commissioners, the regulation of the salaries of the Medical Officers; and that a Petition be prepared for presentation to Parliament on the subject."

The Committee-men were the best judges of the labours of the Medical attendants. To prove the necessity for the Resolution, he mentioned, that his Committee unanimously memorialised the Guardians to increase his salary, but they refused to do so.

Dr. Waters and other gentlemen said they were aware of cases in which local committees recommended that the salaries of the Medical Officers should be increased, and in which the Guardians invariably refused to do so. (Hear.)

Dr. Smith, of Mountrath, in seconding the Resolution, stated that in his own case the Guardians refused to give him an increase unanimously memorialised for by the Committee.

The Resolution was adopted.

Dr. Walsh moved the following Resolution :—

"That the present system of affording medicine and advice by the unrestrained issue of tickets, is alike unjust to the ratepayers and the Medical attendants, and that we are of opinion some remedy is called for to meet this abuse, by more clearly defining the words, 'poor person,' or by giving the Medical Officers a legal remedy, in cases where it can be proved they had been imposed upon."

Dr. Barrett seconded the Resolution.

Dr. Smith supported the Motion, and stated that every Medical man holding a Dispensary had felt the grievance referred to. (Hear.) In his own case he was obliged to attend a farmer's son upon a visiting ticket, in which he was described as a labourer. (Laughter.)

Dr. Pratt mentioned an instance within his own knowledge, in which a rich farmer, who was a member of the Board of Guardians and of the Dispensary Committee, signed a ticket for himself. (Great laughter.)

The Resolution was put and carried.

Dr. Tabuteau moved the next Resolution, viz. :—

"That while we admit the want of further Hospital accommodation in many parts of the country, we cannot see the necessity of altering the present management of County Infirmaries; and we therefore view with much regret and apprehension Sir J. Young's County Infirmary Bill, as we consider that, in its present form, it will act injuriously on the interests of the Profession generally, and that it fails to provide available Hospital accommodation for the most deserving classes of our community, the industrious mechanic, the shopkeeper, and the small farmer."

He contended that the County Infirmaries were admirable Institutions, and well suited for the purposes for which they were intended. He admitted further Hospital accommodation was necessary; but Sir John Young's Bill was of so sweeping a character against those valuable Institutions, the County Infirmaries, that he should deprecate it altogether. (Hear.) The people that would go into a Poor-house Hospital and a County Hospital differed most widely. (Hear, hear.) People who were not absolutely paupers had an idea that their respectability and independence would be jeopardised by being placed in contact with the inmates of Poor-houses. It would be both unwise and unkind on the part of any Commissioners to seek for a Bill that would compel persons having a respect for themselves, however humble they might be, to be reduced to a position of pauperism that would be most repugnant to their feelings. The Bill in other respects, both as to the way in which it proposed to have the new Hospitals managed and sustained was highly objectionable. (Hear, hear.)

Dr. Hope seconded the motion, and said he would be very sorry to see such excellent institutions as the county infirmaries destroyed.

Dr. Waters, of Birr, regretted being obliged to take any course that would interfere with the unanimity of the meeting; but he could not concur in the sweeping attacks and denunciations made against Sir J. Young's Bill. He fully concurred in all that had been said in favour of the county infirmaries; but it was undeniable that they afforded only partial relief in the districts in which they were situated. They should get increased hospital accommodation; and funds should be provided for their maintenance, and, in his judgment, the best means of securing these two objects, would be under the Poor-law system, as proposed in the Bill. He did not advocate the placing of the infirmaries under the control of the Boards of Guardians. He had an abhorrence of such a control, but there were difficulties which rendered it impossible not to give more or less power to the guardians in administering the law. Such being the case, he considered the framers of the Bill had shown the greatest liberality possible with reference to the construction of the of the Managing Committee. He would strenuously object to the portion of the Bill requiring that workhouse infirmaries should be available for the Medical relief of the respectable poor. This would tend in the greatest degree to degrade the moral character of their countrymen, by compelling them to enter poor houses. (Hear, hear.) It was said, that under the present Infirmary Act, more extended Medical relief could be afforded; but there was only one instance in which that provision had been acted on in this country. Entertaining these views, he would move as an amendment, "That it is the

opinion of this meeting, the extension of hospital relief is imperatively called for, the present system being insufficient to supply the requirements of the country. Sir John Young's Bill we consider to be, with some modifications, well calculated to effect the object for which it has been proposed."

Dr. Cullinan, Ennis, in seconding the Amendment, said he did so with some reluctance, in consequence of the decided feeling which he knew prevailed in the meeting in favour of the original proposition. With regard to the question, it was a conceded fact, that three-fourths of the poor of Ireland were excluded from Hospital relief under the present system. There were two classes opposed to this Bill,—the landed gentry and the County Surgeons. It had been said the former contributed largely to the support of the infirmaries. In the last year they contributed 1,400*l.* to an expenditure of 23,000*l.*; and would it be said even this 1,400*l.* was not contributed with a view to the patronage of these establishments. He could not see any argument in the alleged unwillingness of what were called respectable, though humble, persons, to enter hospitals in connexion with poor-houses, when he recollected that all classes of persons, beggars off the roads, and even females suffering under certain diseases, were admitted to the County Infirmaries, represented as so unobjectionable. He did not think Sir J. Young would or could withdraw his Bill. He was too deeply committed to it to do so, and he had proved too satisfactorily that the present system was insufficient, and that the taxation for the maintenance of the Infirmaries was too unequal and unjust. With respect to the management of the proposed Hospitals, he was not aware that the gentry of the county were to be altogether superseded from their positions as Governors; and he did not know that it was proposed by any one to destroy the Infirmaries in the way stated.

Dr. O'Brien wished to know from Dr. Cullinan, as a Workhouse Medical officer, if he was so perfectly satisfied with the conduct of the Guardians of his district in reference to Medical relief as to induce him to think such a system of management should be further extended.

Dr. Cullinan replied, that he never knew the Poor-law Commissioners, who controlled the Guardians, to do an oppressive, unjust, or harsh act. They had always received his suggestions and opinions with extreme courtesy and attention.

Dr. Brunker, Dundalk, as the attendant of a County Infirmary, was there on behalf of the County Infirmary Surgeons of Ireland, to give the utmost opposition to the Bill, which he regarded as one of a most destructive character to those useful and admirable Institutions. (Hear, hear.) As to their maintenance, he would unhesitatingly assert that there never was an instance of any disposition having been evinced at Presentment Sessions to get rid of the burden of the County Infirmary. (Hear.) It was stated, that the entire cost of Medical Charities in Ireland under his Bill would be about 97,000*l.* a-year; but he was satisfied it would amount to much more. The Poor-law Commissioners formerly stated it would only cost the country 88,000*l.* for the Dispensaries; but it now appeared that the cost was 104,000*l.* a-year. (Hear.) Under the proposed Bill, there were to be 163 new hospitals, not one of which could be built for less than 2000*l.* He had carefully considered the Bill, and he could demonstrate to the meeting, from many of its provisions, that its framers scarcely knew what they were about. He was happy, however, to be able to state that he had received a letter from an influential M.P., assuring him that Sir J. Young had consented to omit the Infirmaries altogether from the Bill, save that they were to be maintained out of the Poor-rates. The Infirmaries had always been excellently and respectably managed; they had been of the greatest service, not only to the poor of the country, but to the Profession; and their destruction would be productive of the most injurious consequences to the country. (Hear.)

Dr. Williams said, that not only the 32 infirmaries, but 36 fever hospitals, and several other hospitals in Dublin and elsewhere throughout the country would be destroyed by this Bill. The hospitals proposed to be established would become purely Poor-law institutions, for there was not a gentleman in the country that would degrade himself by remaining in connexion with them, or interfering with their management. With respect to the distribution of hospitals they were all aware, that nearly every infirmary in the country was in the immediate neighbourhood of a poor-house, so that if the proposed hospitals for the public generally were established in connexion with such places as the latter, it could not be doubted that the infirmaries would be removed, their places being supplied by the wards of a workhouse. As to the necessity for extended hospital accommodation being pleaded in support of the Bill, he might state that there was already in this country a large number of hospitals in proportion to its area. He trusted the Bill would meet with every possible opposition. It had been proved that it would confiscate property, destroy existing rights, and do no good whatever. (Cheers.)

Dr. Jacob recommended the Profession to give the strongest resistance to the Bill. It had been said it was Sir John Young's Bill; but he did not believe any such thing. He would venture to say that gentleman was unaware, at the time of its introduction, of its real nature. He could not discover who were its framers, he was unable to come to the conclusion that it was prepared by any of the Commissioners. He quite agreed with a gentleman present, who had stated that it was based upon Mr. Denis Phelan's Bill of 1851. Whoever was the man that framed it, it was manifest he was thoroughly ignorant of what he was about. (Hear, hear.) Dr. Jacob advised the meeting not to be discouraged from offering opposition to the proposed measure, from any idea that it was certain to pass; and, in support of his advice, referred to the successful resistance offered, on various occasions during the last twenty years, to various Bills of a similar character, all of which were withdrawn. He particularly alluded to a Bill introduced into the House of Commons when Lord Morpeth was Chief Secretary for Ireland, and which, having been unanimously opposed by the Profession, was withdrawn. As to the idea of establishing infirmaries in connexion with the poor-houses, he expressed it as his belief that the plan which would be acted upon by the Poor-law Commissioners would be to write over the doors of the present sick wards of these institutions, "Surgical Ward," "Medical Ward," etc., and then pronounce them to be infirmaries. (Loud cheers.) One of the principal arguments put forward in favour of the proposed Bill was, that it would secure increased hospital accommodation in this country; but they would see that no necessity for any such provision existed, when he told them that, in a measure of the Irish Parliament passed previous to the Union, there was an express enactment for effecting such extension of infirmaries whenever it should be deemed necessary. (Hear, hear.)

Dr. O'Brien, of the Clare Infirmary, and Dr. Pentland, of Drogheda, warmly supported the original motion, and expressed their surprise that, after the experience the Profession had had of the Poor-law management of Medical Charities, gentlemen could be found to support a Bill whose object was to increase the powers of the same authorities of whom they had so much reason to complain.

Dr. Maunsell remarked, that he had recently been in London, where he saw an influential and respected Member of Parliament, to whom Sir J. Young stated, that his sole object in introducing the Bill in question was to give full and complete Medical relief in Ireland, and equalise the taxation on foot of it. When assured this was inconsistent with the nature of the Bill itself, he said he would accept of any alteration or suggestion that would have the effect of carrying out the object.

The question was then put. The amendment was lost, having scarcely any supporters, and the original Resolution was adopted by an overwhelming majority of those present.

Dr. Darley moved the next Resolution, to the effect that the omission in the sealed orders of the Commissioners of any fixed scale of additional remuneration for the Medical officers of districts in which epidemic cholera has appeared or been proclaimed is much to be regretted. It is, therefore, to be hoped the Commissioners will see that dispensary officers be fairly remunerated under such circumstances.

Dr. Hanrahan, Queen's County, seconded the Resolution, which was adopted.

On the motion of Dr. Hynes, Dr. Mackesy, of Waterford, was elected President; Dr. Williams, Chairman of the Council; Dr. Waters, Honorary Secretary; and Dr. Morrison, Newry, Treasurer. The President for the provinces and the Committee appointed last year were re-elected.

Dr. Williams was then called to the Chair, when, on the motion of Dr. Hynes, seconded by Dr. Walsh, the warm thanks of the meeting were given to Dr. Benson, and the meeting adjourned.

Cholera in America—This dreadful disease has reappeared in various localities on the Upper Mississippi; some 70 cases having occurred between Burlington and Galena within a few weeks. A number of persons, principally emigrants, have died at Keokuk, Hamilton, Mount Carroll, and Freeport. The steamer York State, during her passage up the river from St. Louis, had 4 fatal cases on board.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—Monday, June 12.

VACCINATION ACT AMENDMENT BILL.

This Bill was read a second time.

NUISANCES REMOVAL AND DISEASES PREVENTION BILL.

On the report of the Amendments of this Bill,

The Earl of Clancarty suggested that there were some omissions in the Bill. The power for carrying it out by the local authorities in Ireland was given only to Town-Councils and Boards of Guardians. Now, there were some towns, such as Galway and Dundalk, which were municipal boroughs, but had no Town-Councils, their local affairs being managed by Commissioners for Paving and Lighting. He thought some provision should be made for such cases.

The Earl of Shaftesbury said, that the best authorities, including the Poor-law Commissioners and the Secretary to the Poor-law Board in Ireland, had been consulted, and they were of opinion that the duties imposed by the Bill would be best discharged by Town-Councils and Boards of Guardians. In cases where there were no Town-Councils, the duty would devolve on the Boards of Guardians.

The Report was then agreed to.

HOUSE OF COMMONS.—Thursday, June 8.

A Petition was presented by Mr. Mowbray, from the Warden, Masters, and Scholars of the University of Durham, praying that the Graduates in Medicine of their University might participate in the privileges enjoyed by the Medical Graduates of Oxford and Cambridge.

Friday, June 9.

BOARD OF HEALTH.

On the Motion of Sir B. Hall, returns were ordered of the names of the members of the Board of Health, the date of their appointment, and the salaries received; of the names of all persons who have been employed by the Board of Health since 1848, as superintendent inspectors, engineers, Medical officers, or otherwise, with the amount of money paid in each year to such persons, and out of what fund such payments had been made; statement, setting forth the titles and the number of documents which have been printed by desire, or for the use, of the Board of Health, at the public expense, and by whose authority such documents have been printed; and copy of any Treasury minute in relation to the cost of printing, or to documents printed for the Board of Health.

Monday, June 12.

Petitions were presented by Mr. George, from the Governors of the County of Wexford Infirmary, stating that the Institution has been for eighty-five years materially supported by voluntary contributions to the extent of 6000*l.*, and managed by the Governors, and praying that county infirmaries may be excluded from the Medical Charities Act brought in by the Secretary for Ireland, and that they may enjoy the same assistance as at present from grand jury assessment and grant from Government; by Mr. Goold, from the Governors of the County of Limerick Infirmary, against the Hospital and Infirmaries (Ireland) Bill.

MEDICAL NEWS.

Royal College of Surgeons.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 9th inst.:—

Alexander, Thomas, Emigration Service.
Annesley, John Charles, H.E.I.C.S., Bengal.
Bennett, Thomas Jarvis, Bath.
Denton, Edward Rawson, Leicester.
Keele, George Thomas, Royal Navy.
Langdon, Henry William, Chard, Somerset.
Macartney, Frederick Arthur, Roebuck, Dublin.
Mayhew, Edward, Park Terrace, Victoria Park.
Simpson, Thomas, Bishops Stortford.
Trenor, Valentine, Dublin.

At the same meeting of the Court, Mr. Joseph Sloss passed his examination for Naval Surgeon. This gentleman had previously been admitted a member of the Edinburgh College, his diploma bearing date Dec. 7, 1846.

Licentiates in Midwifery.—The following members of the Royal College of Surgeons, having undergone the necessary examinations, were admitted Licentiates in Midwifery at the meeting of the Board on the 12th inst.:—

Gray, C., Cawston, Norfolk; diploma dated April 3, 1854.
Haworth, James, Oswaldtwistle, Lancashire.
Harrison, W., Gargrave, Yorkshire; April 29, 1853.
Nesbitt, Francis A., Louth, Linconshire; May 15, 1854.
Treffry, Richard Baron, Nottingham; April 10, 1854.
Vicary, Geo. Thos., Warminster, Wilts; March 5, 1841.
Waghorn, Albert R., H.E.I.C.S. Bengal; April 7, 1854.
Williams, Isaac Mennell, York; July 22, 1853.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 8:—

Banks, Alfred Jos. Humbley, Upton, near Ilford, Essex.
Bartlet, John Henry, Ipswich.
Brown, Henry, Mortlake.
Horley, William Lewis, Hoddesdon, Herts.
James, Joseph Charles, Bennett-street, Blackfriars-road.
Marrack, William, Tavistock, Devon.

VACANCY.

Staffordshire General Infirmary.—The office of Surgeon is vacant. Dr. Masfen, it is said, and H. T. Lomax, Esq., are candidates.

DEATHS.

Masfen.—June 7, at Stafford, John Masfen, Esq., Surgeon, aged 58.—*(Staffordshire Advertiser.)* F.R.C.S. (Nom.) 1843; M.R.C.S.E. and L.S.A. 1818; Senior Surgeon to the Staffordshire General Infirmary and Fever Hospital. The deceased was an old and highly respected inhabitant of Stafford, and a well-known and eminent member of the Medical Profession. Mr. Masfen commenced his professional career in Stafford, in conjunction with the late Dr. Somerville, and enjoyed during many years a very extensive practice. He was for a long period one of the Surgeons of the County Infirmary, at Stafford; and held other public Medical appointments. Few provincial Surgeons had a larger circle of home patients than did Mr. Masfen; and his success in a number of extremely difficult cases extended his fame beyond the sphere of his ordinary practice. In his intercourse with his fellow-townsmen, he was courteous and gentlemanly; and when the Municipal Reform Act came into operation he was unanimously chosen by the Town Council as the first Mayor. Mr. Masfen leaves a numerous family to lament the loss of one of the most affectionate parents.

Meikleham.—May 9, William Stuart Meikleham, Esq., M.D., of La Pique, San Fernando, Island of Trinidad, many years resident in that island.—*(Times.)*

Tomes.—June 9, at Havering-atte-Bower, Francis Tomes, Esq., Surgeon, aged 52.—*(Times.)* L.S.A., 1828.

Guy's Hospital.—An arrangement has just been made at this Hospital by which the Assistant-Surgeons are to have in-patients. Six beds have been allotted to each officer. They are also to give Clinical Lectures.

Medical Benevolent Fund.—The biennial dinner of this Charity took place on Wednesday last at the London Tavern. Owing to the illness of Lord Ashburton, Sir James Clark presided. The attendance of highly distinguished members of the Profession was very numerous. After the ordinary loyal toasts had been proposed by the Chairman, and Dr. M'William had responded for the "Army and Navy," the Chairman proposed the toast of the evening, "Success to the Medical Benevolent Fund," and said: "Gentlemen, if, as I believe, every profession and almost every trade in this country has its Benevolent Fund in one form or another, how much more necessary is such a fund in a Profession, the exercise of which is attended with so much anxiety, and its members exposed to so many sources of danger, and, I may add, in which the duration of life is so short. It has been objected to Benevolent Associations of this kind, that they are calculated to prevent men from providing for the accidents of life. But, gentlemen, accidents, and sickness, and distress, in various forms, will occur which no human foresight can prevent or provide against. It is precisely to meet such casualties that the Medical Benevolent Fund was established. It was to assist the Medical man, reduced almost to ruin by long sickness or accident, or to relieve his widow and orphan family in the distress and difficulties into which his untimely and sudden death may have plunged them. It is such cases, often of overwhelming distress,

in which the timely aid of our Fund affords such unspeakable relief and comfort. There are no Governors nor subscribers to be canvassed: the only claim to relief is intimate connexion with the Profession, respectability of character, and distress. Gentlemen, the necessity of such a fund, and the benefits it is calculated to confer on the more unfortunate members of our Profession, and their families, are so evident that I think it superfluous to claim your generosity iu its behalf. There certainly does not exist in this country a more purely benevolent charity, nor one more judiciously or more economically conducted. The whole expense in conducting it consists in a salary of 25*l.* to an Assistant-Secretary and Collector, and a few pounds for advertising this meeting. We have ueither rent nor taxes to pay, as our kind friend, Mr. Churchill, gives us the use of a room for the meeting of the Committee. It may be truly said, then, gentlemen, that almost every shilling that is subscribed goes to the relief of distress. Of what other fund can this be said? I am satisfied, gentlemen, that if the character of our fund was better known to the public it would be well supported. I would, therefore, beg to impress upon the wide-spread and numerous association in which the Fund originated, and on all its supporters, the great advantage which could not fail to accrue to the fund by making its character known to the wealthy aud benevolent among their friends. It is admitted on all hands that no Profession does so much gratuitously for the relief of the sick poor as ours, and no Profession has, therefore, stronger claims on the public in their hour of distress. Gentlemen, I will not detain you longer. I hope I have said enough to show the necessity of such a fund as the Medical Benevolent, and the benefits it is calculated to confer on our distressed brethren. All that is wanted are additional means to enable us to extend its beuefits; and, to secure this, I hope all our efforts will be directed. Gentlemen, we will drink to the success of the Medical Benevolent Fund. Dr. Bence Jones then proposed the health of the Chairman; and Sir James Clark, after acknowledging this toast, proposed the health of the Treasurer; to which Mr. Newnham replied in an eloquent and feeling address. Dr. Burrows and Mr. Hodgson acknowledged the toasts of the Colleges of Physicians and Surgeons. Sir John Forbes proposed "The Medical Benevolent College," Mr. Propert replying with his usual earnestuess. After Mr. Toynbee had acknowledged the toast of "The Honorary Secretaries," and Sir John Forbes that of "The Committee," the party separated. All the arrangemeuts were excellent, and upwards of 700*l.* was added to the funds of this excellent Charity. Among the contributions was one of 100*l.* from Her Majesty.

Opening of the Crystal Palace.—At this interesting ceremonial, last Saturday, Mr. Laing, in presenting Professor Owen and Mr. Waterhouse Hawkins to Her Majesty, thus expressed himself:—"May it please your Majesty,—The restoration from a single fossil fragment of complete skeletons of creatures long since extinct, first effected by the genius of Cuvier, has always been considered one of the most striking achievements of modern science. Our British Cuvier, Professor Owen, has lent us his assistance in carrying these scientific triumphs a step further, and bringing them down to popular apprehension. Aided by the zealous and indefatigable exertions of Mr. Waterhouse Hawkins, who with his own hand moulded their forms, the gigantic iguanodon, the icthyosaurus, and other monsters of the antediluvian world, will now present themselves to the eye as they once disported themselves and pursued their prey amid the forests and morasses of the secondary and tertiary periods. In the illustrations of geological strata, the Directors have had the valuable assistance of Professor Ansted." The last presentations were those of Dr. Latham and Professor Forbes, of whom Mr. Laing said:—"May it please your Majesty,—Dr. Latham and Professor Forbes will now, with your Majesty's permission, have the honour of presenting the Hand-book which describes the attempt made to illustrate the sciences of natural history, comprising ethnology, zoology, and botany, by representations of characteristic groups of different races of the human family, surrounded by appropriate illustrations of the animal and vegetable world. Dr. R. G. Latham has superintended the ethnological department, and Professor Forbes those of zoology and botany, assisted by the valuable aid of Mr. Waterhouse and Mr. Gould, and the zealous exertions of our Superintendent of the natural history department, Mr. Thomson."

At Her Majesty's Levee on June 9, Wm. Henry Bellot, Esq., F.R.C.S.E., Surgeon 1st Royal Cheshire Militia, was presented by Colonel the Hon. Hugh Cholmondeley.

Belfast Medical Society.—The thirty-first anniversary dinner of this Society was celebrated on the 8th instant. Upon the removal of the cloth, the usual loyal toasts were appropriately given from the chair, and received with all the honours. Then followed the customary and established toasts of the Society, and first among them was "The Medical Officers of the Army and Navy," to which Dr. M'Gee responded; and, in the course of his observations, he stated, that the post of the Medical man in the army and navy was not so free from personal danger and risk in active service as was generally believed. As a case in point, showing the imminent danger to which these gentlemen were exposed in war, he stated, that the gallant Surgeon of the unfortunate Tiger was obliged to attend to the wounded, and perform operations under a shower of red-hot shot; aud instauced another case where, while the Surgeon was operating between the hatches, the purser of the ship, who was standing beside him holding a caudle, was blown to atoms by a chance shot; and yet, such was the power and self-possession of the Surgeon on so trying an occasion, that it did not prevent him from going on with his work, and completing, with the utmost coolness, the operation he had in hand. The toast of "The Medical Staff of the General Hospital" was replied to by Drs. Moore and Pirrie. Several other toasts followed, which were received and responded to most cordially.

Medical News from the Baltic.—The Surgeons of the ships have had plenty to do in the Baltic, although no great action has yet taken place. Raw hands falling from aloft, and the influence of the weather on first approaching Northern latitudes, have kept the sick-lists full. About 100 men have been already invalided and seut back to England. Two men were killed in the Arrogant by the conical bullets of the Minié rifle. The bullets are smaller than those used by us. The man first hit fell as in a faint, and, when carried below, was found to be quite dead. The ball had passed through the left ventricle of the heart, and, after traversing the lungs, lodged in the rib behind. The second man was hit uear the umbilicus, and the intestines were wounded. He lingered forty hours. The ball was found in the glutæi muscles and fæcal matter iu the peritonæal cavity. One man in the Dragon was wounded by a ball which struck a heavy iron clamp on a gun carriage, and then split into two. One half struck the left thigh on its outer side and broke the bone near its middle, almost dissecting the muscles up to the ilium. The Surgeon, Dr. Davidson, allowed time to pass for rallying, placed the man under the influence of chloroform, and amputated, forming a flap from the inner side of the thigh as low as the knee, making a good stump. The man had lost a large quantity of blood before he could reach the Surgeon, and gradually sank after the amputation. A suggestion has been made—and it is a very good one—that, when some ships only are engaged in action and others unemployed, that additional Medical officers should be sent into the ships engaged. This would be doubly useful in the preseut very inadequate supply of Medical officers to the fleet.

Health of the Black Sea Fleet.—Frequent attacks of ague are very common in Her Majesty's ship Arethusa and Vengeance, both which ships suffered severely from intermittant fevers at Besika Bay. It has been necessary to use very large quantities of quinine. The want of Medical officers in the squadron is quite lamentable.

Death from "the Stock."—At an inquest lately held on the body of a soldier at Templemore Military Barracks, the following verdict was returned:—"That on Tuesday morning, the 6th inst., about one o'clock, Samuel Henfield came by his death from effusion of blood into the pericardium, which proceeded from an aperture in the aorta, haviug been induced by the pressure of the stock around his neck during the period of his service, and not otherwise." The *Times* observes, in remarking upon this case:—"Such a statement of the sad results of a vicious adherence to an old system will, it may be hoped, have its effect in the proper quarter; and that no further time will be lost in carrying out those reforms in the dress and equipment of the soldier to which the Government is now fairly pledged."

Cholera in Scotland.—In the village of Stevenston, in Ayrshire, cholera is raging to a frightful extent. In one house six of the inmates have died in succession. Dirt and intemperance, as usual, are assigned as the causes. "Two, and even three and four, families are to be found huddled into one apartment!" After disappearing entirely from Glasgow for a fortnight, the cholera has again made its appearance in that city. During last week (and just upon the removal of a number of the public wells which had been set up by the Police and the Water Company in the poorer parts of the city, the distemper again broke out, and within the last three or four days there

have been no fewer than 18 cases in the city parish, and a number of deaths. On Monday there were 9 cases in the City Parish Cholera Hospital. In the upper part of Lanarkshire the disease has also made its appearance, in rather a malignant form. At Kirkfieldbank, a small village situated on the banks of the Clyde, and within a mile of Lanark, several cases have occurred, and in all proved fatal. At Hazelbank and Crossford the epidemic has appeared, and in some cases proved fatal. This disease, in a rather rapidly fatal form, has broken out in Wishaw.

RECIPE FOR MAKING FELT SPLINTS.—These splints were formerly sold at our instrument-makers. We were in the habit of using them with satisfaction, but latterly have not been able to procure them. Professor Frank H. Hamilton remarks—we think justly—that they are, in some respects, superior to gutta percha, and he gives (*Buffalo Medical Journal*, December, 1853) the following recipe for making them :—"Dissolve three pounds of gum shellac in two quarts of alcohol. It should be dissolved in a tin vessel, furnished with a tight cover, to prevent evaporation. Spread a piece of old or new woollen cloth on a board, and, with a clean brush, saturate both sides of the cloth with the solution. Hang it up until it is thoroughly dried. Lay it again upon the board, and apply a second coat of the solution to one side only of the cloth. Dry again, and apply a third coat to the same side. There will be now three successive layers upon one side, and one on the opposite. While the last coat is yet fresh, fold the cloth so that the side having three coats shall be applied to itself. Now, with a hot flat-iron, smooth and press the surfaces together. When it is cold, a slight rubbing with sand-paper makes it fit for use. It becomes a flat, almost unyielding board ; but exposure to a moderate heat will make it pliant, so that it can easily and accurately be adapted to any surface."—*American Journal of the Medical Sciences*, April, 1854.

MORTALITY NOTABILIA.—The mortality of London is still high for this season. In the week that ended last Saturday the number of deaths registered was 1110. The average number was 910, which raised for increase of population becomes 1001. Hence about 100 persons died last week above the rate of mortality in previous years. Deaths from scarlatina, which is at present twice as fatal as usual, were 68 ; in previous return, 72. Measles had declined from 46 to 31, hooping-cough risen from 53 to 63, typhus from 57 to 64, diarrhœa from 22 to 31.

The following death from cholera was registered in the week : —At 57, Crown Street, in the sub-district of St. Margaret, Westminster, on 8th June, the daughter of a coachbody-maker, aged one year, "cholera." The child had been in delicate health from birth, was suffering from teething, and for some weeks together had taken very little sustenance. The Registrar-General adds : —"When death is reported to have occurred in consequence of an attack of cholera, it is of great importance that the Medical informant should state whether diarrhœa has or has not preceded the attack of spasms, vomiting, etc. ; and where it has preceded the attack, that he should state distinctly, for how many hours, how many days, or weeks, this premonitory diarrhœa continued."

Births.—The births of 822 boys, and 803 girls—1625 children —were registered. Average, 1391.

Meteorology.—The mean height of the barometer in the week was 29·922 in. Mean temperature of the week 52·3°, 5·5° below the average of 38 years. On the first four days of the week the depression amounted to 6° and 7°. The highest reading in the week was 68·4°, on Saturday ; the lowest was 43·2° on Sunday and Monday. Mean dew-point temperature 45·8° ; difference between this and mean temperature 6·5°. Wind north-east till Friday, when it changed to south. Horizontal movement of air, 825 miles ; no rain ; electricity positive at all times, but occasionally very weak.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending June 10 :—

	Males.	Females.	Total.
Workhouses...	64	57	121
Military and Naval Asylums ...	4	...	4
General Hospitals	24	24	48
Hospitals for Special Diseases ...	3	8	11
Lying-in Hospitals	1	3	4
Lunatic Asylums	...	1	1
Military and Naval Hospitals ...	7	...	7
Hospitals for Foreigners, etc. ...	..	...	...
Prisons	7	..	7
	110	93	203

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June* 10, 1854.

CAUSES OF DEATH.	JUNE 10. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	559	328	209	1110	9098
SPECIFIED CAUSES	555	325	208	1089	9054
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	243	41	22	306	2039
SPORADIC DISEASES :					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat	4	28	21	53	453
3. Tubercular Diseases	63	108	9	180	1926
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	63	42	36	141	1115
5. Diseases of the Heart and Blood-vessels	2	21	18	41	327
6. Diseases of the Lungs and of the other Organs of Respiration ..	91	27	31	149	1109
7. Diseases of the Stomach, Liver, and other Organs of Digestion	23	18	15	56	589
8. Diseases of the Kidneys, etc. ..	2	11	7	20	107
9. Childbirth, Diseases of the Uterus	..	10	..	10	88
10. Rheumatism, Diseases of the Bones, Joints, etc.	..	5	3	8	81
11. Diseases of the Skin, Cellular, Tissue, etc.	2	1	3	6	12
12. Malformations	1	..	..	1	31
13. Premature Birth and Debility ..	24	2	..	26	204
14. Atrophy	15	1	2	18	216
15. Age	..	..	37	37	394
16. Sudden	2	..	1	3	64
17. Violence, Privation, Cold, and Intemperance	20	10	3	34	299
CAUSES NOT SPECIFIED	4	3	1	21	44

TO CORRESPONDENTS.

A Subscriber.—The words of the Act are :—"It shall be lawful for any justice or justices causing any person to be examined by any physician, surgeon, or apothecary, under the provisions herein-before contained, if he or they think fit so to do, to make an order under his or their hand and seal or hands and seals upon the guardians of the union or parish or the overseers of the parish to which such person is chargeable, under the provisions herein contained, for the payment of such reasonable remuneration to any such physician, surgeon, or apothecary, for the examination of such person, and of all other reasonable expenses in or about the examination of such person, and the bringing him before such justice or justices, and in case he be ordered to be conveyed to any asylum, registered hospital, or licensed house, of conveying him thereto, as to such justice or justices may seem proper." The title of the Act is—"The Lunatic Asylums Act," 16 and 17 Vic., c. xcvii."

We are sorry we cannot find room for the letter of our Cork Correspondent this week.

Dr. Lindsay's paper shall be inserted in an early number.

Mr. Grattan's case of hydrocephalus shall appear early in the new Volume.

L.R.C.P.—No decision on the subject has yet been made public.

Mr. Wilkinson.—We never delay the publication of Dr. Stokes's Lectures, but print them immediately they are received. We cannot publish lectures before they are delivered. One will appear next week. The paper on typhus fever has been delayed by communications of more temporary interest.

Rusticus.—We have no doubt that the case was one of slight tetanus.

Mr. Dyer's case of ligature of the femoral shall be published.

Mr. Lord will see by a Leading Article that we are not neglecting the important subject of his communication.

A Subscriber.—It would require a long article to answer the first of the questions. We would refer our Correspondent to Dr. Golding Bird's work on Urinary Deposits. We cannot give an opinion of the case afterwards narrated without a more minute description of the penis when in a state of erection and otherwise.

We have been obliged to defer *Mr. Williams'* interesting paper on the Ophthalmoscope for a future Number.

A Young Surgeon.—We can state positively that no alteration has yet been made in the accommodation or position of Naval Assistant-Surgeons. This is much to be regretted, but the war cannot continue much longer without leading to a redress of the grievances from which these officers suffer.

COMMUNICATIONS have been received from—

Mr. BANKS ; Mr. WARWICK ; Mr. G. B. MASFEN ; Dr. MASFEN ; Dr. WILSON, Berwick-on-Tweed ; Dr. SPURGIN ; Sir JOHN FORBES ; Mr. RHODES ; Mr. GALLOWAY ; Mr. ORMEROD ; Mr. WILKINSON ; Dr. J. ARNOTT ; Mr. TAAFE ; Mr. ILOTT ; Mr. PARKINSON ; Mr. HENRY SMITH ; Dr. LINDSAY ; Mr. GRATTAN ; L.R.C.P. ; RUSTICUS ; Mr. DYER ; A SUBSCRIBER ; Mr. DIXON ; Dr. BENCE JONES ; Mr. SNOAD ; Mr. BELLOT ; Mr. HASTINGS ; HUMPHRIES ; Mr. STRETTON ; Mr. ALLCARD ; Mr. G. BORLASE CHILDS ; Mr. ERICHSEN ; Mr. RAWLINSON ; Mr. HOOPER ; Mr. DIXON ; Mr. TYRWHITT SMITH ; Mr. WILLIAMS ; Mr. BUTLER.

ORIGINAL LECTURES.

CLINICAL LECTURES ON FEVER.

DELIVERED IN THE

Meath Hospital, Dublin.

By WILLIAM STOKES, M.D.

Regius Professor of Physic in the University of Dublin.

[Edited by ROBERT D. LYONS, M.B., T.C.D., M.R.I.A.]

Lecture VI.

Before we enter on the examination of some of the leading facts relating to the local diseases of typhus, I wish to say a few words more on the subject of contagion.

You are to understand that, while we believe in the contagious nature of fever as an established fact, we do not go the length of saying that all cases of fever originate by contagion. In the present state of knowledge, we must, I think, admit that certain combinations of physical circumstances may produce fever, either in a single case or in masses of men. It is hardly possible to gainsay this; but it is at least as well if not better proved that this fever is capable of being communicated by actual contact, or by vicinity, from one individual to another.

If we look to other diseases which affect the whole economy, we find analogies between them and fever; so far, at least, that in them a morbid condition exists which reveals itself in two ways: one, a state of general ill-health; and the other, the production of local and specific alterations. Take, for example, tubercle and syphilis.

The last of these is, at all events, contagious; and though we cannot now show any mode of its production, except communication from one person to another, yet we must believe that, at one time, causes independent of such a mode of communication did exist, and were capable of originating the disease; and it may be that, as the world advances, and the general exciting causes of fever are diminished, or perhaps removed, this disease too, like syphilis, may only be produced and exist by means of its communication from one person to another; and we may hope that such a state of things would be a step to the extinction of fever, at least as a disease affecting communities of men. If it be true that we may admit two phases in the history of acute essential diseases, one in which they are not only communicable, but capable of original production by causes independent of contact with the sick, and the other when these latter causes cease to operate, and the disease is reduced simply to a special condition, which can only be communicated by contact, it is easy to perceive, that, so far as prevention and ultimate extinction are concerned, the difficulties attendant on the matter will be greatly diminished. Let us assume, that, so far as the cessation of the operation of general external causes is concerned, variola and syphilis are similarly circumstanced, and we may hope, from what has occurred with respect to small-pox, that a similar diminution of fever may yet be attained, when it has at last passed into the condition of a merely contagious disease.

With respect to those causes which may be held to be capable of exciting fever, irrespective of contagion, I have only to say that as yet we know but little about them; and we have the highest authority for believing that the origin of epidemics is one of the most obscure and difficult subjects in the whole range of physical inquiry. But I cannot help expressing my belief that too much stress has been laid upon the effects of miasmata resulting from imperfect drainage, or the want of ventilation and of public cleanliness in general. No one will for a moment suppose that I wish to teach that these influences do not act in deteriorating the physical health and moral condition of a people, and in thus increasing the mortality of any existing epidemic, and that their removal is not an imperative duty of every Government and community; but the question before us is, are these influences in this country the sole or the chief causes of typhus fever? I do not believe that they are, because in Ireland, not only in the isolated dwellings of the poor which are scattered over the face of the country, but in the towns also, all those causes which result from the imperfect drainage of dwellings, from the accumulation of decomposing organic matters in their vicinity, and from imperfect ventilation, are, I regret to say, but too constant and too general; and yet the production of fever, whether sporadically or epidemically, is inconstant and irregular in the highest degree. Why should these causes produce fever at one time and not at another? Why should districts remain for years free, or comparatively free, from fever, while the supposed exciting causes remain in full force? or, again, why, if the cause be constant, should the epidemic character of the fever vary? We may say, excluding the consideration of isolated cases, that each epidemic has a special or predominant character; thus, the great epidemic of 1827 and 1828 was very different from the epidemic which preceded it in 1818, and those which followed it in 1836 and in 1847. It was in the epidemic of 1827-28 that we observed the almost universal prevalence of the secondary disease of the intestine; perforations of the intestinal tube were common; and yet, since that period, such an accident is rarely met with, either in the fever itself, or during the period of convalescence. It was at that time, too, that those singular and fatal cases of yellow fever to which we have before alluded occurred intercurrently. In this fever, too, termination by well-marked crisis was commonly observed, a circumstance which is comparatively rare in the epidemics of maculated typhus in this country.

I do not put forward these views as in any way original, for Dr. Graves long held the opinion, and taught it in this theatre, that something more than the effect of local causes, as the term is commonly understood, was necessary to explain the occurrence of epidemics in Ireland. Let me read you a quotation from his seventh lecture, one of those devoted to the consideration of fever:—"That fever, in Ireland at least, depends on some general atmospheric change which affects the whole island simultaneously, independent of situation, aspect, height above the level of the sea, dryness or moisture of the soil, or any other circumstance connected with mere locality, is proved by the fact, that, when typhus begins to increase notably in the Dublin Hospitals, we may always rest assured that a nearly simultaneous increase of fever will be observed at Cork, Galway, Limerick, and Belfast. For a considerable period there was a great tendency among physicians to refer the origin of typhus, and almost every variety of fever, to malaria or unwholesome emanations from the soil, produced by the decomposition of vegetable matter. In Ireland, facts do not bear out this hypothesis, for, as already stated, when an epidemic of fever has become established, it breaks out simultaneously in situations the most different, and in some where no such emanations can be supposed to exist; thus I have seen a whole family affected in the telegraph, situated at the summit of Killiney, a mountain formed of hard granite; and, indeed, the granite districts beyond Rathfarnham, Tallaght, and Killikee, supply the Meath Hospital with its worst cases of typhus." Further on he observes:—"Although ready to allow the general improvement of the health of the public from improved drainage, improved habits of cleanliness, and increased comforts, yet I cannot admit that in Ireland we are to expect any notable diminution of fever from the operation of these causes. In making this statement, you are aware that I am opposing the usually prevalent opinion. The grounds for my dissent have been partly explained to you already, for, according to my observation, the increase or diminution of fever in Ireland arises from some unknown general atmospheric or, if you will, climatic influence, quite independent of locality, and consequently, the most improved and thoroughly drained towns and country districts are quite as liable to epidemics of typhus as are the most neglected and marshy parts of our island. The causes which occasion these epidemics are, on the other hand, in no way connected with the notable variations of the seasons, for, with us, the ravages of typhus are observed sometimes in dry, sometimes in rainy seasons, and its epidemics appear quite uninfluenced by the cold of winter, or the heat of summer."

What I wish you to believe, gentlemen, is, as I have already stated, that our fever is both epidemic, as proceeding from general but unknown causes, and also contagious; and no one can deny that causes, which would act in depressing the health and moral energy of a people, by rendering them less able to resist the effects of disease, would increase the general mortality. The influence of bad ventilation and overcrowding I need not here dwell on; nor, on the other hand, need I occupy your time with more arguments to establish the truth of the doctrine of contagion. You will find in the writings of Dr. Christison and Dr. Graves, convincing evidences on these points; and let me again refer to the great argument drawn from the liability to contract fever which has so long been observed among the Medical Practitioners of Ireland.

Before I leave this subject, I wish to recall to your memories the calculation made by Bishop Brinkley, the results of which were so strongly in favour of the communicability of typhus. They went to show, that an overwhelming number of chances would exist against the occurrence of a certain event, such as the

sickening of eleven out of twelve of a family, in a particular district, if the sickening of one did not promote that of another, or, in other words, if the disease were not contagious. On this subject I have had the honour of receiving a letter from Dr. Paget, of Cambridge; and I would not be doing justice to you, or the question generally, if I did not state the objection made by this eminent Physician, as to the soundness of the conclusions in favour of contagion, which appear deducible from these calculations. Dr. Paget observes, that the form in which the problems are stated, excludes the consideration of all local influences, except contagion; in this he is perfectly correct, for the element of local influences was not presented in the questions given to Dr. Brinkley for solution; and for this reason, that the framer of the questions was not a believer in the effect of these local influences in causing fever. Yet we must agree with Dr. Paget, that had this element of local influences, besides contagion, been included, it must necessarily have diminished, by whatever was its real value, the overwhelming result which the calculations, as they now stand, give in favour of contagion. But, even if we give a value to this cause which would diminish the numbers—say, even by 100,000,000—it would still leave the chances against the event, on the non-contagion theory, not less than 89,000,000 to 1,—a result more than amply sufficient to confirm the doctrine of the communicability of the disease. But even Dr. Paget himself admits, that, taking the case of the second calculation, if the consequence of these deductions on the score of local causes, were to reduce the probability of 300,000 to 1 to that of 1000 to 1, yet this latter probability would be sufficient to carry conviction to the mind of any candid person. He, however, observes, that we have unhappily no means of estimating numerically the requisite deductions, no means of calculating the effect of noxious exhalations from decomposing organic substances, of bad food, and other assignable causes, which have been supposed capable of promoting the spread of fevers; and he properly remarks, that Dr. Brinkley's results include, with contagion, the possible effects, not only of known, but also of all unknown causes, which may make an individual household more liable to fever than their neighbours. I entirely agree with Dr. Paget, that, as an argument for contagion, the results of Dr. Brinkley's calculations must be taken minus the effect of local influences; and I feel indebted to him for having drawn my attention to this point, and to the importance of noticing it, when the numerical value of these results is considered. My opinion, however, as I have already stated to you, is that, in Ireland, local influences have not that great importance either as generators or promoters of fever which some believe them to have, and, consequently, the deductions to be made in favour of these causes would not greatly weaken the general results. We must believe, that the causes of fever, independent of mere contagion, are various in the extreme, that they are probably numerous and complicated, acting in combination rather than singly, and varying in their effects, not only in consequence of their own properties and combinations, but also as regards the condition of the individual in whom fever is developed. To this point I have already alluded in a former lecture, in speaking of the influence of the same contagion on individuals of different countries. And Dr. Paget, in observing that our pathology of fever is not so perfect as to assure us that there are no predisposing causes besides those which are commonly allowed, notices the comparative immunity of infants and persons above forty years of age from the typhoid fever with rose spots, and affections of Peyer's glands, etc., indicating that the constitution of the individual is an element in the question.

Let us now return to the consideration of the local diseases of fever. We have already seen that the existence of local symptoms in fever does not necessarily imply the existence of any known anatomical change. A man may have pain and delirium without cerebritis, cough and dyspnœa without pneumonia, vomiting, purging, and meteorism without enteritis. To learn this point is to advance a great way in our knowledge of fever and its treatment. On the other hand, observation during life, and *post-mortem* inspection, prove that local diseases involving alterations of structures, such as thickening, softening, vascularity, effusions, ulcerations, and gangrene, may be produced in various organs during the course of a fever.

Now, the great point in practice relating to these changes is, that they are symptomatic of the fever, secondary to the fever, and, in all probability, under the same law of periodic action as the general malady itself. They do not appear to begin with the fever, but they arise after it has existed for a certain time. There is the greatest variety in the period of their occurrence, and in their combinations; they may, as I have just now said, spontaneously subside with the fever; they may interfere with its critical termination; and, in certain cases where this does not occur, and when the general character of typhus disappears, progressive disorganisation may go on in the structures which have been already affected.

In what way are we to consider the nature of these secondary affections in typhus fever? It appears now pretty well established that, in the follicular intestinal disease of the Continental fevers, there is a special typhus deposit, which, at least in the cases of recovery, is under the law, first of a progressive, and then of a retrogressive influence; just as in variola we observe the progressive maturation and absorption of the pustule. Recent pathologists have applied this principle to many other of the local diseases in typhus; and although the existence of a special deposit is not yet so well or so fully established in the case of thoracic and cerebral diseases, or at least in the case of parenchymatous as compared with membranous structures, still we may, with a good deal of safety, believe that an action more or less analogous to that which occurs in the glands of Peyer and Brunner, though perhaps not so perfectly developed, may be assumed to occur in all the secondary diseases of typhus which are not purely neurotic.

In speaking of a specific deposit in the secondary diseases of typhus, I do not wish it to be understood as intending to convey to you the impression that this deposit presents any definite characters whereby it can be distinguished from other morbid products; for, even with the aid of the microscope, we cannot discover any special distinctive characters in the deposit found in the follicular disease of the intestine, or in other forms of the secondary affections of typhus. It was at one time believed that the so-called "massa typhosa" did present special, distinctive, histological elements; but more recent research has shown that these views are erroneous. Still it is possible that, although we cannot determine the existence in it of any physical specific character, it yet possesses a vital specific character. Let us illustrate this by referring to two specimens of pus,—one taken from the pustule of variola, the other from an ordinary abscess; histologically they will appear similar, but that they have separate vital characters no one can entertain a doubt. But other conditions are found associated with this typhus deposit, or occurring when we cannot demonstrate its existence. Under this head we class many of those appearances which are described as inflammatory, such as redness, softening, tumefaction, etc. Some have supposed that these states indicate a re-active inflammation, and that such does often occur, especially in the intestine, is abundantly proved by the researches of Rokitansky and others. I think it, however, extremely probable, that, in certain structures or organs, as, for example, the lung, these appearances of inflammation may precede or accompany the typhus deposit, or that they may occur even without such a deposit at all; and I think it likely that the liability to actual typhus deposit is much less in the lung than in the intestinal glands, and greatly less in the brain and nervous system generally than in either the thoracic or the digestive systems. Were it otherwise, typhus and typhoid fever would be much more fatal diseases than they are, death being produced in the one case by coma, and in the other by asphyxia.

But, even though he may not find, upon a close dissection, anything beyond the recognised appearances of inflammatory action spread over the surface of the mucous membrane, we are to believe that this condition, just like the typhus deposit, is secondary to the fever, and partakes of its specific character. You are not to believe that it is a simple idiopathic inflammation, nor is its existence to lead you into the deplorable errors of the antiphlogistic school, that Sangradoism of the nineteenth century which numbers more victims than the sword. This condition, however, although specific and secondary, still has some characters of irritation, or inflammation if you will; and this fact points to the adoption, in certain cases, of a practice which, to the mere theorist, appears inconsistent, namely, the use of local depletion to relieve the suffering organ, while, at the same time, we employ a general tonic and stimulating medication.

Let me, in conclusion, indicate to you in a general way the principal pathological conditions with which, in the treatment of a case of typhus fever, the practical physician has to deal.

First. We have the neurotic conditions, that is to say, conditions of functional derangement occurring without any known anatomical change. They may occur in relation to any of the organs; but they are, perhaps, more important, and certainly more frequent in the case of the nervous, than in those of the respiratory or digestive systems.

Secondly. We meet with intercurrent and secondary irritations or inflammations affecting principally the mucous membranes, less frequently the parenchymatous structures, and still

less the serous surfaces. These irritations, although not associated, so far at least as we can discover, with any special deposit, are, nevertheless, of a specific character, and are under the influence of the laws which govern the general disease.

Thirdly. We have the condition now specified associated with, though probably for a short time preceding, the typhus deposit, just as we see in variola the vascularity of tho skin to precede and accompany the vesicular eruption.

Fourthly. We may observe the typhus deposit occurring independently of any other alteration, and apparently not associated with any irritative process.

Fifthly. We observe the reactive inflammation supervening on the typhus deposit, which has been so well described by Rokitansky, and which may produce progressive ulcerations or even mortifications of the affected parts.

Lastly. There is a condition of softening of organs, upon the nature of which we have, as yet, no very definite ideas. In some instances, it seems to be produced by an interstitial deposit of typhoid matter; while in others it is difficult or impossible to prove the existence of such a deposit. This state of softening, as we shall presently see, is one of great practical importance. Its influence upon the heart, as you all know, is most remarkable. Its existence in that organ demands special attention, and there is good reason to believe that the same state, when affecting others of the involuntary muscles, such as those of the air tubes, and perhaps also those of the intestinal canal, has an important influence on the symptoms and progress of the disease.

ORIGINAL COMMUNICATIONS.

NAVY MEDICAL REPORTS.

No. XIX.

ACCOUNT OF THE CASES OF THE KILLED IN H.M.S. ARROGANT, IN THE AFFAIR AT ECKNÄSS.

By J. GALLAGHER, Esq., M.D., R.N:
Surgeon of the Ship.

W. D., aged 25, able seaman, while employed loading one of the maindeck guns, and leaning forward in the port for that purpose, dropped down suddenly without speaking. He was carried below, his companions at the gun thinking he had fainted; his face was pale, and covered with cold sweat, pupils dilated, and no pulse to be felt at wrist. On opening his dress, a bullet-wound was observed, about two inches to the right of left nipple, and its course could be traced with finger downwards, inwards, and to right side, through the cartilage of the fifth rib. He gave two gasps, which were the only signs of life.

On examining the body twenty hours after death, the ball was found to have passed through the cartilage of the fifth rib at its junction with the sternum, through the pericardium and the middle of the right ventricle of the heart, behind the liver, and had lodged in the spinal end of the last right rib, which it fractured. The ball was a conical one, weighing one ounce and three-quarters, and apparently fired from a two grooved rifle, as it had a square projection on each side. The pericardium was filled with blood.

W. V., aged 30, stoker, while stationed at a gun on maindeck, was struck by a rifle-ball, about two inches above the umbilicus, which passed backwards, downwards, and to the left side, and could be felt in the glutei muscles of the left hip. The intestines (apparently a portion of ileum with omentum) protruded to the size of the fist. He complained of great pain in the abdomen, and there was a good deal of prostration; the face was pale, and covered with cold sweat; lips blanched; and the pulse could hardly be felt at the wrist. The protruded bowel was not ruptured, but, at one spot, was red, and blood oozed from it, as if it had been grazed by a ball. As it could not be returned without using more violence than was advisable, the wound was carefully enlarged with a probe-pointed bistoury, the bowel and omentum returned, and the wound brought together with sutures. A broad compress was applied over the wound, and fastened with three or four turns of a roller round the abdomen. The ball was then cut out of the hip, and a portion of his blue frock removed, which had been carried before it; the finger was passed into the wound, and a portion of bone (the ilium) taken away.

He had an anodyne, but continued restless and uneasy for several hours, while the firing was going on, complaining of pain in his right shoulder, and cramp of left leg, with inclination to vomit. The anodyne was repeated, after which he had several hours' sleep. He continued easy during the night; but next day complained of faintness, restlessness, and constant desire to change his position; his pulse 130, very small and weak. He had passed urine in small quantities during the night; but to relieve any fulness of abdomen, a catheter was passed, and about twelve ounces of urine drawn off. When the compress and roller were taken off the wound above umbilicus, the edges of the wound were firmly adherent. The finger was passed into the wound of exit over the hip, another portion of bone removed, when some thin, fæculent matter, with blood, was discharged. A simple enema was thrown up the rectum to clear out that bowel, and he had an anodyne occasionally; but he continued to sink, and died forty-two hours after receipt of injury.

On examining the body ten hours after death, the ball was seen to have passed through the great omentum, through two convolutions of the ileum, under the descending colon, and outwards through the posterior part of os ilii, about an inch from its junction with the sacrum. The cavity of the abdomen contained a large quantity of bloody fluid, mixed with the contents of the bowels. A portion of his flannel shirt, which was carried before the ball, stopped up the opening in the os ilii, although the finger had been passed in shortly before his death.

The ball (a conical one) had glanced off a gun, and entered the abdomen with its side foremost, making therefore a much larger wound. When it passed through the bowel two-thirds of the circumference was destroyed.

ON LITHOTRITY.

By S. FENWICK, M.D.
Lecturer on Pathological Anatomy at the Newcastle-on-Tyne College of Medicine in Connexion with the University of Durham.

[Read before the Newcastle and Gateshead Pathological Society.]

(Continued from page 618.)

Simple enlargement of the prostate does not prevent the success of lithotrity, unless it is very considerable. I have never operated upon cases of this nature in which there was any very great difficulty in introducing the instruments; and this, I should imagine, will be what is chiefly to be feared. It might reasonably be expected that fragments would be more apt to be retained when the gland is increased in size; but where it is only moderately enlarged, I have not found, in practice, that such is the case. Where there is acute inflammation, or suppuration of the prostate, lithotrity is inapplicable, as every motion of the instrument must bruise the inflamed part, and must tend to produce an extension of the disease to the bladder and the kidneys. In a case of suppuration of the prostate the knife should be used, not only as the best plan for the removal of the calculus, but also to give exit to the pus. This disease occasionally follows the operation of lithotrity, and if no other contra-indicating circumstance exists, should be always as soon as possible treated by incision. I shall, afterwards, return to the consideration of this point. There are few, if any, cases of calculus, in which some degree of inflammation of the bladder is not present; indeed, the greater number of the symptoms of stone arise from this source. There is no affection, the extent of which it is so important to discover, before determining to which operation the patient ought to submit; and the slightest consideration is sufficient to show this. In lithotomy the bladder is at once opened, the exciting cause of the inflammation removed, and the organ afterwards left at almost perfect rest, which is the state which is the most favourable for its regaining its natural condition; while, in lithotrity, a fresh source of irritation is added in each attempt to break up the foreign body, and the number of sharp pieces, which are the result of those proceedings, often add to the inflammatory action. It is evident, therefore, that the stone should never be crushed, when the cavity in which the manipulation must be performed is in a state of acute inflammation. This, I believe, is the most important rule which can be laid down respecting this operation, and the success of every Surgeon will depend, chiefly, upon his strict adherence to it. As an illustration of the effects which sometimes, though not always, follow an infringement of it, I append the following case.

Case 6.—A man, about 60, who had been affected with symptoms of calculus for many years, consulted me respecting them. A sound was introduced, and a stone discovered, which I conjectured to be of no great size, and to be composed of lithic acid.

The urethra was healthy, but the bladder was inflamed and irritable. I put him under medical treatment for a few weeks; but, at last, yielded to his desire for the operation. The bladder would scarcely certain more than two or three ounces of water, and only a very small piece of stone was chipped off, the instrument, which was a badly formed one, slipping two or three times. The pain in passing urine was considerably increased after the operation; but, by rest and treatmeut, he was able in a short time to walk about again. As he was anxious to return home, he again urged me to operate, and I unfortunately consented. The bladder was on this occasion so much inflamed as scarcely to bear any water; but I passed the lithotrite, aud crushed a fragment or a small stone, while the organ was empty. The pain was greatly increased after this; the pulse became quick, the tongue foul, and the digestion greatly deranged. The urine was albuminous, depositing a large amount of pus and lithate of ammonia. He improved in about a week after the operation, and I recommended him to return home for a short time. He was exposed to cold when waiting for the steam-boat, and, on his reaching home, was attacked with shiverings. He became much worse; the pulse became quicker, and the urine more puruleut, while the emaciation of his body rapidly iucreased. On examination, no tenderness could be found, either in the course of the urethra or the prostate, and no increase in the size of the gland. From these facts, coupled with the other symptoms, I imagined that the cause of his unfavourable condition arose from inflammation of the kidneys. There was no evidence of peritouitis. He died about six weeks after the last operation. Upon examiuation of the body, the urethra and prostate were found healthy; the bladder was thickened and inflamed, and contained the stone which I here show. Both kidneys were very large, and so soft as to tear in their removal. The capsules peeled off very readily; the surfaces were of a dark red colour, dotted with yellow points, where small deposits of pus existed. The increase in the bulk of the organs arose from enlargement of their substance, and not from dilatation, as is so frequently the case; the lining membranes of the pelves were thickened and inflamed, aud contained pus. There was no peritonitis or other disease apparent.

I attribute the fatal result in this case to two errors—one of operating when the bladder was not fit for it; the other, of repeating the operation too soou; and, as far as I have seen of lithotrity, these are the two usual causes of failure. Although this is the only unsuccessful case in my own practice, I have seen death produced by iuflammation of the bladder alone, without any extension of the disease to the kidneys. It is, mauifestly, of the greatest importance, that we should have, if possible, some test by which we may ascertain whether or not the bladder is fitted for the operation. Neither the violence of the pain ordinarily suffered, nor the amount of discharge in the urine, is a sufficient indication of the degree of iuflammation likely to follow any operative proceeding. I have always found, that the quantity of water which the bladder is able to retain is the best guide for the Surgeon. A bladder, violently inflamed, can no more retain water, than an inflamed stomach can bear what is placed iu it without vomiting, and violent efforts at expulsion are the results of the attempt in either instance to fill the inflamed cavity. If, in any case, it be found that the bladder is capacious, and able to retain eight or ten ounces of fluid, the operation (providing other circumstances are favourable, and it is properly performed) will be generally successful; but, if on the contrary, the cavity is so much inflamed as not to bear three or four ounces of injection, any attempt to crush the stone will usually prove dangerous. The reason of this is pretty obvious; a calculus produces, by its movements, the same kind of injury to the mucous membrane that the lithotrite does, and if the bruising of the stone has been, for months or years, borne without much injury, there is a prospect that the irritation of the iustrument will also cause but little mischief; but if, on the contrary, the calculus alone has been able to excite violent inflammation, it is probable, that the manipulation iu the same cavity will further add to its violence. If, in any case, the bladder cannot bear a few ounces of fluid, should the patient be at once abaudoned to lithotomy? The two following cases show what I thiuk is the proper treatment, when other circumstances are favourable for lithotrity.

Case 7.—The fragmeuts which I now show formed part of a calculus, which was passed from the bladder of a man upwards of sixty years of age. He had been affected with it for nearly ten years before I saw him. The stone felt very large, and tuberculated on the surface; the bladder was contracted and so irritable, that he had, for two years, passed urine every few minutes. The uriue was not albuminous, and his general health was not much impaired. For some weeks I treated him with opium, potass, hip-baths, and other soothing remedies, and then finding that he was able to retain his urine for a longer time, I made the attempt to perform lithotrity. The bladder did not, however, hold more than an ouuce of water, and violent pain was produced by the injection of a larger quantity. I therefore began cautiously to inject the bladder twice a-week, each time increasing the quantity of water. He seemed considerably relieved by this, and in a few weeks more we seized the calculus. It measured nearly 1½ inch wherever we were able to grasp it, and required the application of an enormous force to crush it. The stone was so large, that he was operated upon more than a dozen times before the last fragments were passed. To show the improvement in the condition of the bladder during the time of treatment, I may mention, that he latterly used to walk a distauce of three or four miles to my house, and immediately after the operation, walked home again. When I last saw him, he was perfectly well, and had no symptoms of his complaint.

Case 8.—A gentleman, about 58 years of age, consulted me for symptoms which were supposed to arise from a disease of the prostate. Upon passing a sound, a stone of considerable size was at once detected in the bladder. The bladder was very irritable, and the general health greatly impaired. He was ordered opium, potass, hip-baths, and enemata. Under this treatment the condition of the bladder gradually improved; but, upon attempting to crush the stone, it was found impossible to inject more than two or three ouuces of fluid. The Medical treatment was, therefore, continued for about two months, when the calculus, the fragments of which I now show, was readily seized and broken. About a week after this operation the stone was again crushed; but the bladder was so irritable, that it was considered necessary to seize it only twice. He had an attack of inflammation of the bladder, which obliged me again to put him under Medical treatment; but he is now doing well, and is nearly prepared for a repetition of the operation.

The rule which ought to be laid down should be this: that if the bladder will contaiu four or six ounces of fluid, and the other circumstances are not unfavourable, the stone should be crushed; but, if injection of this quantity cannot be endured, the inflammation should be reduced by treatment; and, in case this cannot be effected, the knife should be employed for the removal of the disease.

It has been much discussed whether lithotrity or lithotomy is best fitted for cases complicated with disease of the kidneys. I suspect that the applicability of either method of operating depends, less upon the condition of these organs, than upon the state of the bladder. There are, of course, many in which the kidneys are so diseased that the removal of the calculus is of no avail. The stone which I now present was taken from a patient of Mr. Stephens'. The man was about twenty years of age, and had suffered from symptoms of the complaiut for many years. When I saw hiu he was greatly emaciated, and affected with hectic. The urine was purulent, and obstructed in its passage from the bladder. By means of a long pair of lithotrity forceps, the urethra was cleared of a quantity of a calculous matter, and the stone was afterwards detected in the bladder. From the belief that the kidueys were incurably diseased no operation was recommended, and he died a week afterwards. Upon *post-mortem* examiuation the bladder was found healthy, but both kidneys were dilated into large bags, their cortical substance beiug in a great measure absorbed.

But where the kidneys are not incurably diseased, I think lithotrity, as a general rule, should be employed. Every surgeon must have remarked how frequently disease of these organs produces dangerous consequences in all operations where the knife is used, and how often fatal results ensue under such circumstances from wounds which would otherwise be considered trivial. It must be, therefore, in these cases important to avoid such deep incisions as are practised in lithotomy, as the condition of the patient is likely to produce unhealthy inflammation of the parts traversed in the operation. Wherever, therefore, in a case of stone complicated with diseased kidneys, the bladder is able to bear the injection of six or eight ounces of fluid, I believe lithotrity should be employed unless some other circumstances should forbid it. The two following cases illustrate these remarks:—

Case 9.—A butcher, about 53 years of age, had for some time been affected with pains of the back and hips, and other symptoms of diseased kidneys, which seemed to have originated in a severe blow. When he consulted me I found that he, also, had symptoms of stone in the bladder, and detected a calculus by the sound. I recommended him to submit to an operation, but while under treatment he was one day severely attacked

with pain when at market at Newcastle, and sent for Sir John Fife. By the operation of lithotrity, the stone, whose fragments I now show, was broken up, and he returned home, when he again consulted me. The urine was then albuminous, and although he had no pain in urination, the symptoms of the disease of the kidneys continued; and when I last saw him they still affected him as severely as at first.

Case 10.—A man, about 40 years of age, consulted me for stoppage of urine. His general health was bad, and the urine deposited a large quantity of pus. A stone was detected in the bladder, and, after a few operations, was crushed up and passed. Although relieved of the symptoms produced by the calculus, he still when I last saw him laboured under those indicative of chronic inflammation of the substance of the kidneys.

In both these cases, the symptoms of kidney disease had existed before the appearance of those produced by the calculi; and in both, even when the stones were removed, the primary complaint remained. It is probable, therefore, that the calculi were the consequences, and not the causes of the disease of the kidneys. It is, of course, impossible to say what would have been the results if these persons had been submitted to lithotomy; but my own impression is, that if they had been cut, they would have suffered from unhealthy inflammation of their wounds, and urinary infiltration. In other instances, I have seen symptoms which appeared to me to indicate disease of the kidneys, disappear after the crushing and removal of the stone; and in such persons it is probable that the calculus had been the exciting cause of the complaint.

I intended to have directed attention to the differences in the morbid appearances of the affected parts after fatal cases of both operations; but, as this paper has already exceeded the usual limits, I will defer their consideration to a future time. I will, therefore, at present, merely make a few remarks upon the treatment which I think ought to be observed after unsuccessful cases of lithotrity.

I have known dangerous symptoms arise from inflammations of the kidneys, of the bladder, and of the prostate gland and urethra; and the affection of each of these parts requires attention. I have seen chronic inflammation of the kidneys follow the operation, and afterwards removed by a repetition of the crushing; but it requires great care, lest, by such treatment, acute disease should be set up. The most perfect rest should be always enjoined, both before and after the use of the instruments, and all irritation of the bladder should be subdued by opium and the warm bath. Acute inflammation of the kidneys is one of the most fatal consequences of lithotrity, and deserves particular remark, inasmuch as the indications of its presence are often overlooked. Frequently, general fever, accompanied by a very white tongue and loss of appetite, is the only symptom presented by the patient; and often the combination of these with great irritability of the bladder misleads the Surgeon, and induces him to suppose that it is only inflammation of the bladder against which he has to contend. When such symptoms are present, no operation should be thought of, and all the attention should be directed to allay the disease as soon as possible.

When acute inflammation of the bladder follows lithotrity, active measures should be immediately taken to relieve it, as it may spread upwards to the kidneys, or forwards to the prostate gland and urethra. In any case it prevents a repetition of the operation while it is allowed to exist. If the inflammation should return after every attempt to crush the calculus, the operation ought to be abandoned, and the bladder should be cleared of the stone by lithotomy. Inflammation of the prostate and urethra not unfrequently follows lithotrity, and often terminates in suppuration. Whenever dangerous symptoms follow the operation, a careful examination ought to be made through the rectum, as serious disease of these parts may exist without the general symptoms being sufficient to direct the attention of the Surgeon to it. As soon as suppuration has taken place, it ought to be the rule to employ lithotomy, as both the abscess is thereby opened, and also the bladder is at once relieved from the stone. It is, I believe, of little use in such cases to wait with the hope of repeating the operation of crushing, as the movements of the instruments will necessarily irritate the parts which have already been inflamed. The following well-treated case of Mr. George Heath's illustrates these points, and shows the practice which, I believe, ought always to be carried out.

Case 11.—A man, about 20 years of age, consulted him with the ordinary symptoms of stone in the bladder. An attempt to crush the calculus failed, excepting that a few fragments were scraped off with the lithotrite. The patient went on well for a week, when a severe attack of inflammation came on, which continued for several months. Finding that he was gradually sinking, Mr. Heath resolved to perform lithotomy. An abscess of the prostate was opened in the operation, and a mulberry calculus extracted from the bladder. He was immediately relieved of all his symptoms, and rapidly recovered.

The same plan should be adopted where abscess forms in the perinæum, and when inflammation of the urethra or prostate gland seems to cause it; for not only do such patients usually recover, but it is generally inexpedient to irritate the parts again with the lithotrite.

With respect to the method of performing the operation, I will merely direct attention to such points as I have either seen errors committed in by others, or in which I have committed errors myself. I have before frequently mentioned the importance of regarding the capability of the bladder to retain fluid as a test of the applicability of lithotrity; but this rule requires some reservation. In many instances a patient forces out the injection only from nervousness, and not from any real incapacity to retain it. It is, therefore, advisable, in all such cases, to have an intelligent assistant, who may keep him in conversation while the operator very slowly and gently fills the bladder. By this means I have frequently been able to operate where at first I almost despaired of success. It is often useful to have the urethra grasped with the hand, so as to prevent the escape of the water, otherwise many, from impatience, will gradually empty the bladder during the operation. I have seen many cases, from neglect of these precautions, rejected as unfitted for lithotrity, whose calculi, I feel perfectly sure, might have been easily crushed. Although I lay such stress upon fully injecting the bladder, it is only for the reasons above given; for I have many times seized stones in bladders perfectly empty, and such attempts are to be condemned rather on account of their liability to produce subsequent inflammation, than from any fear of doing injury during the operation.

Many writers upon lithotrity have been in the habit of treating the fear of catching the mucous membrane in the blades of the instrument as only theoretical. This is not the case, as in one instance of an old man, I repeatedly caught the sides of the bladder, but always discovered the mistake by the soft feeling experienced on attempting to close the lithotrite. In order to avoid this mischance, which will only occur when the stone is not seized, it is only necessary to be careful, in not thoroughly closing the blades after each unsuccessful attempt to include the calculus.

After injection, the Surgeon should always, by suddenly changing the patient's position, attempt to throw the stone into the back of the bladder, as not only are the necessary manipulations more readily performed in that part, but he thereby also avoids the risk of bruising the prostate, and the anterior part of the bladder, which is the most sensitive and the most susceptible of inflammatory action. In many cases, where the stone is rather large, it will be found lying near the anterior part of the organ, and inclined to that side on which the patient is in the habit of resting. It is, therefore, often of advantage to direct him to change the side on which he has usually slept, as a weighty stone often forms a depression of the bladder in which it remains. Before passing the lithotrite, the exact position of the calculus should always be ascertained by the catheter, in order that as little sounding as possible may be used with the heavier instrument. The lithotrite should be passed on at once to the stone, without any of those thumpings of the bladder which are so frequently used in ascertaining the existence of a calculus. The only advantages which can be obtained by striking a bladder with a sound or lithotrite are, either to assist the Surgeon in feeling a stone, partly or wholly concealed in folds of the mucous membrane, or to enable him to dislodge it from some position it occupies. Both of these can be obtained by very gentle motions, and the slightest violence to a sensitive organ like the bladder cannot be too much condemned. The blades should never be opened until the instrument is in contact with the stone in the fundus of the bladder. This I would direct attention to more particularly, because I have seen them attempted to be opened before the instrument had entered the bladder, and prostatic inflammation was the result. There should be no fishing for the stone in a random manner, as is so often done, but the attempts to enclose it should be conducted upon a proper principle. In small or very moveable calculi, it is the best plan to pass the closed lithotrite to the stone, to open the blades, and, placing them as near as possible at right angles to the axis of the stone, to make gentle pressure upon the bladder immediately beside it. This, of course, makes the part of the bladder depressed by the instrument lower than that portion occupied by the calculus, and it therefore drops in between the expanded blades. Where the stone is so large or so heavy that it does not

move easily, it is the best plan gently to insinuate the lower blade below it, and thus seize it. In all cases, however, it should be grasped as much as possible near its centre, as it is thereby more rapidly broken up. Impaction of the fragments not unfrequently takes place, and should be treated according to the nature of the obstruction. Single pieces which are stopped by their size or angularity are best removed by the long forceps, such as I now show; but, where it is caused by large quantities of a soft calculus, it is better to pass a large-sized catheter down to the part, so as to dilate the urethra, and make the patient force his urine, while the instrument is gradually withdrawn. In crushing the stone, the upper blade should be always pressed down by the finger of an assistant, while the operator uses the screw. If this is not done, the outer layers are very apt to break off, and the remainder of the calculi to fall from between the blades.

As regards the lithotrite, the chief want is some mechanical contrivance which will subject the stone when once caught, to the repeated action of the screw. But in the instruments as usually constructed there are some faults which ought to be avoided. The lower blade is often too much curved instead of being flattened. By the curve there is, it is true, greater strength, but the stone is not so readily grasped as when it is flatter. In the upper blade the teeth should be always so placed as to present a sharp surface at either edge, so that, if the stone be grasped obliquely, it may still be held in its position.

THE LONDON
PRACTICE OF MEDICINE AND SURGERY.

STATISTICAL REPORT
OF THE PRINCIPAL OPERATIONS PERFORMED DURING MAY.

The subjoined report includes, as usual, the following:—University College, King's College, St. George's, St. Bartholomew's, Guy's, St. Thomas's, the Middlesex, the London, the Westminster, Charing-cross, St. Mary's, and the Metropolitan Free Hospitals.

Lithotomy.—Number of cases, 5; recovered, 3; under treatment, 1; died, 1.

Case 1.—A boy, aged 14, in good health, but of irritable habit, under the care of Mr. Cutler, in St. George's Hospital. Two cube-shaped stones were successfully removed, and the boy has since done well. *Case* 2.—A very delicate strumous boy, aged 3, in Guy's Hospital, under the care of Mr. Birkett. He had suffered for several months with symptoms of stone. The calculus proved a very small one. He recovered without a bad symptom. *Case* 3.—A boy, aged 5, in good health. Nothing unusual occurred during the operation, and the stone was not large. Repeated attacks of passive hæmorrhage from the wound occurred during the following week, under which the boy sank. No single attack had been very profuse, and the bleeding had never lasted long enough at a time to make the use of plugging or other means advisable. *Case* 4.—A boy, aged 4, in good health, under the care of Mr. Cock, in Guy's Hospital. The ordinary operation was performed, and he recovered quickly. *Case* 5.—A boy, aged 7, who for two years had suffered from stone, in St. Mary's Hospital, under the care of Mr. Spencer Smith. A stone the size of a large almond was extracted, and the patient has since done well. *Case* 5.—A man, aged 30, under the care of Mr. Fergusson, in King's College Hospital. In fair health. Calculus oxalic acid. Recovered.

Herniotomy.—The case left under treatment by last report (*Case* 9) has since recovered. In *Case* 7, Mr. Luke's, we accidentally omitted to state the duration of strangulation, which was three days. In *Cases* 12 and 14, Mr. Cock's, it was erroneously printed "sac opened;" it should have been in each, "sac not opened."

Number of cases, 13; recovered, 8; under treatment, 1; died, 4.

Case 1.—A woman, aged 37, in St. George's Hospital, under the care of Mr. Prescott Hewett; hernia femoral; strangulation eight hours; sac opened. Recovered. *Case* 2.—A man, aged 42, had suffered from an irreducible umbilical hernia for twenty-five years. Symptoms of strangulation had existed for sixty hours when the operation was performed. The sac was opened, and a large mass of very dark coloured omentum then came into view, beneath which lay a coil of small intestine, intensely congested. In attempting to separate these at a part where they adhered, a very minute pin-hole laceration of the bowel occurred, and some mucus and blood escaped. The opening in the intestine was then enlarged and stitched to the borders of the wound. The stricture having been freely relieved, the parts were left *in situ*, as reduction could not be effected. The man gradually sank after the operation, and died in about thirty-four hours. At the *post-mortem* no evidences of acute peritonitis were found; the intestines above the protrusion were distended with fæces. *Case* 3.—A man, aged 48, under the care of Mr. Cock, in Guy's Hospital. Hernia inguinal, strangulated thirty hours; stricture very tight. The sac was opened, and the intestine was found ulcerated beneath the anterior margin of the stricture. The perforation did not require enlarging, and its edges were accordingly carefully stitched to the margin of the wound, after which the rest of the protruded bowel was returned into the abdomen. For three weeks after the operation the patient did very well; the fæces, which at first had passed freely by the artificial anus, were beginning to come by the natural one, and the former was closing. Suddenly, on the 24th day, the man sank into extreme collapse, and died after a few hours' illness. At the *post-mortem* no lesion was discovered which threw any light on the cause of death. The intestine at the seat of perforation was well united to the surrounding parts. About four inches below the opening, a band from the omentum crossed the bowel in such a way as to partially stricture it, and there was a large accumulation of fæces above this point; there was no reason, however, to believe that this condition had been produced subsequent to the operation, nor was it at all sufficient to explain the termination of the case. *Case* 4.—A woman, aged 50, under the care of Mr. Birkett, in Guy's Hospital. Hernia femoral; strangulation forty hours; sac not opened. The stricture was in this case sufficiently relieved by dividing the margin of the femoral ring in a direction forwards without opening the fascia propria. The hernia had for years been irreducible, and a large mass of omentum appeared to be adherent, and could not be reduced; the intestine, however, was easily returned. Recovered. *Case* 5.—A man, aged 44, in St. George's Hospital, under the care of Mr. Johnson. Hernia inguinal; strangulated twelve hours; sac opened. Recovered. This man had been operated on at another Hospital some time previously on the same side. During his recovery the cicatrix of the old wound gave way; both, however, ultimately healed. *Case* 6.—A male infant, aged five months, under the care of Mr. Johnson, in St. George's Hospital. Hernia inguinal, of large size, and strangulated ten hours. The sac was opened, and, owing to the closeness of the stricture, it was necessary to incise it in several parts before reduction could be effected. The child recovered well. *Case* 7.—A man, aged 59, in St. Bartholomew's Hospital, under the care of Mr. Lawrence. Hernia femoral; strangulation 64 hours; symptoms not very acute; sac opened; intestine found inflamed, and adherent to the omentum; the latter left in the sac; recovered. *Case* 8.—A man, aged 60, who had been for years the subject of a reducible inguinal hernia on the left side, was admitted about six hours after having received a violent blow on the abdomen. He had the symptoms of strangulated hernia, and in the left inguinal canal was a small tender swelling. The operation was performed, but the sac, which was very much thickened, was found empty. The man lived after the operation for two days. At the *post-mortem*, extensive peritonitis was found, caused no doubt by a minute rupture of the small intestine, which was discovered about eight inches above the colon. There did not appear to have been any escape of fæces. *Case* 9.—A woman, aged 64, in St. Bartholomew's Hospital, under the care of Mr. Paget; hernia, femoral, strangulation twelve hours; symptoms urgent; sac not opened; recovered. The wound in this case almost healed by the first intention. *Case* 10.—A woman, aged 45, hernia femoral, strangulation ten hours; sac opened; death on the fifth day. At the autopsy, extensive serous effusion was found in each pleural sac; there was pus in the sub-peritoneal tissue behind the pubes and beneath the rectus muscle of the abdomen. The strangulated portion of bowel appeared to have quite recovered itself. *Case* 11.—A woman, aged 53, in St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, hernia femoral, strangulation twelve hours; sac opened; doing well. The patient in this case is blind and deaf, the subject of prolapsus uteri and of chronic bronchitis. In the sac a large mass of adherent omentum was found, which was left to slough away; it has kept up much suppuration in the wound, excepting from which the woman may now be deemed out of danger. *Case* 12.—A woman, aged 67, in Guy's Hospital, under the care of Mr. Poland; hernia femoral; strangulation twenty-two hours; sac not opened (fascia propria not divided); recovered. *Case*

13.—A woman, aged 48, under the care of Mr. Fergusson, in King's College Hospital; hernia femoral; strangulation forty-eight hours; sac not opened; recovered.

Ligature of Arteries.—T. R., a vintner's porter, of middle age, and accustomed to free living, was under Mr. Critchett's care, in the London Hospital, on account of a large abscess in the right cheek. Repeated attacks of profuse bleeding occurred, and pressure having ceased to be available, Mr. Critchett placed a ligature on the common carotid. A complete arrest of the hæmorrhage resulted, but the man sank exhausted, and died on the third day. The *post-mortem* showed that the abscess had extended backwards to the pharynx, and downwards into the neck.

Compression Treatment of Aneurism.—Mr. De Morgan's case in the Middlesex Hospital continues under treatment.

Amputations.—Of the cases reported last month, the following have ended fatally. *Case* 7.—After having appeared to progress well for eighteen days, the patient became feverish, and quickly sank into a state of well-characterised pyæmia. The tongue became brown and dry, and the features sunken; an abscess formed in the popliteal region. Death occurred on the 22nd day. No autopsy. *Case* 16.—Death took place on the 11th day from well-marked pyæmia. No autopsy. *Case* 17.—Death on the 12th day from exhaustion. No autopsy. With these exceptions the cases either remain under treatment or are recovered.

Number of cases, 20; recovered, 6; under treatment, 6; died, 7.

Of the *thigh.*—*Case* 1.—A man, aged 35, much exhausted by old-standing disease of the knee-joint, under treatment, and doing well. *Case* 2.—A man, aged 50, admitted on account of a severe gun-shot wound of the ankle-joint. He resolutely refused to submit to primary amputation, and only consented when the whole limb had become œdematous, and he had sunk into an almost typhoid state. Secondary amputation on the 7th day, and death on the 11th. Immediately before death there were some symptoms of tetanus, but he was in a hopeless state before their appearance. *Case* 3.—A man, aged 26, admitted into the Westminster Hospital, under the care of Mr. Holthouse, on account of a severe compound fracture, by which the knee-joint had been laid open. He had lost much blood. As soon as reaction had been established, amputation was performed, from the direct shock of which, combined, perhaps, with the influence of the chloroform, the patient was very near dying. He has since done well, although there has been a little gangrene of the stump. *Case* 4.—A girl, aged 15, under the care of Mr. Cutler, in St. George's Hospital, for diseased knee-joint. She was in fair health, and but slightly hectic. Recovered. *Case* 5.—A strumous boy, aged 13, under the care of Mr. Johnson, in St. George's Hospital, for diseased knee-joint. Recovered. *Case* 6.—A man, aged 35, in St. George's Hospital, under the care of Mr. Johnson, for pulpy degeneration of the synovial membrane of the knee-joint. Recovered. *Case* 7.—A boy, aged 16, in extreme hectic from disease of the knee-joint, which had commenced three months before by a scrofulous abscess external to the articulation. Death took place three weeks after the amputation, apparently from exhaustion. No autopsy. *Case* 8.—A man, aged 22, under the care of Mr. Brook, in the Westminster Hospital, on account of suppuration in the knee-joint, consequent on a wound. He was hectic and much reduced. He has done well since the operation. *Case* 9.—A man, aged 53, of feeble constitution, under the care of Mr. Birkett, in Guy's Hospital, for compound and comminuted fracture of the leg. In order to effect reduction, a large fragment of the tibia, which was loose, had to be removed, and also the lower end of the upper portion sawn off. Profuse suppuration followed, which so exhausted the patient's powers, that secondary amputation had to be performed on the 17th day. The man has done badly since the operation, and will probably die. Of the *Leg.*—*Case* 10.—A man, aged 40, under Dr. Peacock's care, in St. Thomas's Hospital, for typhus fever, on the 10th day after admission, was attacked by gangrene of the left leg. A line of demarcation having formed, and his general condition appearing to warrant it, amputation below the knee was performed a month later by Mr. Simon. At the operation none of the vessels bled in the least, all the arteries appearing to be plugged; ligatures were, as a matter of precaution, placed upon the tibials. A large portion of the upper flap afterwards sloughed, and troublesome abscesses formed. The man, however, improved somewhat in health, and at one time hopes of recovery were entertained. A month after the operation gangrene attacked the opposite foot, and death followed in a few days. At the *post-mortem* the arteries and veins of the left leg were found plugged with fibrin to some distance above the stump. There were also fibrinous deposits in some of the internal organs. *Case* 11.—A man, aged 32, in Guy's Hospital, under the care of Mr. Hilton, for compound dislocation of the ankle-joint, with comminuted fracture. He was a healthy man. Primary amputation in the upper third was performed, and, excepting some sloughing of the edges of the flaps, he has since done well. *Case* 12.—An Irishman, in good health, aged 35, admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, with severe compound fracture of *both* legs. Primary amputation by the circular method was performed on *both*, and the man has since done well, excepting a little sloughing of one of the stumps. He continues under treatment. *Case* 13.—A man, aged 19, in excellent health, came up from the country in order to have his left leg removed on account of very severe talipes varus, which prevented him from using it in walking. He was admitted under the care of Mr. Hilton, into Guy's Hospital; and, at his own urgent request, the amputation was performed. On the evening of the same day he became feverish; on the next day he had a rigor. A day or two later the left knee-joint began to swell, and subsequently a diffuse abscess in the thigh formed. Rigors continued to recur, and he rapidly sank; during the last few days jaundice was present. Death occurred on the 23rd day. The autopsy showed pus in both knee-joints; pus beneath the whole course of the rectus femoris, lobular pneumonia, pleurisy, hepatitis, and enlargement of the glands of the small intestine. No phlebitis was discovered. *Case* 14.—A man, aged 26, in excellent health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, had his leg amputated on account of distortion, resulting from an old injury, which, although for long quite healed, had left the member useless. The operation was done at his own request. During the first six days afterwards his condition was satisfactory; rigors, followed by profuse sweating, then set in, and death took place on the 9th day. At the autopsy, pus was found in the anterior tibial vein, and secondary deposits in the lungs and in one kidney. *Case* 15.—A man, aged 46, under the care of Critchett, in the London Hospital, in tolerably good health, but of irritable, desponding temperament, had his right leg amputated on account of epithelial cancer of the foot. A considerable quantity of blood was lost at the operation. Severe rigors subsequently occurred, and all the symptoms of pyæmia followed. Death took place on the 25th day. Pus was found in the knee-joint, and secondary deposits in the liver. Of the *Foot.*—*Case* 16.—A man, aged 19, in St. Mary's Hospital, under the care of Mr. Ure, on account of diseased tarsus. Mr. Ure removed the foot at the ankle-joint, leaving the posterior part of the os calcis. The stump is doing fairly. Of the *Upper Extremity.*—*Case* 17.—A girl, aged 13, under the care of Mr. Tatum, in St. George's Hospital, on account of an unhealed burn, involving the elbow, and of three years' duration. She was in good health. Amputation through the upper arm was performed, and she made a good recovery. *Case* 18.—A boy, aged 14, admitted into Guy's Hospital, under the care of Mr. Cock, on account of a severe compound fracture, involving the elbow-joint. Primary amputation in the lower third of the upper arm was performed. Slight erysipelas attacked the stump, but it notwithstanding healed quickly, and the boy was discharged within the month. *Case* 19.—A healthy seaman, aged 59, under the care of Mr. Birkett, in Guy's Hospital, on account of a severe compound fracture of the radius and ulna. Secondary amputation through the upper arm was performed on the fifth day, and he recovered well. *Case* 20.—A very feeble man, aged 63, had amputation in the upper third of the arm performed on account of senile gangrene. The gangrene had existed for six weeks previously, and had limited itself by a line of demarcation extending round the elbow. After the operation, a considerable part of the stump united by adhesion, but on the seventh day gangrene attacked the unhealed part, and death ensued on the day following.

Excision of Bones and Joints.—None of the numerous cases in this class left under treatment by last month's Report, can yet be recorded as recoveries; most of them are, however, doing well.

During the month there have been performed the following:—*Case* 1.—Removal of a small portion of exfoliated bone from the os calcis of a child aged 3 years, by Mr. Hilton, in Guy's Hospital. The posterior epiphysis of the bone is separated from its body, and it is probable that a second operation will be needed before the whole of the disease is removed. *Case* 2.—A boy, aged 4, under the care of Mr. Birkett, in Guy's Hospital, for diseased elbow-joint, chiefly implicating the ulna. Mr. Birkett opened the joint and excised the olecranon. The child has since been dangerously ill, but is now fast improving. *Case* 3.—Excision of the elbow-joint by

Mr. Fergusson, in King's College Hospital. The patient, a lad aged 18, had suffered for eight months from disease of the joint; he has done well since the operation, and the parts are rapidly healing.

Removal of Necrosed Bone.—Several operations of this class have been performed. Some of the more interesting we have already noticed, and none of the others require special mention. See *Medical Times and Gazette* for June 3.

Excision of Malignant Growths.—In Mr. Quain's case previously mentioned, the ulcerated surface is almost healed.

During the month there have been performed:—*Case* 1.—By Mr. Fergusson, in King's College Hospital, excision of a medullary growth from beneath the clavicle. The patient, a woman aged 48, had had a melanotic gland removed from her right groin three years ago. *Case* 2.—By Mr. Stanley, in St. Bartholomew's Hospital, excision of an epithelial cancer from the side of the tongue. The cicatrix has already taken on malignant action (before it was quite closed). The patient is a man aged about 40. *Case* 3.—By Mr. Cock, in Guy's Hospital, removal of a fungating mass, probably of soft cancer, from the scalp of a boy aged 14. In less than a month the disease grew again to its former bulk, and it has just been subjected to a second operation. *Case* 4.—Excision of the breast of a woman, aged 33, on account of scirrhus, by Mr. Johnson, in St. George's Hospital. *Case* 5.—Excision of the breast of a woman, aged 42, on account of scirrhus, by Mr. Johnson, in St. George's Hospital. *Case* 6.—By Mr. Brooke, in the Westminster Hospital, excision of almost the entire scrotum on account of chimney-sweep's cancer, in a man aged 50. There were no enlarged glands. The proper tunics of the testis were not injured, and the large wound is now healing well. *Case* 7.—Excision of a scirrhous breast from a woman, aged 44, in good health, by Mr. Quain, in University College Hospital. The wound has healed, and the patient has been discharged. *Case* 8.—By Mr. Cock, in Guy's Hospital, removal by ligature of a tumour, supposed to be cancerous, from the labium of a woman, aged 65. The mass was the size of a walnut, projected considerably, but had no peduncle. It was easily circumscribed, and, a double ligature having been passed beneath its base, was strangulated in two halves. Recovered.

Excision of Non-Malignant Growths.—Mr. Cock's case of tumour in the pharynx remains under treatment by the chloride of zinc. In Mr. Coulson's case of cheloid (April, *Case* 1) the disease has re-formed in the cicatrix of the wound. All the other cases mentioned last month are either recovered or nearly so. During the month there have been performed:—*Case* 1.—Excision of a cluster of scrofulous glands from the sub-maxillary region of a lad aged 16, by Mr. Hilton, in Guy's Hospital; recovered. *Case* 2.—By Mr. Prescott Hewett, in St. George's Hospital, removal of a very large sebaceous tumour, of thirty years' growth, from the scalp of a woman aged 63. There were many others. Some erysipelas followed the operation, but the patient afterwards recovered well. *Case* 3.—By Mr. Paget, in St. Bartholomew's Hospital, excision of a very large epulis from the upper jaw. The tumour was the size of half an orange, covered almost the whole of the hard palate, and everted the upper lip. The patient was a woman aged 60. The tumour had begun to grow twenty years ago, eight years after which, when about half its ultimate size, it had been removed by operation. Mr. Paget cut away the alveolar processes of the front teeth, to which the growth was firmly attached, and then dissected the mass away from the hard palate. The wound did well, and the patient was soon discharged. *Case* 4.—By Mr. Birkett, in Guy's Hospital, removal of a large epulis from the lower jaw. The patient was a strumous young woman, aged 26, who had known of the disease for about nine months. The growth extended along the right ramus of the jaw from the last molar to the first bicuspid, and had expanded the external wall of the bone outwards. Its surface was ragged and fungating. Instead of removing the portion of bone from within which the diseased mass grew, Mr. Birkett enucleated the latter by means of the gouge. Examination with the microscope showed its structure to consist of firm, fibrous tissue, with here and there bony spiculæ and cartilage, but no cancer-cells. The progress of the wound has hitherto been most satisfactory. *Case* 5.—By Mr. Birkett, in Guy's Hospital, removal of a mammary glandular tumour from the breast of a woman aged 47. The tumour had been growing for two years, and one of similar character had been removed from the opposite breast seven years and a-half ago. Recovered. *Case* 6.—By Mr. Cock, in Guy's Hospital, removal of a large fibro-cartilaginous tumour from the right side of the neck of a woman aged 48. It had been growing for many years, and had attained the size of a very large fist. Its attachments were very loose, and it was very easily enucleated. The wound quickly healed. *Case* 7.—By Mr. Stanley, in St. Bartholomew's Hospital, excision, for a fourth time, of a recurrent fibroid tumour from the interscapular region of a girl aged 11. The disease has, on each occasion, re-appeared in or near the cicatrix of the former operation. The child has always recovered easily.—*Case* 8.—By Mr. Lloyd, in St. Bartholomew's Hospital, excision of a large chronic mammary tumour, of nine years' duration. The patient was a healthy married woman, aged 41. Recovered. *Case* 9.—By Mr. Hilton, in Guy's Hospital, removal of a cyst from under the scalp of a child. This case is one of peculiar interest, and we shall report it in detail shortly. Several cases of minor importance, fatty, fibrous, and encysted tumours, have been operated on, but do not require separate mention. All the patients have done well.

Tracheotomy.—*Case* 1.—In Guy's Hospital, by Mr. Hilton, for the removal of a foreign body from the larynx of a child. The operation was completely successful, and the child has left the Hospital, the wound being healed. We shall publish the details shortly. *Case* 2.—By Mr. Humphrey, (House-Surgeon,) in St. Bartholomew's Hospital, on a young woman, in whom suffocation appeared imminent, from the pressure of a tumour of obscure nature in the front of the neck. Much temporary relief followed the operation, but the patient lived only eighteen hours afterwards. At the autopsy, a mass of medullary cancer was found extending downwards, and almost encircling the trachea.

Puncture of the Bladder.—In Mr. Simon's case mentioned last month, a permanent fistula has been established above the pubes, and the patient is quite out of danger from the operation, by which he has been much relieved. The cancerous growth by which the urethra had been obstructed now presses on the rectum also, and it is contemplated to make an artificial anus in the loin in order to prevent danger from this cause. During the month the operation has been performed by Mr. Hilton, in Guy's Hospital, under the following circumstances:—A man aged 26, who had had a troublesome stricture for six years, was admitted suffering from complete retention of twenty-four hours' duration. It was found impracticable to introduce a catheter; and, although the free use of opium enabled him to pass a very small quantity of urine, yet the retention was still so nearly complete, that on the second day after admission, his state was one of great urgency. A trocar was now passed into the bladder from the rectum. The canula was allowed to remain in the bowel for several days, and, after its withdrawal, the urine continued to pass by the wound for a day or two longer. In the meantime, however, the stricture had sufficiently relaxed to allow of a moderately free escape per urethram; and, when the man was discharged about a fortnight later, he was in as comfortable a condition in this respect as he had been for long, and an instrument of small size had also been passed through the stricture.

Removal of Impacted Calculus from the Urethra.—The following case occurred under the care of Mr. Callaway, in Guy's Hospital:—A child, aged 2 years, was admitted suffering from extravasation of urine into the scrotum, perinæum, etc., which was ascertained to have been the result of closure of the urethra by an impacted calculus. The prepuce being enormously distended, circumcision was first performed, and afterwards Mr. Callaway was able, by means of forceps, to extract the stone by the meatus, from which it had not been far distant. To prevent any further extravasation a flexible catheter was introduced, and left in. For four days the child made great improvement, but on the fourth, owing to the instrument having got stopped, a second extravasation took place. The catheter was now removed and replaced, and to relieve the parts into which urine had been infiltrated free incisions were made into the perinæum. The child was extremely ill at the time this measure was adopted, and it afterwards had the symptoms of peritonitis, from which it died three days later. At the *post-mortem* the tissues around the neck of the bladder and in the vesico-rectal fold were found in a sloughy condition, and the entire peritoneal surface was besmeared with soft, buttery lymph, apparently of very recent exudation. On a most careful examination no perforation of the peritoneum could be found.

Operations for Urethral Stricture.—In Case 2, mentioned last month, the patient has died. Death took place about six weeks after the operation, and was caused apparently by exhaustion. The wound had not closed. No autopsy was permitted. Mr. Holt's patient (Case 1) is doing well; the external fistula is closing; the catheter is regularly used.

There have been performed during the month:—*Case* 1.—A man aged 69, for six years the subject of stricture, admitted on

account of extravasation of urine, which had been gradually increasing for ten days. A staff was passed down to the stricture and the latter divided. On account of the irritation it occasioned, a catheter could not be borne in the bladder subsequently. Death took place seventeen days after the operation. *Case* 2.—By Mr. Fergusson, in King's College Hospital. The patient had a stricture which would admit No. 7, but which was very liable to contract, if not under constant treatment. An abscess having formed between the bladder and rectum, Mr. Fergusson took the opportunity, when laying it open, to perform also a perineal section of the stricture. The patient is thus far doing well.

Ligature, etc., of Nævus.—Operations of this class have been performed in cases respectively under the care of Mr. Fergusson, Mr. Cock, Mr. Hilton, Mr. Prescott Hewett, and Mr. Pollock. None of them require especial mention. A case of large aneurism by anastomosis is under the care of Mr. Lawrence, in St. Bartholomew's, and has been treated with partial success by means of the ligature. We shall report its details at a future time.

Plastic Operations.—Mr. Erichsen's case, mentioned last month, in which Syme's operation for fungous protrusion of the testis had been performed, has done well. The wound is healed, and the patient has been discharged. In 7 cases operations for *Hare-lip* have been successfully performed. In 3 cases operations for the removal of deformity from the cicatrices of burns have been performed, and remain under treatment. In a case in St. Mary's Hospital, Mr. I. Baker Brown has performed his usual operation for ruptured perinæum. A severe attack of erysipelas followed; and, although now subsided, has left the woman in a rather precarious condition. In a second case, Mr. Brown has operated for vaginal cystocele, and, as far as can yet be judged, with promise of a successful result.

Operation for Imperforate Anus.—On an infant aged three days, in University College Hospital, Mr. Quain performed an operation for imperforate rectum. The obstruction was about an inch and a half from the anus. It was opened by a trocar and canula, and remained patent for a week, when it reclosed. The operation was repeated, and a canula left in for some days. Since the last it has remained open for three weeks, but appears to be again contracting.

Tenotomy.—Mr. Paget's case, mentioned last month, continues under treatment. In several ordinary cases of *talipes*, the operation has been successfully performed. In a case of fracture of the leg, under Mr. Cock's care, in Guy's Hospital, it became necessary, on account of the difficulty of keeping the parts in apposition, to divide the tendo Achillis. The measure has been followed by good success.

LIST OF SCIENTIFIC MEETINGS.

This Evening, June 24.—Royal Botanic Society. Four o'Clock.
Tuesday, June 27.—Royal Medical and Chirurgical Society. Half-past Eight o'Clock.
——— ——— Zoological Society. Nine o'Clock.
Wednesday, June 28.—Microscopic Society. Eight o'Clock.

Medical Times & Gazette.

SATURDAY, JUNE 24.

OUR OLD AND NEW VOLUMES.

It becomes an agreeable duty at the close of a Volume which has been circulated much more extensively than any of its predecessors, to thank our old Friends for their continued confidence, and our new Subscribers for their valuable support. It may not be amiss, perhaps, to glance over the contents of the volume concluded by the present Number, in order to see how far that confidence and support have been merited.

Two complete Courses of Lectures have appeared in the present volume: a course of eight, on the Functional Disorders of the Stomach, by Dr. Budd; and another of five, by Dr. Peacock, on the Malformations of the Heart. Either of these courses supply the most complete monograph on their respective subjects hitherto published, and might have formed one of the small octavo professional volumes now so popular. Dr. Bence Jones's admirable course of Clinical Lectures on the Relation of Renal Disorders to Disorders of the Stomach and to other Acute and Chronic Diseases, which we commenced in our last volume, has just been completed. The occasional Lectures of Mr. Cæsar Hawkins, Professor Owen, Dr. Todd, Dr. Conolly, and Dr. Parkes, in addition to those just enumerated, would have rendered this department of the Journal unrivaled, even without the very excellent Clinical Lectures on Fever, by Dr. Stokes, of Dublin, commenced in this volume, which have very naturally excited unusual interest among our readers.

When among the writers of Original Contributions appear such names as Arnott, Ayres, Brodhurst, Bryson, Brown, Ballard, Chapman, Charlton, Coote, Herapath, Jones, Leared, Sir John Liddell, Marcet, Marston, Neale, Pearse, Ramsbotham, Snow, Spurgin, Tatum, Taylor, Teale, Waller, Walton, Wilde, and many others, in a single volume, it must be quite needless to assert, that a work containing the latest observations of such men is absolutely necessary to those of our Professional brethren who wish to keep themselves up to the state of Medical knowledge of the day.

The Reports of the London and Provincial Practice of Medicine and Surgery have been published weekly without a single intermission, and have been expressly prepared to furnish the General Practitioner with a correct idea of the actual state of Hospital Practice in England. The Statistical Reports of the Results of Operations which have appeared monthly and quarterly will afford data never before attainable. These Reports we are gradually rendering more interesting and perfect. In our Leading Articles, no question bearing on the interests or honour of the Profession has been allowed to pass without comment; and the Review Department has contained notices of every book sent to us up to a recent date. The Selections from Foreign Journals have included a great number of detached observations interesting to scientific practitioners. The Reports of Societies have been regularly published, never later, and often earlier, than in any other Medical Journal. The Reports of the Pathological Society have appeared in this Journal exclusively. The Departments of Foreign, Provincial, and General Correspondence, have, thanks to our numerous friends, included many letters of great interest; and the latter pages of each Number have contained much "Medical News."

The same arrangement will be followed in the new Volume. Dr. Stokes's lectures will be continued. Some Clinical Lectures on Surgery delivered during the present session at King's College Hospital, by Mr. Fergusson, will be reported exclusively for us. Professor Hofmann has faithfully promised the two or three Lectures still due from him. A selection from the Lectures on Materia Medica, delivered this spring at the College of Physicians, by Dr. Bence Jones, will appear. Mr. Toynbee will supply a short Course of Clinical Lectures to be delivered at St. Mary's Hospital, on the Diseases of the Brain produced by affections of the Ear. Occasional Lectures by Drs. Todd, Parkes, and other eminent authorities, will complete this department. The Official Reports selected from documents in the Army and Navy Medical Departments by authority of the respective Directors-General, will be continued, and, it is expected, will receive additional interest from occurrences at the seat of war. The important series of Communications commenced by Dr. Ramsbotham, Dr. Rigby, Dr. Burrows, Dr. Kirkes, Mr. Wilde, and Mr. Brodhurst, will be continued occasionally; and another will be commenced upon Plastic Surgery by Mr. Spencer Wells—a subject not yet treated systematically in our language. Mr. Wells will furnish a series of essays, intended to make our readers fully acquainted with

what has been done and is doing in Germany, France, and Italy in this interesting department of our art—illustrating his descriptions with numerous wood-cuts.

On the part of the Proprietors, we may add, that increased support has led to additional outlay, with the determination that the confidence of the Profession should be met by greater efficiency in every department of the Journal.

We cannot conclude this notice of the current Volume without some allusion to an action against us which has been fully reported in the daily papers. Having been misled by information which on careful inquiry turned out to be untrue and incorrect in every particular, we pursued what appeared to be the most honourable course, retracting in our next Number the errors into which we had been led; and, as that was not deemed sufficient, offering the most complete apology in open Court. We have always believed, that when an error has been committed, it is the most manly and honourable course to confess it, and have accordingly acted upon this principle.

PSEUDO-SURGEONS.

A case was lately brought before the Southwark Police Court in which a woman had received some severe wounds from the hands of a lodger, and died in consequence of hæmorrhage from the left femoral artery, which appears to have been divided. It was stated in evidence that when the condition of the woman was discovered a Surgeon was sent for, and a Mr. Johnson, who was first summoned, refused to attend; and when another Surgeon arrived he found that life was extinct.

Some remarks having been made upon the non-attendance of Mr. Johnson, that individual addressed a letter to the Magistrate of the Police Court, giving the following extraordinary reasons for his refusal to succour the dying woman. He stated that he was not qualified to practise legally, *and that if he had attended he would have subjected himself to a fine of* 20*l*. Here we must beg to differ with Mr. Johnson; he would have been exposed to the fine if he had practised *as an Apothecary*, but no punishment would have awaited him for practising *as a Surgeon*, and the case of the wounded woman was undoubtedly surgical.

Again, Mr. Johnson alleges, in his letter to the magistrate, that if he had failed to stop the bleeding, and had neglected to tie the divided vessel, he would have been liable to an action for malpraxis; but here again we think that Mr. Johnson evinces great ignorance of the laws of the country, and of the practice of our Law Courts. In fact, the want of any qualification would have completely protected him. Repeated precedents have shown, as in the case of Mr. Housley, that a *qualified* Surgeon may be punished, and punished severely, for an error in judgment, or even for an unfortunate event which no amount of science could have prevented; but an *unqualified* man is protected by the law courts of the country, *because he is unqualified.*

In fact, any person may practise Surgery with impunity. There is no law whatever to prevent a man from practising in that capacity whether with or without a qualification. And as for an action for malpraxis, the qualified man stands but little chance against the empiric.

We have often lamented this state of things, and we deeply regret that some measure for separating the legal practitioners of Medicine and Surgery from impudent pretenders has not yet passed the Legislature. The circumstance of a man pretending to act as a Surgeon (for we are assured by a Correspondent that Mr. Johnson has a brass plate on his door with the title Surgeon-Accoucheur), and refusing to give aid to a dying female, is a disgrace to a civilized country; and we earnestly hope that the subject will attract the attention of Lord Palmerston, who has lately evinced considerable zeal in Medical matters, and who possesses sufficient influence to remedy an evil so discreditable to the age, and so revolting to the common feelings of humanity.

ALLEGED MALPRAXIS AT THE ROYAL FREE HOSPITAL.

An inquest upon the child who died after the operation of lithotomy to which we alluded in a former Leading Article, has been ordered by Lord Palmerston. The inquiry commenced on Tuesday, and stands adjourned for Tuesday next, at the Wheatsheaf, Kenton Street, Brunswick Square. We shall enter fully into all the circumstances of the case after the termination of the proceedings.

REVIEWS.

Zur Pathologie und Therapie der Krankheiten des Huftgelluks. Von Dr. Johann S. Buhring. Berlin. 1852.

Contribution to the Pathology and Treatment of Hip-joint Disease. By Dr. Buhring.

In this monograph of 150 not closely printed pages, Dr. Bühring has favoured the Profession with a series of excellent articles on some of the more doubtful questions involved in the nature and treatment of the too frequently intractable "disease of the hip-joint." Being the director of an orthopædic establishment in Berlin, the Author especially directs the reader's attention to the causes and the management of the consecutive deformity. The work constitutes an argumentative exposition of the Author's views, does credit to his powers of observation, and shows him to be an experienced practitioner. We are unable to agree with him on many points, but we consider that he has thrown additional light over several obscure subjects.

The first and second chapters are respectively devoted to the consideration of the elongation and "apparent shortening" which characterise two of the stages of ordinary hip-joint disease. He sets out by denying that either real elongation or real shortening takes place. He attributes the appearance of these phenomena to temporary position of the member, and refers to the inimitable statue of the Apollo Belvidere as an illustration that the "apparent" lengthening of one limb—that which is at rest, or which is comparatively unemployed,—is due only to temporary position, the centre of gravity passing through the opposite limb, which is extended, like a perpendicular pillar, to support the trunk. Now, there can be no doubt that, in the majority of cases, especially when the indvidual is in the erect position, the greater part, if not the whole, of the elongation is simply due to temporary position, an apparent elongation of one or two inches, for example, being not uncommon. But it is equally certain, for we have convinced ourselves of the fact by carefully repeated measurements from crista ilii to malleoli, made in the recumbent position of the patient, that actual elongation sometimes occurs to the extent of three-quarters of an inch and upwards. Relative to this matter, Dr. Bühring is correct in his assertion as a rule; but, in his zeal to overthrow the prevailing belief that considerable positive elongation constitutes the essential character of one stage of morbus coxarius, he has overstepped the legitimate deduction which a broader view of the facts of the case would have enabled him to make. We are aware that recent dissections of Bonnet and others throw doubt on the existence of intra and extra-articular effusion and thickening adequate to account for elongation, but as the phenomenon in question is not invariably present, and, when present, only a particular stage, the difficulty of demonstrating its cause from morbid anatomy is obvious. Against the positive fact of elongation, proved to exist by careful measurements of the member from end to end, it is not sufficient to advert to the circumstance that morbid anatomy does not clearly reveal in what manner the elongation is produced. In our opinion, a primary effect of inflammatory lesion, or of the peculiar lesion of nutrition and secretion which constitutes hip-joint disease, besides the increased deposit within and without the joint, resulting from that lesion, (which we believe, from manual examination of the part, and from analogy with similar diseases in other articulations, to take place,) is, to throw the limb into a state of volitional repose and physical relaxation favourable to its elongation.

The subject of "apparent shortening" in the third stage of the disease is handled with the author's accustomed ability; but

we slightly differ from him in his conclusions, inasmuch as we think he goes too far in asserting that the whole of the shortening is apparent, and alone due to abnormal flexion, adduction, and inward rotation of the thigh. We believe that he is correct in respect of cases in which the disease is but recent; but when the complaint is chronic, atrophy, or, more properly, arrested growth of the limb, contributes to the relative deficiency in length.

We consider that the muscles effect the shortening at first through a preternatural contraction, sometimes termed a spasmodic activity, and that subsequently they maintain it by their becoming structurally or organically shorter. We are of opinion that the author, with Medical Practitioners in general, too readily assumes the existence of a preternatural or spasmodic activity in these cases. We are not believers in spastic activity excited by peripheral influence in hip-joint disease, but consider that the contraction, rigidity, and deformity may be explained without reference to spasm. The existence of structural shortening after the lapse of time is incontestable; but Practitioners at the bedside should be slow to admit that even this structural shortening may not be remedied by gentle means. Too much importance is also attached by Dr. Bühring to confinement to horizontal posture as a cause of shortening. We may appeal to those familiar with the out-patient department of our hospitals, whether they have not observed numbers of unfortunate children who have flung themselves about on a crutch during all stages of the disease, who have exhibited the characteristic flexion, adduction, shortening, and deformity, in all their intensity.

The author lays down a valuable guide for discrimination of the knotty point of dislocation or no dislocation in these cases. "Apparent luxation" is common, real dislocation of the head of the femur from the acetabulum very uncommon. Dr. Bühring says:—

"The never-failing signs of a true luxation upon the dorsal surface of the ilium are, the absolute and permanent approximation of the trochanter to the crista ilii, its diminished prominence towards the outside (nach aussen), and, above all, that it is invariably possible, while feeling the distinct outline and form of the head of the femur in its abnormal situation, to distinguish the peculiar edges of the empty acetabulum by pressing the fingers deeply into the inguinal region from within outwardly. . . . A line drawn upon the hip from ant. sup. spin. process of ilium to the lowest point of the tuber ischii crosses the acetabulum precisely in the direction of its vertical diameter, in whatever angle the thigh may be in relation to the pelvis. In the natural state of things this line will pass by the upper extremity of the trochanter, scarcely touching it. In real dislocation upwards and backwards, (in which, by the bye, the tuber ischii is felt with difficulty, while in apparent luxation it is very prominent,) the line in question stretches below the trochanter and the distinctly perceptible head of the femur. This simple test should always be applied, as it leads to safe and infallible conclusions."

After passing in review the various means advocated at different times for treatment of diseased hip-joint, the author devotes himself successfully to the consideration of the treatment of the false anchylosis which usually remains. He is justly opposed, as a rule, to violent extension of the hip, with or without anæsthetics. Upon this important subject the author shall speak for himself. "It should be remembered, that from the operation (forced extension with chloroform) nothing, in the majority of instances, is gained but a momentary removal of the abnormal angle of the thigh, inasmuch as this part, if left to itself, often immediately after the cessation of the effects of the narcotic, returns to the evil position; that the same careful and protracted orthopædic treatment is requisite as when the treatment is undertaken solely by gentle and gradual manipulations, and appropriate apparatus; that fractures may be easily caused in situations where they are not wanted, namely, at the neck of the femur, and that frequently, through violent 'breaking-straight' (as I have experienced in my own practice), the limb is rendered unserviceable for a longer period than would have been required by a rational orthopædic treatment. When we also remember that we can never trust the concealed enemy, that the old disease may recur with renewed intensity, and life be sacrificed, we shall be careful to restrain the employment of violent extension under chloroform within proper limits, and, above all things, select that treatment of hip-joint deformity which, as far as can be attained by human art, effects the end with certainty and without danger." The end proposed may, in many cases, be reached in the manner recommended by Dr. Bühring, viz., by gradual extension, in an apparatus attached to a sort of a couch, the pelvis being fixed by appropriate pads, adjusted by screws. A glance at the drawing attached to the author's work at once explains its operation. We can, from repeated trials, speak favourably of an apparatus of this nature. We would not counsel constant recumbency in the apparatus, but vary its employment by open-air carriage exercise, or with the aid of crutches, and the use of some simple retentive contrivance worn for a few hours daily.

We now take leave of our author, satisfied, on the one hand, with having made our readers acquainted with the leading contents of one of the latest works on the rational treatment of an important deformity; and, on the other hand, desirous of expressing our obligations to the author for the valuable contributions he has made to practical orthopædy.

PROGRESS OF MEDICAL SCIENCE.

SELECTIONS FROM FOREIGN JOURNALS.

NEW VARIETY OF HÆMORRHAGE FROM THE LARGE INTESTINE OF NEW-BORN INFANTS.

By DR. SCHULLER.

This variety of intestinal hæmorrhage presents little interest relative to diagnosis and therapeutics, but its anatomico-pathological rarity, and the singular mode of its formation, demand some amount of attention. The principal seat is the follicles of the large intestine. Upon opening the bodies of the little patients, M. Schuller found in the lower part of the large intestine a larger or smaller quantity of blood, mixed with fæcal matter. The mucous membrane in this region was studded with eminences, varying in size from the volume of a lentil seed to that of a pea; these little tumours were nearly confluent, being separated by an interval of scarcely two lines. Attentive examination of each of them showed that they were formed of isolated follicles, full of blood. Dr. Schuller relates the history of three patients in whom he met with this lesion. It is there seen that in two infants diarrhœa was absent; in the third it had ceased some time before the sanguineous discharge. In these three cases the seat of hæmorrhage was exclusively the large intestine, and the disease was attended by small extravasations of blood around the anus. The intestinal hæmorrhage terminated rapidly in death. Of the three infants attacked by this malady, two were feeble, the third of moderately good constitution.—*Zeits. d. k. k. Gesells. d. Aerzte zu Wien*, 1854.

OVARIAN CYST CURED BY THE TINCTURE OF IODINE ADMINISTERED INTERNALLY.

By Dr. FICINUS.

Dr. Ficinus is not the first who has attempted to cure ovarian cysts by the tincture of iodine. Such preparations have long been recommended both in England and in France. For some years the employment of the remedy internally has fallen into oblivion, and iodine has been used for the treatment of ovarian cysts by injection only. The danger inseparable from this latter mode of its employment has deterred the general body of Practitioners from adopting it. The means pursued by the author are not exposed to the same reproach, and we relate his case, without expressing an opinion as to the prospect of others being found equally satisfactory in other hands. Dr. Ficinus was called, in April, 1853, to a woman aged 21 years, married eight months, and supposed to be enceinte. For some days she had experienced severe abdominal pains, such as prevented manual examination of the part. Nevertheless, it was supposed that a distinct fluctuation could be felt over the tumour in the hypogastric region. Upon examination per vaginam, it was ascertained that the neck of the uterus was shortened, as might be the case in the fifth month of utero-gestation. The patient had never felt the movements of the fœtus. This examination, although incomplete, induced Dr. Ficinus to believe in the existence of an ovarian cyst. He ordered infusion of the leaves of digitalis with nitrate of potass; cupping to the abdomen, followed by mercurial and iodine frictions. Under the influence of this treatment, the condition of the patient improved, the fever and pain diminished. A fresh examination confirmed the diagnosis of encysted dropsy of the ovary. He then prescribed 25 drops, repeated thrice a-day, of equal parts of tincture of iodine, aconite, and digitalis. Ultimately the dose was increased to 35 drops. About the middle of the month of May, the tincture of

aconite was replaced by the tinct. lem. colchici. Improvement went on so rapidly, that, by the middle of the month of July, the patient resumed her usual avocations. The abdomen was much reduced in size, but an indolent tumour of inconsiderable volume was still felt at the inferior part of the left hypogastrium. —*Allgemeine Medic. Centr. Zeit.*, March 18, 1854.

UPON THE UTILITY OF INJECTIONS OF IODINE INTO THE CAVITY OF THE PERITONEUM.

By M. RODOLFI.

In order to appreciate this method, which has become popular by some amount of success, and is gradually acquiring more regular conditions of application, M. Rodolfi confines himself to five observations, and these are examples both of failure and of death.

Observation 1.—A man, aged 48, the subject of ascites for the last two months, had been twice tapped, and been treated by frictions of different kinds without success. Upon the 8th September, 1852, a third puncture was made, after which the integrity of the viscera was ascertained. There was then injected about three ounces of distilled water, three drachms of tincture of iodine, and forty grains of iodide of potassium, into the abdomen. The fluid did not return. This was followed by febrile re-action for four days, the pulse beating 115. Severe peritonitis, requiring the repeated application of leeches, ensued; and, although the active treatment subdued the urgent symptoms, the patient suffered from diarrhœa and emaciation. On the 19th the ascites were resproduced. Death ensued on Nov. 5.

Necropsy.— There were twelve ounces of fluid in the peritoneal cavity; chronic peritonitis; enlarged mesenteric glands; the portal vein inflamed, and partially obstructed by false membranes.

Observation 2.—A man, aged 32, became ascitic for ten months in consequence of intermittent fevers. Iodine injections were performed July 27, 1852. A moderate amount of inflammatory action ensued. On the 31st, ascites was again perceptible.

August 15.—A second injection, with the same results. At the end of twenty days there was re-appearance of the fluid, accompanied by rapid emaciation. Death Sept. 17.

Necropsy.—Abundant serous effusion; hypertrophy of the liver and spleen; chronic peritonitis; numerous points of suppuration in the parietal peritoneum; inflammation of the portal, splenic, and mesenteric veins.

Observation 3.—A man aged 27, scrofulous, the subject of frequent bronchitis and obstinate diarrhœa, had suffered from ascites for three months. For two months he had been treated without success by iodine, mercurials, and diuretics. November 1, the first puncture was made, and iodine was injected into the peritoneum. Severe pain over the whole abdomen ensued, and leeches were applied. On the 6th the fluid re-appeared, and became the more abundant as the condition of the abdomen was more natural. Dyspnœa, emaciation, and weakness supervened, and he died November 30.

Necropsy.—Twenty pints of serum in the abdomen; arterial injection of the peritoneum; cirrhosis of the mesenteric glands, with several centres of suppuration; a varicose condition of the mesenteric veins.

Observation 4.—A man, aged 40, of sanguineous temperament, suffering from ascites for two months; having been tapped before, and cured by diuretics; was subjected to the treatment of injection, October 25. He was already emaciated, suffered from dyspnœa, œdema of the legs, and suppression of the urine. Severe pain followed the operation. On the fifth day the fluid re-appeared. Death ensued December 1.

Necropsy.—Twenty pints of fluid in the abdomen: peritonitis with suppuration; varicose condition of the intestinal veins; discoloration of the spleen; cirrhosis of the liver. Phlebitis had produced obliteration of the second and third ramifications of the portal vein.

Observation 5.—A man, aged 50, became the subject of ascites, after a severe cold, followed by violent intestinal pains. Different remedies having failed, a puncture was made, August 21. Then forty grains of tincture of iodine, in three ounces of distilled water, were injected into the peritoneum. Four hours afterwards, violent pains extended over the whole abdomen, when venesection to twenty ounces was directed. The day following, the pain not having abated, thirty leeches were applied. On the 21st there was vomiting; small pulse. Death ensued on the 25th.

Necropsy.—Extreme emaciation; tympanitis; gangrene of the peritoneum; varicosity of the abdominal veins; all the viscera sound.—*Gazzetta Medica Lombardia*, April 17, 1854.

GENERAL CORRESPONDENCE.

POOR-LAW MEDICAL OFFICERS.

[To the Editor of the Medical Times and Gazette.]

Sir,—I was much pleased with your leading article of this day, on the subject of Poor-law Medical Relief, and the inadequate pay of the Medical officers, because it is one on which I have had a long correspondence with Boards of Guardians and the Poor-law Board.

All the cases you have held up to public odium fall far short of mine. My cases were in a district of the healthy union of Reigate, and I positively incurred the ill-will of the Guardians for vaccinating the paupers at 1s. 6d. each; so that (before the passing of the late Vaccination Act) the Relieving Officer actually went round and told the people that "they be'ant a-bound to have their children vaccinated." These matters and facts are fully detailed in my "Correspondence with the Poor-law Board," which was ordered before the House, on the motion of Mr. C. Foster, in connexion with the truck system then prevalent in that union.

In Poor-law Medical affairs, anomalies of the most striking character abound. One union—say, of 20,000 inhabitants, and 50,000 acres—pays its Medical officer not enough to keep his horse, while the clerk gets 150*l.* a-year. Another union of the same extent, with more paupers, pays the clerk less than half the money, while the Medical officers fare a little better. One has only to compare the advertisements from the daily papers, as they appear, to be assured of the entire absence of any equitable system of remuneration.

I am now fully aware of the fact, that paupers in the Reigate union are compelled under present arrangements to lose a full day's work, and sometimes to walk twenty or twenty-four miles, before they can obtain any relief for a sick member of their family, because, from the inadequate payment and the ungentlemanly treatment Medical men are frequently exposed to, the parochial appointments are often declined by gentlemen who are best qualified and situated to afford prompt and efficient Medical relief. I am, &c. J. B. Budgett.

London, June 19, 1854.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

June 13, 1854.

Dr. Barker in the Chair.

A PATHOLOGICAL INQUIRY INTO THE EFFECTS OF SYPHILIS UPON THE UTERINE ORGANS, ETC.

By F. W. MACKENZIE, M.D. Lond.

The author, after referring to the various researches which had been published upon this subject, and having pointed out that the physical lesions of the cervix uteri met with in connexion with syphilis had been carefully noted and recorded, that the influence of syphilis in disturbing the reproductive functions had been fully investigated, as also its effects upon the offspring, observed that many questions relating to the subject of syphilitic diseases of the uterine organs had not yet been satisfactorily made out, and that the whole matter required to be comprehensively surveyed. Impressed with this belief, and struck with its importance, he had been led to undertake the investigation, and was about to submit to the Society the results of his inquiries. These had been carried on at the Lock Hospital, with the permission of the surgeons of that institution. He had taken a large number of cases indiscriminately from the patients who presented themselves, and had noted down all the particulars he could obtain respecting the history of the syphilitic infection, the condition of the uterine organs before and after infection, the physical appearances of the cervix uteri, and the re-action of any uterine lesions upon the general health. All these facts he had afterwards thrown into a tabular form, and placed under separate heads each series, and from this tabular analysis the present paper had been compiled. The results of the inquiry had led the author to conclude that syphilis, in its more ordinary forms, tended specifically and directly to derange the uterine organs and functions, and he was of opinion that this derangement

was often greater than the Profession generally had recognised. He entered, in the first place, into a consideration of the several uterine lesions of function which had been met with in the cases he had collected, arranging and describing them under the several heads of "Lesions of Enervation," "Menstruation," "Mucous Secretion," and "Reproduction;" the latter comprising the effects of syphilis upon conception, pregnancy, labour, and the offspring; and with the statistics of each lesion he gave the social condition of the patients in which each particular abnormity had been met with. The conclusions deduced from this part of the inquiry were, that the syphilitic poison directly tended to produce derangement of all these several functions, the relative frequency of which was pointed out in a commentary upon each lesion. The author then proceeded to consider the character of the physical lesions of the cervix uteri which follow upon syphilitic infection, arranging them under the several heads of "Lesions of the Investing Mucous Membrane, and of the Body of the Cervix;" the former comprising changes in the vascularity and integrity of the membrane; the latter, enlargement and induration of the cervix. The author stated, in regard to these, that their specific relations to syphilis were less obvious than those of the former class, referring to the impossibility of determining in all cases whether they had existed or not before syphilitic infection; but he was of opinion, from various circumstances, that they were really the effects of syphilis, although the actual connexion was difficult to establish. He pointed out, in support of this view, their extreme frequency in syphilitic cases; that in the majority there was an absence of those constitutional causes or conditions out of which such lesions commonly arise; and he added the fact that, in the earliest cases of syphilis, they had been rarely met with—a circumstance tending to show that, in the great majority, they had really followed upon rather than preceded the manifestation of syphilis. He next entered upon an analytical examination of each of these lesions, giving the proportionate frequency of their occurrence, their general characters, and the social condition and habits of the patients in each of the cases in which they had been met with. The general results of this examination were to convince the author that these abnormities were very commonly met with in connexion with, and, as he believed, as a consequence of, constitutional syphilis. From the examination of the several lesions of the uterus, functional as well as structural, which had been met with, the author proceeded to submit some general deductions which appeared to flow from his inquiries connected with the subject of syphilitic derangement of the uterus. He treated successively of the earliest and latest manifestation of uterine disease as a consequence of syphilitic infection, of the relations of such disease to particular forms of syphilis, and their diagnosis as deducible from their physical appearances and general history. He then briefly considered the question of the communicability of constitutional syphilis, and expressed himself in favour of the affirmative, notwithstanding that the experiments of Hunter and Ricord tended to show that the secretion of secondary sores was not inoculable; and pointed out what appeared to him to invalidate the conclusions they had drawn from inoculation, adding an opinion that the question could not be settled by such proceeding, and that no experiments had been or could be performed in a manner at all analogous to that in which it was assumed that constitutional syphilis is commonly communicated from one sex to the other. He then entered briefly into the consideration of the effects of treatment, and concluded by referring to the tabular analysis of cases which accompanied the paper for such further details connected with the inquiry as its necessary limits obliged him to exclude.

Mr. Acton thought, that Dr. Mackenzie's charge of inattention to the subject on the part of other authors had not been borne out; and he regretted that no diagnostic symptoms had been laid down in the paper, by which to distinguish the various functional disorders of the uterus arising from syphilis from those produced by other causes. The author stated, that the best way of determining whether the symptoms were syphilitic was by the existence of syphilis in the individual; but his (Mr. Acton's) experience was, that many persons might have the diseases that had been described without being affected by syphilis at all. The author had taken a certain number of lesions, and came to the conclusion, though unfairly, that they depended upon syphilis. That disease had quite enough to answer for without having anything further groundlessly attributed to it. All the lesions described by Dr. Mackenzie had been described by authors who had written on the uterus as existing independently of syphilis; how, therefore, could they tell whether, in the eighty cases referred to, the lesions were produced by that disease or not? It was too much the habit, in the present day, if a disease was observed for which a name could not be found, to say that it depended upon syphilis. This was not just; and it should be remembered that many diseases might occur with syphilis, without being dependent upon it, their existence together being mere coincidences.

Dr. Webster asked if it was not a common occurrence for children to have syphilis immediately after birth, as in some of the eighty cases referred to. He believed that half of the deaths in this country from syphilis occurred in children under a year old.

Dr. Tyler Smith said, the form of leucorrhœa described by Dr. Mackenzie was found in persons having other signs of syphilis, such as sore throat, disease of the skin, etc. There was one positive element of diagnosis which should be remembered. When syphilitic symptoms occurred in other parts of the body, the disease of the uterus might be regarded as connected with secondary syphilitic disease. Many women became pregnant during the presence of the syphilitic symptoms; eruptions were observable in the children, and they often died soon after birth. A positive diagnosis was thus furnished. In one point he (Dr. Smith) differed from Dr. Mackenzie; for in his (Dr. Smith's) experience of cases like those under consideration, menorrhagia was the most frequent form of disturbance of the catamenial function, occurring much more frequently than suppression. In general the syphilitic poison did not interfere with child-bearing; but cases had occurred in which, after a child was born, affected with syphilis, the woman, with no other apparent disorder, had never borne another child. With respect to the time during which secondary syphilis endured, he had seen it *several times* at an interval of *twenty years* from the time when it was apparently communicated, there having been a constant succession of abortions, or deaths shortly after birth. In such cases women were usually impregnated by men suffering from secondary syphilis. The man might be but slightly affected, but the woman might experience a violent attack, and her children die rapidly one after the other. The woman seemed to get an additional dose of poison with every impregnation. He (Dr. Smith) had seen numerous cases of women having secondary syphilis without the existence of primary syphilis at all.

Dr. Mackenzie thought that Mr. Acton had misapprehended his remark respecting the investigation of other authors. He fully admitted that many important communications had been made by others, and that the principal uterine lesions to which he had referred had been before described; but what he stated was, that there were many circumstances connected with the inquiry which had not received the consideration their importance deserved. Mr. Acton said that the lesions in question were met with independently of syphilis; but he overlooked the circumstance, that in every case from which any inference had been deduced, he (Dr. Mackenzie) had given the history of the uterine functions before and after infection. Had he simply taken the eighty cases, and associated them with syphilis, he should have committed a great blunder; but where he conceived he had done some service was in contrasting the uterine functions before and after the syphilitic infection had taken place. In an excellent work, published by Dr. West, it had been shown, that intemperance, profligacy, and sexual excess were not so productive of uterine diseases as had been supposed. Removing, then, those causes, (which might be supposed to be very productive of uterine disease,) there was an additional argument in favour of the supposition that the lesions he had described were syphilitic, though he believed that was not the general impression. It had been said that he (Dr. Mackenzie) had not stated any diagnostic symptoms; but, if nothing was to be believed that was not demonstrated by the senses, the whole science of medicine must soon be extinguished.

REMARKS ON A PECULIAR FORM OF TUMOUR OF THE SKIN, DENOMINATED PACHYDERMATOCELE,

ILLUSTRATED BY CASES.

By VALENTINE MOTT, M.D., Emeritus Professor of Surgery in the University of New York.

The dermoid tissue is liable to a greater variety of diseases than any other in the body; and among the rarer forms of morbid changes the subject of the present paper seems the most remarkable. The author believes that strong mental impressions on the mother's part may leave physical traces upon the infant's body, and he is inclined, at least in one case, to refer the disease now under consideration to some such cause. His description is drawn from five cases, in all of which the disease had commenced

in a small congenital brown mole or spot, and had increased with the years of the individual, until, as in three of the cases, the morbidly-changed parts presented hideous and disgusting deformities. They have all been more brown than the surrounding integuments, with a flabby feel, very like a relaxed and very emaciated mamma. In several of the cases there were two and three layers, or storeys, resembling, in one upon the neck, the fanciful and successive turus of a tippet, or the folds of a rich maroon velvet curtain. There is no great amouut of vascularity, nor does the growth shrink much when separated from the living parts. The subdermoid areolar tissue seems to be hypertrophied, but there is very little appearance of bloodvessels upon the cut surface. The tumour may return, hence careful pressure is requisite during the granulating stage of the wound after extirpation. The sense of feeling is mostly numbed; in only one case there was ulceration, but the secretion of an acrid discharge rendered constant ablution with subsequent powdering absolutely necessary. An account of the microscopical examination of the morbid tissues was furnished by Dr. Sweet, and the cases were illustrated by four large coloured drawings. The author extirpated the morbid parts when practicable.

SOCIETY OF ARTS.

Wednesday, June 7, 1854.

A paper was read on

INDUSTRIAL PATHOLOGY; OR, THE ACCIDENTS AND DISEASES INCIDENT TO INDUSTRIAL OCCUPATIONS.

By T. K. CHAMBERS, M.D.

[We regret that we can only find room for a very short summary of this interesting paper.]

Corporeal labourers arc both shorter lived aud endure more physical evils than the mental labourers. There are two distinct classes of evils to account for this. In the first are included poverty, ignorance, political weakuess, and other circumstances which prevent handicraftsmen surrounding themselves with the defences against pain and death placed in the power of their superiors. 2ndly, causes arising out of the nature of various descriptions of bodily exposure and exertion. Here lies the field for industrial pathology. The first class depend mainly on the work not being sufficiently regular or plentiful, or being underpaid, or some such economical mismanagement; the second is aggravated by abundauce; the more a man has to do the worse he fares. To illustrate this. There are two coal-whippers at a time of a commercial crisis in the coal trade; fewer hands are wanted; one gets turned out of work, and the other is kept on. In six months the one out of work is starving, because so weakened by temporary want of food that he was not fit for employ when he could get it. The other man has worked as hard as possible, jumping up a foot or two, and throwing his whole weight on to a rope for ten or twelve hours a-day,—the most wasteful, unscientific, and pernicious expenditure of human muscle ever devised. The consequence is, that his heart canuot stand it, the fibres are overstrained with these continued violent jerks, and the organ becomes diseased. And thus the industrious, well-paid man dies at forty. Here industrial pathology comes into play. It is the duty of that science to find out why such and such labour is injurious in a special manner, and to suggest a remedy. Painters, again, are liable to colic and palsy from the use of white lead; we may introduce a substance equally convenient, in the shape of white zinc or other substitutes. Tailors sit all day in a confined atmosphere, with the legs crossed and the spine bowed, so that neither the ribs nor the digestive organs have room to act. The consequence is, that the stomach and bowels become disordered, the spine twisted, the gait shambling, aud the power of taking the exercise necessary to health obliterated. With a life embittered by indigestion, what wonder that a tailor takes to opium, gin, and tobacco, the only thing that makes existence endurable? Now, cannot these evils be corrected? The problem is to invent some sort of table which would be equally convenient. Shoemakers and bootmakers suffer equally from a constrained position, and also from the pressure of the last against the stomach. Heartburn and painful digestion are so common, that a certain pill in the Pharmacopœia (the pilula sagapeni comp.) is called the coblers' pill. "A patient of mine, now in St. Mary's Hospital, has a hollow big enough to put one's fist in, from the pressure inwards of the breast-bone by the boot-tree; of course his lungs and heart are diseased by such distortion. Cannot some one devise a new sort of boot-tree, which will not drive its tap-roots into people's lungs? Looking-glass makers and water-gilders are constantly coming into Hospitals for mercurial paralysis; and when they go out of the Hospital they are not fit for much else than the workhouse. There are two ways of remedying this: one, to give them protection against the poisonous fumes; the other to improve and cheapen rival modes of gilding and silvering, in which mercury is not used. Washerwomen constantly suffer from varicose veius and other mechanical disorders arising from the standing posture. It is the business of industrial pathology to devise a chair in which they could work as at present, or else to discover some mode of doing the same thing by the agency of mechanics, which is now done immediately by the unaided body—to wear out mechanism instead of muscle, iron instead of energy. I show you here a rotten jaw-bone, which Mr. Simon was obliged to cut out of a man's head, because it was corroded by the noxious fumes evolved in the manufacture of lucifer matches. It is to be hoped that there is some mode of making them without rotting men's jaws, and this mode it is the business of industrial pathology to find out." Other illustrations were given. After entering upon the reason why the Society should particularly give time and attention to the subject, the next consideration was, how the Council proposed to be of use in the matter; and, after offering various valuable suggestions, Dr. Chambers illustrated this portion of his subject, by mentioning among other preventives, guards for the organs of sense of the individual workman—such as will not interfere at all with present modes of manufacture, but simply defend the artizan from injuries. As examples, he had placed on the table a few articles referrible to this class sent by Mr. Pillischer, of Bond-street. They consist of defences for the eyes against the effect of light, and mechanical injury; aud if a third of the contrivances that are furnished are as simple and rational as these, it will indeed be fortunate.

At the same meeting, a paper was read on

THE PATHOLOGY OF MINERS,

By Mr. HERBERT MACKWORTH, M. Inst. C.E., Government Inspector of Mines,

In the course of which he remarked:—"Making allowance for the coutingencies of a collier's life, hereafter alluded to, it will be fair to assume that he works for thirty years on an average. It necessarily follows, that at least one out of every eight colliers meets with a violent death, and that out of the 250,000 colliers now at work in Great Britain, 30,000 are certain to be killed, unless the present system of working be materially altered. The ratio of deaths by accident in Great Britain per 1000 colliers is 4·5 per annum, in Lancashire it amounts to 5·2, and in Staffordshire I believe to even more. In the coal mines of Belgium the deaths only amount to 2·8; in Prussia, to 1·6 per annum. I think I have good grounds for stating that this excessive mortality in England is chiefly owing to the almost impossibility of obtaining criminal convictions or civil damages in cases of accidents in mines. The convictions are at the rate of about 1 for 1000 lives lost, and no compensation has hitherto beeu recovered by the widows and children of miners under Lord Campbell's Act." On the subject of ventilation, Mr. Mackworth observed:—"In some mines, where the ventilation has been improved, the men will acknowledge they can do one-fourth more work. I will give one instance of the effect of ventilation. At the United Mines, in Cornwall, last year, there were three sets of men driving a level at a cost of 17*l.* a fathom; the temperature was 105°, and the men were changed every five minutes. I was told that tweuty minutes' stay in this air would kill a person. At the request of Mr. Michael Williams, M.P., I visited the mine, and pointed out how a quantity of air might be introduced sufficient to reduce the temperature to 70°, or less. The chief cautions I gave were, to keep the air-course of nearly uniform size, and stop up all leaks by which the air might be lost, before it got into the working face. The temperature has been since reduced to 75°, and the level was costing 5*l.* per fathom instead of 17*l.* when I last heard of it two months ago."

In the course of the discussion which ensued,

Mr. John Simon, on the subject of the eyesight, said, "Mr. Dixon, than whom there was probably no gentleman in the couutry better qualified to give an opinion, spoke of the blindness of compositors, caused by the unsteadiness of the light by which they worked. Now, that was in a great measure caused by the want of chimneys to their lamps,—a want which could be remedied for sixpence. It therefore appeared to him some-

thing quite monstrous and inconsistent with common sense, that they were not universally adopted.(a)

Mr. White Cooper had had but too many opportunities of seeing the sad effects arising from the abuse of the eyes among the working classes; the unsteadiness of the lights which had been alluded to, was one, but by no means the only cause of the injurious effects of artificial light upon the eyes; natural light —the light of day—was composed of red, yellow, and blue rays in definite proportions (that was, red 5, yellow 3, blue 8), whereas artificial light always exhibited a greater or less preponderance of the red and yellow, the rays which were most stimulating and most injurious to the eyes. This, however, might be easily overcome by simple contrivances, to absorb the pernicious rays, or improve the light by adding those which were deficient. Glass chimneys for lamps might with advantage be tinged of a pale blue; shades to surround the lights might be coloured on the inner side with the same hue, but this should always be "flat," not brightly varnished, as was generally the case, whereby an excess of light, causing glare, was reflected down upon the object. Again, the rays from the lamp might be advantageously passed through water tinged with pale blue (ammoniuret of copper being the proper colouring material), for certain descriptions of work, as wood engraving, by which means the colour of the light would be improved, and much of the heat arrested. Again, much of the injury to the eyes of those who worked by artificial light arose from the bad position of the lights, which in a great majority of instances were placed in front of the eyes. This was the worst possible position, for the eyes were then exposed not only to the full glare, but to the heat flowing from the flames.

Mr. G. F. Wilson, Mr. Hugo Reid, Mr. Hopwood, Mr. Varley, Dr. Caplin, and others followed, after which the thanks of the meeting were presented to Dr. Chambers.

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

An adjourned meeting of the Metropolitan Counties Branch of this Association was held at 37, Soho-square, on Tuesday week, to take into consideration the resignations in the Medical Reform Committee and the Gratuitous Medical Services Committee, in consequence of the conduct of Dr. O'Connor (a member of those Committees) to Dr. Cormack. It will be remembered that the subject was brought forward at the previous meeting on Tuesday week, when, as Dr. O'Connor was about to make his statement, the meeting adjourned owing to the lateness of the hour. We abstained from publishing any *ex parte* statements, reserving our Report till the whole proceedings should be before the public. We now present a Report of the proceedings on this subject at the two meetings.

At the meeting on Tuesday week, the President read a letter from Dr. Semple, conveying his resignation as Chairman of the Medical Reform Committee, together with the resignations of Dr. Cormack, Mr. Bowling, Mr. Ancell, Mr. Charles, Mr. Clifton, Dr. R. P. Cotton, Dr. Frazer, Dr. Henry, Dr. Druitt, and Dr. Ogier Ward. The resignations were, as stated by Dr. Semple, "owing to a letter written by Dr. O'Connor, and printed in the *Lancet*, which is grossly disrespectful and unjust to Dr. Cormack."

Dr. Cormack read a lengthened statement respecting the grounds which had induced him to resign,—those grounds being an accusation, on the part of Dr. O'Connor, of unfairness and inaccuracy in a report of his speech in the Association *Journal* of the 12th of May, and an imputation of falsehood in having stated that he (Dr. Cormack) did not vote on the Motion respecting the *Lancet* at the meeting of the Medical and Chirurgical Society, on the 1st of March.

Dr. O'Connor said, he wished to make a correction. It was not before the meeting took place, but at the commencement of the proceedings, that Mr. Ancell sat down between Dr. Cormack and Mr. De Morgan; and it was after he (Dr. O'Connor) returned to his seat that he saw the paper handed from Mr. De Morgan to Dr. Cormack.

Mr. Bowling asked if Dr. O'Connor could read what was on the paper.

Dr. O'Connor: It was the paper I saw Mr. De Morgan afterwards reading from.

Mr. Bowling: Did you know that it contained the Amendment?

Dr. O'Connor: You have no right to ask that question.

Mr. De Morgan was sorry that Dr. O'Connor had stated what was false. He (Mr. De Morgan) went to the meeting determining not to put himself in communication with any person who might be supposed to be an interested party. He saw Dr. Cormack, and purposely avoided him; but he (Dr. Cormack) afterwards came and spoke to him, and asked him whether he (Dr. Cormack) ought to vote; and the reply he gave was, "I think you ought not." Mr. Bowman was the only person in the room who saw the paper. Mr. Ancell might have sat between him (Mr. De Morgan) and Dr. Cormack, but there was a considerable space between them.

Mr. Ancell explained the motives which had led him to resign. He was always glad to give his services to the Association; but he could not allow his conduct in that room to be so totally misrepresented as it had been by Dr. O'Connor. He (Mr. Ancell) distinctly stated that he did not advocate the *ex post facto* operation of the new law; but Dr. O'Connor had stated in the *Lancet* that he did advocate it, and had made other misrepresentations equally flagrant.

Mr. Richardson said he had a motion to propose, but he would like to hear what Dr. O'Connor had to say in his defence.

Dr. O'Connor would gladly give way to any gentleman who wished to address the meeting before him.

Mr. Charles, Secretary of the Gratuitous Medical Services Committee, tendered, for similar reasons, his own resignation and that of Mr. H. Ancell, Mr. Bowling, Dr. Cormack, Dr. Frazer, Mr. H. Lee, Dr. R. P. Cotton, and Dr. Ogier Ward.

Dr. Stewart begged that his resignation might also be accepted.

Dr. O'Connor was about to make his statement; when

Dr. Stewart moved an adjournment till the following (last) Tuesday.

The Motion was unanimously adopted, and the meeting accordingly adjourned.

At the meeting on Tuesday last, the President, Sir John Forbes, in the chair, letters were read from Mr. Alexander Halley and Mr. Henry Lee, resigning office as members of the Gratuitous Medical Services Committee, in consequence of the conduct of Dr. O'Connor.

The President said he had received a letter from Dr. O'Connor, stating that it was not his intention to be present on that occasion, and requesting that a paper which he enclosed should be read to the meeting.

Dr. Ogier Ward read the paper from Dr. O'Connor. It alluded first to the report of Dr. O'Connor's speech in the *Association Journal*, which Dr. O'Connor asserted to be incorrect; and next to Dr. Cormack's alleged vote at the Medical and Chirurgical Society, on the 1st of March; Dr. O'Connor making a "solemn declaration" that Dr. Cormack "held up his hand, with others" in favour of Mr. De Morgan's Amendment. The following passage then follows:—

"As to the statement of Dr. Cormack in the *Association Journal* of the 7th of April, that he did not know anything of the matter, 'till he heard Mr. De Morgan address the meeting,' that is entirely disproved by Messrs. De Morgan and Ancell. The former, in his letter in the last number of the *Journal* of last week, observes, '*When I went into the meeting-room, Dr. Cormack asked me whether, in the event of my bringing forward my Motion, he ought not to abstain from voting.*' If Dr. Cormack did not know anything of the matter '*till he heard Mr. De Morgan address the meeting,*' nearly three-quarters of an hour *after* the meeting commenced, why did he ask Mr. De Morgan *before* the meeting commenced, '*whether, in the event of his bringing forward his, he* (Dr. Cormack) *ought not to abstain from voting?*'"

Dr. O'Connor then goes on to state that the real cause of the feeling against him is not this charge against Dr. Cormack, but his caution to the members of the Association against expending such large sums of money on the Journal. He remarks, that the Journal has reduced the Association, in the words of the Editor, to the condition of "*a trading firm carrying on a commercial enterprise;*" and adds, "that it has been well nigh converted into an *Evangelical Magazine*, according to Mr. Davies, of Pershore; and according to that accomplished Physician, Dr. Simpson, of Edinburgh, "into a vehicle for the circulation of *truthless allegations*, and *foolish calumnies*." A Journal over which no Committee of the Association, nor the As-

(a) We must take exception to this statement of Mr. Dixon, and adopted by Mr. Simon. On careful inquiry, and from good authority, we can state that blindness is by no means a peculiar affection, but very rare, among compositors; nor is it in accordance with our information that they are subject to unsteadiness of light. Years ago, indeed, with unprotected argand burners, this might have been an element of mischief; but the fish-tail burners now generally employed, leave little to be desired beyond adequate ventilation.—Ed.

sociation itself, has any control, although the members, *individually*, are *legally* responsible for what appears in it. A *Journal* presuming to be the organ of an Association of gentlemen, established for "*the maintenance of the honour and respectability of the Profession*," which is constantly committing acts of plagiarism, as may be seen by many of its unacknowledged reports of the London Medical Societies, from the *Lancet* and *Medical Times and Gazette*. A *Journal* which was sought to be converted into a trading speculation, but prevented by Mr. Churchill, who exposed unfair "touting for advertisements." Dr. O'Connor concluded by tendering his resignation as member of the Metropolitan Counties Branch of the Association.

On the Motion of Mr. Bowling, seconded by Mr. Clifton, Dr. O'Connor's resignation was unanimously accepted.

Dr. Davis said: He thought there could be no doubt on the mind of any gentleman present, that Dr. O'Connor's conduct was perfectly unjustifiable—(hear, hear)—and that the charges he had brought against Dr. Cormack were entirely unfounded. He would therefore move,—

"That this meeting, having had brought to its notice a letter published in the *Lancet*, dated the 27th of May, by Dr. O'Connor, then a member of this branch of the Association, charging Dr. Cormack, another member of this branch, with wilful falsehood, and having minutely inquired into the subject at issue, resolves, that no foundation existed for any such charge against Dr. Cormack."

Dr. Stewart, in seconding the Motion, alluded to the circumstance, that after the contradiction appeared in the *Association Journal* Dr. O'Connor had allowed several weeks to elapse, during which time he was on terms of friendly intercourse with Dr. Cormack, before he brought forward the charge which was the subject of the Resolution. It was true, that Dr. Cormack, like all the other members of the Society, might have known generally what was going on; but he was utterly ignorant of the terms of the Motion which was proposed by Mr. De Morgan.

Mr. Richardson said, he was anxious to hear Dr. O'Connor's defence before he sent in his resignation as a member of the Medical Reform Committee. After the statement he had heard, he regretted that he had not resigned before, and he begged now to tender his resignation. He disapproved of Dr. O'Connor's conduct, and believed his charges to be utterly unfounded.

Mr. Clarke said, he believed that Dr. O'Connor had some grounds of complaint in reference to the report in the *Association Journal*. He (Mr. Clarke) did not charge the Editor with wilful inaccuracies, but he thought the report was one calculated to mislead the public as to the circumstances that really transpired.

The Resolution passed *nem. con.*

Dr. Stewart thought that the branch should record their sense of the impropriety of Dr. O'Connor's remaining a member of the Association at all. He thought the Association should not contain members who sought to sow the seeds of suspicion and want of confidence among the branches. He would therefore move—

"That in the opinion of this meeting, the conduct of Dr. O'Connor should be brought before the annual meeting of the Association, with a view to determine whether, after what has occurred, Dr. O'Connor should remain a member of this Association."

Dr. Semple seconded the Motion. The meeting had passed a Resolution exculpating Dr. Cormack, and while it protected the innocent it ought to express some opinion respecting the guilty. He considered that Dr. O'Connor's offence deserved a severe punishment.

The Resolution passed *nem. con.*

Mr. Ancell said Dr. O'Connor's conduct could not take effect if there were not parties who were willing to receive and publish statements such as he had made. Not only did the *Lancet* publish the statement on Dr. O'Connor's mere *ipse dixit*, but headed it, "Veracity of the *Association Journal*." He begged to submit the following Resolution to the meeting:—

"That, in the opinion of this branch, the publication in the *Lancet*, of the 27th of May, of Dr. O'Connor's direct charge of wilful falsehood against Dr. Cormack, an honourable and respected member of this branch, is derogatory to the Medical Press; and that this instance of the conduct systematically pursued by the *Lancet* against individuals in any way opposed to its interests, in their public or private capacities, is an additional reason for the repudiation of that periodical by the Medical Profession."

Mr. Propert thought the Resolution would do no good, and that the day was at hand when all Professional quarreling would die out of itself. (Hear, hear.) The *Lancet* would see by the previous Resolution that the publication of Dr. O'Connor's letter was discountenanced.

Dr. Stewart said, that in a trial at the Court of Queen's Bench on that day, in which the Editor of the *Lancet* was concerned, it was stated by his counsel that the attack of which he complained was utterly unprovoked, because, in the course of his long career, his client had never on any occasion attacked private or personal character. ("Oh, oh.")

Mr. Clarke thought the Resolution should not be put to the meeting; for, if they were to criticize what took place in connexion with Medical journals, which journal would be exempt? He believed that the proceedings which had taken place during the last three months in regard to Medical Journalism had done more to lower it than anything which had occurred during the previous thirty years. In the *Lancet*, a letter was never inserted unless the name of the writer was known. Dr. Cormack could not say the same of the *Association Journal*,—witness the attack on Mr. Syme.

Dr. Cormack said he should not have recourse to the remedy Mr. Clarke suggested, though he knew that the *Lancet* had marked him out for destruction.

Mr. Clarke: Nonsense!

Dr. Cormack: I am prepared to prove it. Mr. Wakley once said to me most significantly, in reference to the Free Hospital matters, "No man has ever prospered who has had the hostility of the *Lancet*." (Hear, hear.) I do not intend to go to law to protect my character; but I intend coming here and saying, "When I do wrong, censure me; when I do right, uphold me."

Mr. Hunt thought it below the dignity of the Provincial Association to notice anything inserted in any other Journal than its own.

Dr. Davis recommended Mr. Ancell to withdraw the Motion.

Mr. Ancell said, he wished to say a word respecting Mr. Wakley. His talent was certainly very great, and he generally exercised it sufficiently, when he made the vilest attacks upon private character, to keep within the law. He (Mr. Ancell) could give many instances, if necessary. Believing, with other members, that it was beneath the dignity of the Profession to notice a personal attack by a Journal like the *Lancet*, he would withdraw his Resolution. (Hear, hear.)

The Resolution was withdrawn accordingly.

The Chairman said, it was not easy for Journalists always to keep out of difficulties and scrapes. It was unquestionably difficult to fight against the Press; but the best way was for a man to live down (as he believed Dr. Cormack would) any unjust charges that might be made against him.

Mr. Merriman then moved, in consequence of Dr. O'Connor's retirement—

"That the two Committees be requested to continue their services—their resignations not being accepted."

Dr. Grant seconded the Motion, which passed unanimously.

A vote of thanks to the President terminated the proceedings.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF COMMONS.—Thursday, June 15.

A Petition was presented by Mr. Stirling, from the Chairman of the Association for the Vindication of Scottish Rights, against the University of London Medical Graduates Bill.

Monday, June 19.

A Petition was presented by Mr. M'Cann from the Governors of the Drogheda Infirmary, against the Hospital and Infirmary (Ireland) Bill.

Tuesday, June 20.

Petitions were presented by Mr. Corry, from the Surveyors and other attendants of 23 Infirmaries in Ireland, and from the Surgeons, etc., of the Carlow County Infirmary, against the Hospital and Infirmaries (Ireland) Bill; and by Mr. Dunlop, from the Faculty of Physicians and Surgeons of Glasgow, against the Medical Graduates Bill.

China.—Among the officers engaged in the destruction of Chinese Imperialist camps, off Shanghae, on the 3rd, 4th, and 5th of April, 1854, were Dr. J. T. Jenkins, Surgeon; Mr. Ducket, Assistant-Surgeon; Dr. Layton, Surgeon; Dr. Little, Assistant-Surgeon.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.—The following gentlemen having undergone the necessary Examinations for the diploma were admitted Members of the College at the meeting of the Court of Examiners on the 16th inst.:—

BURD, EDWARD, Shrewsbury.
DAVIS, ARTHUR AUSTEN, Fowey, Cornwall.
GERRARD, JAMES, New Deer, Aberdeenshire.
GIRDWOOD, GILBERT PROUT, Hawley-place, Maida-hill.
JONES, THOMAS RICHARD, Aberystwith.
JOWERS, FREDERIC WILLIAM, Brighton.
MULLINGER, FREDERICK JOHN, Bishop's Stortford
THOMASON, RICHARD, Holmer, Herefordshire.
WHITE, FREDERICK BROAD, Barnet, Herts.

NEW FELLOWS.—The following members were admitted Fellows of the Royal College of Surgeons at a meeting of the Council on the 15th inst.:—

BALLY, WM. FORD, Bath; diploma dated Feb. 2, 1821.
BEALE, J. EVANS, Plaistow; June 6, 1817.
BEARPARK, G. EDMUNDSON, Leeds; March 1, 1833.
BOLTON, DAVID, Birmingham; May 3, 1839.
CLOSE, ANTHONY WM., Manchester; Nov. 2, 1832.
DAWSON, WM., Lambeth; March 7, 1823.
EDE, J. ROBERT, Islington; Nov. 23, 1838.
GARLICK, W., Great James St., Bedford Row; May 3, 1837.
HATTON, JOHN, Manchester; April 12, 1839.
HAWKINS, CLEMENT J., Cheltenham; May 22, 1837.
HOLROYD, ELKANAH, Manchester; Feb. 9, 1827.
KESTEVEN, W. B., Upper Holloway; March 23, 1838.
MACAULAY, THOS., Leicester; April 18, 1823.
PIPER, STEPHEN ED., Darlington; June 22, 1838.
RICHMOND, THOS. G., Manchester; Sept. 27, 1833.
ROBINSON, J. MARSHALL, Bolton-le-Moors; May 16, 1823.
STALWORTHY, D., Sydney, N.S.W.; Feb. 15, 1828.
VINALL, JOHN, Hackney; April 29, 1839.
WHATMAN, JAMES, Maidstone; June 17, 1814.
WOOD, ROBERT, Ashton-under-Lyne; Feb. 1, 1833.

Mr. ADAM LINTON BOGLE, of West Bolton, was admitted an *ad eundem* Member of the College.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 15:—

FRASER, JOHN, Gainford, Durham.
GERVIS, WALTER SOPER, Ashburton.
MEAD, GEORGE BORWICK, Ramsey, Huntingdonshire.

APPOINTMENTS.

LONDON FEMALE PENITENTIARY.—Dr. Waller has been appointed Physician, and Mr. Le Gros Clark Consulting Surgeon, to the London Female Penitentiary, Pentonville.

STAFFORDSHIRE GENERAL INFIRMARY.—Mr. R. Hall Bakewell, late House-Surgeon to the Middlesex Hospital, has been unanimously elected House-Surgeon. A vote of thanks has also been unanimously passed to the retiring House-Surgeon, Dr. William Webb.

DEATHS.

BABINGTON.—May 10, at Bombay, in his 38th year, William F. Babington, Esq., Staff-Surgeon at Poonah, son of the late Stephen Babington, Esq., of the Bombay Civil Service.

HACKET.—May 29, at Gibraltar, suddenly, William Hacket, M.D., Inspector-General of Military Hospitals (16th May, 1851) aged 74.—*(Times.)*

TAYLOR.—June 19, from dropsy of the heart, William Taylor, Esq., Surgeon, of 53, Upper Stamford Street, aged 58. —*(Morning Chronicle.)*

A DEPUTATION, consisting of Mr. Bell, M.P., Mr Thornely, M.P., Mr. Heywood, M.P., Mr. Robert Hutton, and F. J. Wood, LL.D. (Members of the Council of University College), Dr. Storrar, M.D., Dr. Snow Beck, M.D., C. J. Foster, LL.D., F. Smith Osler, LL.B., and W. Spaer, had an interview with Viscount Palmerston on the 15th inst., at the Home Office.

MEDICAL BENEVOLENT COLLEGE.—The President, the Earl Manvers, and the Council, paid their first official visit of inspection of the College building at Epsom, on the 16th instant, and were much gratified with the substantial character of the work done, and with the progress made by the builder. The next visit will be made on the 1st of August, by which time it is expected that the building will be roofed, and the dining hall in such a state of forwardness, as to admit of the Council taking refreshments in it. It is confidently anticipated that this valuable Institution will be opened under Royal patronage on the 25th of June, 1855, for the reception of scholars, and those whom the Governors may consider deserving the benefits it is intended to confer.

MEDICAL SERVICE IN INDIA.—At a Quarterly General Court of the East India Company, held on Wednesday, Dr. Burns (late Physician-General at Bombay) brought forward the claims of the Medical service to be restored to an equality of pension with the military. The speaker enforced these claims at some length, and then moved—"That the Court of Proprietors recommend to the Hon. Court of Directors to reconsider the pension rolls for the Medical service in India." The motion, however, not being seconded, fell to the ground.

KENT COUNTY OPHTHALMIC HOSPITAL, MAIDSTONE.—The total number of in-patients relieved to the 31st of May last was 911; while the total of in and out-patients since May, 1846, was 8,647. The funds, chiefly derived from voluntary subscription, amount to 597 per annum, and great difficulty is experienced in maintaining the Hospital. The number of applicants, since the establishment of the Hospital, from Rochester, Chatham, and the immediate vicinity, has been 947; of whom 103 have been admitted in-patients, and the remaining 844 treated as out-patients. The annual charge for maintaining the Hospital is estimated at 750*l.*

SEWARD *versus* HOUSLEY.—At a meeting of the Committee, held 20th of June, John Bowling, Esq., in the chair, the following additional contributions were announced by the Treasurer:—Henry Hawkins Bowling, Esq., H.E.I.C.S., Bengal, 5*l.* 5s.; Dr. George Grant Richmond, 10s.; S. Lowe, Esq., Canonbury-square, 10s. 6d.; and by Dr. Walker, of Peterborough, 3*l.* 10s. The total amount received by the Committee is 156*l.* 18s. It was resolved, that the Committee be now dissolved, and that its dissolution be announced in the Medical Journals.

THE CHOLERA IN ULSTER.—The Ballymacarreth Dispensary returns for the last week reported no case of cholera, and only one of diarrhœa, which was discharged cured. The Belfast returns reported three cases of cholera, and three of diarrhœa, all of which were discharged cured. There are now no cases of either disease in the hospital.

DISGUSTING MEDICAL ADVERTISEMENTS.—A Society has been formed in London and Manchester, called "The Union for Discouragement of Vicious Advertisements," which, by the circulation of tracts, calls upon the public to set their faces against papers admitting such advertisements as "Manhood," "The Silent Friend," "Nervous Debility," &c. We heartily wish the Society may succeed in excluding advertisements of the kind in question and in putting down all papers that insert them. We should feel surprised that the proprietors of any newspapers could be found sufficiently vile to publish such offensive indecent announcements, but that we know that no work is too dirty or disreputable for some people to do, and that life is clung to so tenaciously that a continued existence in a fetid atmosphere of moral corruption is preferred by some degraded specimens of humanity to decent death and burial.—*Nottingham Journal.*

MORTALITY NOTABILIA.—In the week that ended June 17, the number of deaths registered in London was 1085. In the ten corresponding weeks of the years 1844-53, the average number was 892, which, if raised in proportion to increase of population, becomes 981. The facts indicate a rather high mortality; about a hundred persons died last week above what is usual at the healthiest period of the year. The Return shows a small decrease on that of the preceding week. Zymotic diseases exhibit a decrease. The deaths from scarlatina declined from 68 to 47; those from hooping-cough fell from 63 to 51. The following death from cholera was registered in the week:—At Mill-lane, in St. Paul's, Deptford, on June 16, the son of a labourer, aged ten months, "English cholera."

Births.—824 boys, and 828 girls—1652 children, were registered. Average, 1311.

Meteorology.—The mean reading of the barometer in the week was 29·558 in. The mean temperature of the week was 55·1°, which is 3·9° below the average. The highest temperature of the week was 69·2° on Wednesday; the lowest, 42·9° on Sunday. Mean dew-point temperature was 50·5°; difference between mean air temperature 4·6°. Wind south-west; rain 0·38 in. Horizontal movement of air, 830 miles; electricity (nothing indicated on Sunday) positive; tension variable.

MORTALITY IN PUBLIC INSTITUTIONS for the week ending June 17 :—

	Males.	Females.	Total.
Workhouses...	70	61	131
Military and Naval Asylums ...	6	...	6
General Hospitals	33	12	45
Hospitals for Special Diseases ...	...	...	...
Lying-in Hospitals	...	2	2
Lunatic Asylums	3	3	6
Military and Naval Hospitals ...	10	...	10
Hospitals for Foreigners, etc. ...	1	...	1
Prisons	...	...	...
	123	78	201

DEATHS REGISTERED *in the Metropolis for the Week ending Saturday, June* 17, 1854.

CAUSES OF DEATH.	JUNE 17. 0 to 15	15 to 60	60 and upw.	All Ages.	Sum of Ten Weeks.
ALL CAUSES	500	347	216	1035	8918
SPECIFIED CAUSES	498	347	216	1062	8878
1. Zymotic (or Epidemic, Endemic, and Contagious) Diseases ..	208	41	28	278	1952
SPORADIC DISEASES:					
2. Dropsy, Cancer, and other Diseases of uncertain or variable seat..	1	24	25	50	430
3. Tubercular Diseases	77	114	9	200	1845
4. Diseases of the Brain, Spinal Marrow, Nerves, and Senses ..	52	39	35	126	1083
5. Diseases of the Heart and Blood-vessels	2	25	10	37	335
6. Diseases of the Lungs and of the other Organs of Respiration ..	82	40	40	162	1079
7. Diseases of the Stomach, Liver, and other Organs of Digestion	23	22	13	58	565
8. Diseases of the Kidneys, etc. ..	..	15	2	17	112
9. Childbirth, Diseases of the Uterus	..	8	..	8	97
10. Rheumatism, Diseases of the Bones, Joints, etc.	..	1	4	5	72
11. Diseases of the Skin, Cellular, Tissue, etc.	..	..	..	..	12
12. Malformations	3	..	..	3	33
13. Premature Birth and Debility ..	11	1	..	12	240
14. Atrophy	28	..	5	33	201
15. Age	..	..	41	41	392
16. Sudden	5	4	2	11	97
17. Violence, Privation, Cold, and Intemperance	6	13	2	21	333
CAUSES NOT SPECIFIED	2	..	..	23	40

BOOKS RECEIVED.

Our Medical Liberties. By John Gibbs, Esq. London: Sotheran. 1854.
The Micrographic Dictionary. Part II. London: Van Voorst. 1854.
Orr's Household Hand-books. No. 6.
Healthy Homes, and How to Make Them. By W. Bardwell, Architect. London: Dean. 1854.
Orr's Circle of the Sciences—Organic Nature. Vol. I. London: Orr. 1854.
A Treatise on Hooping-Cough. By G. D. Gibb, M.D. London: Renshaw. 1854.
The Baths of France, Central Germany, and Switzerland. By Edwin Lee. Third Edition. London: Churchill. 1854.
Six Lectures on Strabismus. By C. Holthouse, F.R.C.S. London: Churchill. 1854.
Thomson's Cyclopædia of Chemistry. London and Glasgow. 1854.
The Effects of Civilisation on the Fortunes of the Medical Profession. By H. Dayman, Esq. London: Highley. 1854.
Lectures on Education, delivered at the Royal Institution. By R. G. Latham, M.D., C. G. B. Daubeny, M.D., F.R.S., and Professor Tyndall, F.R.S. J. W. Parker. 1854.

TO CORRESPONDENTS.

G. W.—The more important portions of the Vaccination Act Amendment Bill shall be published next week.

We have received several letters on Sir John Forbes's Bill, one being from Sir John himself, with an epitome of his measure; but we are obliged to defer them all, with our own remarks, until our next Number.

Mr. Highley has sent us a letter, in which he states, with reference to the note of a correspondent we published the week before last, that Dr. Hastings' "work was in existence on the 1st of June, though not ready for delivery to the public." Though Mr. Highley's letter is dated June 14, we did not receive it until after the publication of last week's Number.

Mr. Hill's photographic drawings from Malta have been received. Many thanks.

Mr. Birnie's paper shall be forwarded as he requests.

Mrs. K——t, Clifton.—We never prescribe for our Correspondents. Any respectable Practitioner in Clifton or Bristol could treat the case perfectly well.

Mr. Sanger.—We presume that medical officers will be called before the Committee.

A Reader.—Transports do not carry surgeons, as a medical officer accompanies the troops. Troop ships carry a naval medical officer. The other question had better be asked at the Turkish Embassy. If the Admiralty should remove the grievances under which the Medical Officers of the Navy now labour, our Correspondent could not do better than apply for the appointment of Assistant-Surgeon in the Navy; but we would advise him not to do so at present.

Mr. Denham informs us, that the cost of drugs per case in the South Shields and Westoe Dispensary is 1s. 2d. He receives £40 per annum, exclusive of extras, for which he attends over 1200 cases annually, his remuneration thus being 8d. per case!!

Mr. Meade's cases shall appear early in the new Volume.

Dr. Ramsbotham's fourth Clinical Report on Practical Midwifery will appear next week.

Dr. Barclay's letter on the late prevalence of ague is in type.

We have not room for Mr. Dobell's letter this week.

Mr. Freer's cases of empyema will appear very soon.

[To the Editor of the Medical Times and Gazette.]

SIR,—In your Journal of Dec. 25, 1852, the infusion of ash leaves was recommended in gout, and that most confidently, by a Dr. Pouget. I have used them, recommended them, and I do think with considerable benefit. Can any of your friends back my opinion, as the tree will soon be in full leaf? I am, &c. A SUFFERER,

(and one of your oldest Subscribers and Contributors).

Cheltenham, June 16, 1854.

We cannot inform our Correspondent as to the composition of Blair's Pills.—ED.

Mr. Paley, York.—We shall be much obliged by the notes of the cases you mention.

Mr. North's and *Pelican's* letters arrived too late for insertion this week.

Dr. Royston.—The cheapest impervious material for protecting bedding is gutta percha sheeting.

A Provincial Student.—No Medical Reform Bill is now before Parliament. He had better conform to existing regulations.

Errata.—At page 618 of our last Number, *for* "Weatherford," *read* "Wetherfield;" and *for* "7, Henrietta-street," *read* "1, Henrietta-street."

COMMUNICATIONS have been received from—

Mr. GRAMSHAW; Mr. HILL, Malta Hospital; Dr. BOURNE; Mr. BIRNIE; Mr. TOMLINS; Mr. PANTON; Mr. J. R. JONES; Dr. L. L. SMITH, Melbourne, Australia; Mr. EVANS; Dr. RISDON BENNETT; Dr. MCWILLIAM; Dr. BENCE JONES; HONORARY SECRETARY OF THE PROVIDENT NURSES COMMITTEE; Mr. GRANTHAM; Dr. BARCLAY; Dr. MACLOUGHLIN; Dr. SIEVEKING; Mr. DOBELL; SECRETARY OF THE KENT COUNTY OPHTHALMIC HOSPITAL; Professor GRAHAM; Mr. WEBSTER; Mr. H. THOMPSON; Mr. G. W. CALLENDER; Mr. EDWARDS; Mr. T. P. TEALE, Leeds; A HOUSE-SURGEON; Mr. J. C. PALEY; G. W.; Sir JOHN FORBES; Mr. HIGHLEY; Mr. HILL; PELICAN; Mrs. K——T, Clifton; Mr. SANGER; A READER; Mr. DENHAM; Mr. MEADE; Dr. RAMSBOTHAM; Mr. FREER; A SUFFERER; Dr. WALLER; Mr. WETHERFIELD; Mr. NORTH; Dr. ROYSTON; A PROVINCIAL STUDENT.

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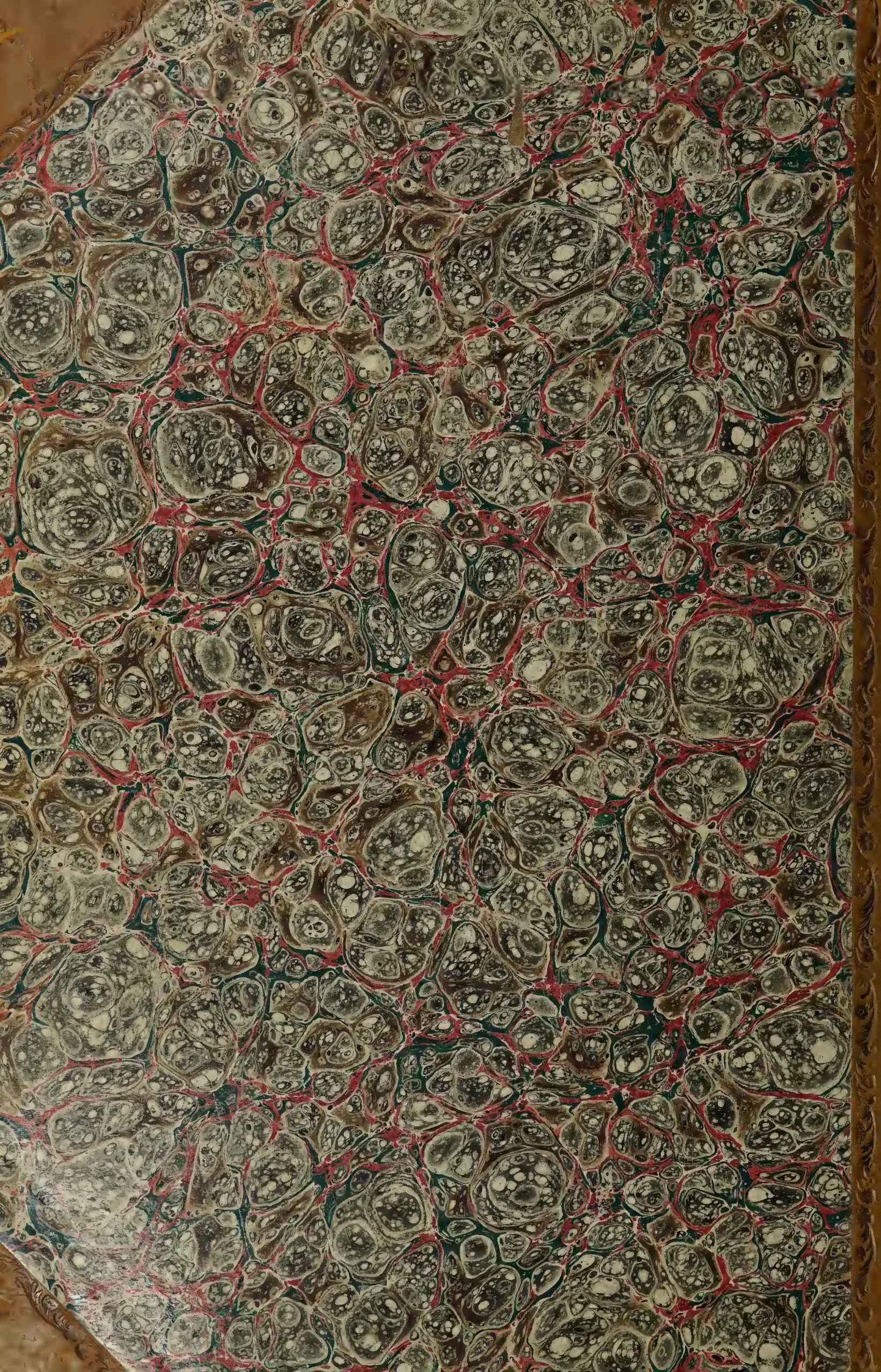
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